

CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Thursday, May 20, 2021

COMMITTEE MEETING NOTICE

AD 04

MURPHY, Patrick J, Agent MAJOR GOOLSBY'S, INC. PO BOX 38

Milwaukee, WI 53201

You are requested to attend a virtual hearing to be held on:

Wednesday, June 02, 2021 at 10:10 AM

Regarding:

Your Class B Beer License Application as agent for "MAJOR GOOLSBY'S, INC." for "MAJOR GOOLSBY'S" at 200 N HARBOR DR #Area J.

This meeting will be held via GoToMeeting. Please see the education be best practices document for further instructions. The access code is https://global.gotomeeting.com/join/851985373. If you wish to call in, please call https://global.gotomeeting.com/join/851985373. If you wish to call in, please call https://global.gotomeeting.com/join/851985373. If you wish to call in, please call https://global.gotomeeting.com/join/851985373.

There is a possibility that your application may be denied for one or more of the following reasons: The recommendation of the committee regarding the application shall be based on evidence presented at the hearing. Per MCO 85-2.7-4, probative evidence concerning whether or not a new license should be granted may be presented on the following subjects: whether or not the applicant meets the municipal requirements, the appropriateness of the location and premises where the licensed premises is to be located and whether use of the premises for the purposes or activities permitted by the license would tend to facilitate a public or private nuisance or create undesirable neighborhood problems such as disorderly patrons, unreasonably loud noise, litter, and excessive traffic and parking congestion. Probative evidence relating to these matters may be taken from the plan of operation submitted with the license application, if any, but shall not include the content of any music. Evidence regarding the fitness of the location of the premises to be maintained as the principal place of business, including but not limited to whether there is an overconcentration of businesses of the type for which the license is sought; whether the proposal is consistent with any pertinent neighborhood business or development plans, or the location's proximity to areas where children are typically present. The applicant's record in operating similarly licensed premises; and whether or not the applicant has been charged with or convicted of any felony, misdemeanor, municipal offense or other offense, the circumstances of which substantially relate to the activity to be permitted by the license being applied for or any other factor which reasonably relates to the public health, safety or welfare may also be considered. See attached police report or correspondence.

Notice for applicants with warrants or unpaid fines:

Proof of warrant satisfaction or payment of fines must be submitted at the hearing on the above date and time. Failure to comply with this requirement may result in a delay of the granting/denial of your application.

Failure to attend this meeting may result in the denial of your license. Individual applicants and partnership applicants must attend or attend by an attorney. The agent or attorney for corporate or limited liability applicants must attend. If you wish to do so and at your own expense, you may be accompanied by an attorney of your choosing to represent you at this hearing.

You will be given an opportunity to speak on behalf of the application and to respond and challenge any charges or reasons given for the denial. No petitions can be accepted by the committee, unless the people who signed the petition attend the virtual hearing and are willing to testify. You may present witnesses under oath and you may also confront and cross-examine opposing witnesses under oath. If you have difficulty with the English language, you should request an interpreter attend the meeting with you, at your expense, so that you can answer questions and participate in your hearing.

PLEASE NOTE: Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through sign language interpreters or other auxiliary aids. For additional information or to request this service, contact the Council Services Division ADA Coordinator at (414) 286-2998, Fax - (414) 286-3456, TDD - (414) 286-2025.

JIM OWCZARSKI, CITY CLERK

BY:

Jim Cooney

License Division Manager

If you have questions regarding this meeting, please contact the staff assistant, Molly Kuether-Steele at (414) 286-2775 or molly.kuether-steele@milwaukee.gov.

200 E. Wells Street, Room 105, City Hall, Milwaukee, WI 53202. www.milwaukee.gov/license Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: License@milwaukee.gov



CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

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AD 04

MURPHY, Patrick J, Agent MAJOR GOOLSBY'S, INC. 6314 W Lloyd St

Wauwatosa, WI 53213

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200 E. Wells Street, Room 105, City Hall, Milwaukee, WI 53202. www.milwaukee.gov/license Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: License@milwaukee.gov

Date: 5/12/21 Officer: Monreal

City of Milwaukee Police Department 90-5-1.5 Crime Prevention Survey Tavern Inspection

Name of Premise: Address: Phone:	Major Goolsby's 200 N. Harbor Dr. 414-803-0987				
Owner: Owner address: City State Zip: Owner Phone: Owner email:	Murphy, Patrick J 6314 W. Lloyd St. Wauwatosa, WI 53213 414-803-0987 mke_murph@hotmail.com				
Licensee/Agent: Home Address: City State Zip: Phone: Email:	Same				
Preferred contact: San	me				
Location currently op	en: YES NO				
Projected open date:	09/21				
Day's open: S	M □T □W □Th □F □SA ⊠ALL				
Hours of Operation:	Sun: 11A-1145P □24 hours □Y □N Mon: " Tue: " Wed: " Thu: " Fri: " Sat: "				
Premise Type:	⊠Tavern/Bar ⊠Restaurant □Other:				
Licenses currently he	eld:				

Alcohol:		#:
Tobacco:	Yes No #:	
Food:	Yes No #:	
Extended Hours:	Yes No #:	
Secondhand Dealer:	Yes No Type:	#:
Other:	Yes No Type:	#:
Other:	Yes No Type:	#:
Exterior Survey:		,
1. Is the area around the	location clean? NVes	□No
	ocation? (Check all the	appry)
a. Park		
b. School	.	
c. Youth Cent	er	
d. Church		
	f so, how many	
f. Residential		
g. 🔀 Other busir	iesses	
h. 🔲 Other:		
Can you see from the	outside of the location	into the interior Yes No
4. Can you see the empl	oyees inside of the loca	ition from the outside ⊠Yes ☐No
Are exterior windows	s free of signage XYes	No
6. Is there a parking lot	⊠Yes □No	
7. Is the parking lot clea	n? ⊠Yes □No	
8. Off-Street parking ✓	Yes No	
9. Is the parking lot well	l lit? Yes No	•
10. Valet Parking Yes		
	ave a guard? ⊠Yes [lNo .
	ave cameras? ∑Yes [
		l themselves ☐Yes ⊠No
12 Is there exterior lighting	ing? XVes No. Do	oes it appears to be adequate Yes No
13. Exterior Payphone?	mg: ⊠105 ⊡106. B. ☐Yes ⊠No	Job It appears to be adoquest 23 1 15 1111
14. Are there No Loiterin		- MNo
14. Are there no Lonein.	ig signs posicu! i cs	No How Many: Full MWF Grounds
15. Are there exterior sec	unity cameras [1 cs [and and appret a goo TVas MNo
16. Are the address number	ers prominently displa	yed and easy to see □Yes ☑No
C C		
Camera Survey:	annumitus nom omna? D	Ivan IIva
17. Does this location ha		7162 1140
18. Are they in working of		
19. What format are the	y	
a. Color	Yes No	
b. Digital	Yes ∐No	
c. Recorded	⊠Yes ∐No	40 D
20. How long is footage		
21. Are there exterior car		How many: Full MWF Grounds
22. Are there interior can		
23. Do all employees kno	ow how to retrieve reco	rded digital images/footage? ∐Yes ⊠No

	24. Cameras located in parking lot Yes No How many Full MWF Grounds
In	terior Survey:
	25. What is the planned capacity 2000+
	26. What is the minimum number of employees That will be on premise
	27. Is the storeowner willing to be a standing complainant regarding loitering? Yes \subsetence No.
	a. If yes have them fill out the standing complaint form and give them two of the
	commercial signs Yes No
	28. Is the interior of the location neat and clean? Yes _No
	29. Does an interior camera face the entrance/exit? \times Yes \subsetention No
	30. Is there a lockable area that separates employees from customers? ⊠Yes ☐No
	31. Are emergency and non-emergency numbers posted near the phone? Yes No
	32. Does the owner know how to contact their police district directly? Yes No
	a. Did you provide a district contact guide to the owner? ☐Yes ☒No
<u>Se</u>	curity
	33. How many security personnel are going to be employed: 50+
	34. How ill they be deployed: Interior Exterior 50+
	35. What days will they be deployed ⊠Mon⊠Tue⊠Wed⊠Thu⊠Fri⊠Sat⊠Sun
	36. Will the security be managed by business ☐or contracted ☒
	37. Will they be armed ☐Yes ☒No
	38. What type of security measures to be used:
	⊠Wanding/metal detector
	ID Scanner
	Dress Code
	Cover Charge
	Age restriction
	Other

ADDITIONAL COMMENTS/RECOMMENDATIONS:

All security cameras and security personnel are contracted and monitored by Milwaukee World Festival Grounds and Security.

ccl-busplan 5/12/2020



BUSINESS LICENSE PLAN OF OPERATION

Office of the City Clerk License Division 200 E. Wells St. Room 105, Milwaukee, Wi 53202 (414) 286-2238 www.milwaukee.gov/license e-mail address: license@milwaukee.gov

1. 7	Type of Business
Apply	ing for: Extended Hours (12AM to 5AM) - If a food establishment, check all that apply: Delivery
	Self Service Laundry Massage Establishment Filling Station
	Other (supplemental application for specific license also required)
Provid	le a detailed description of the type of business you plan on operating:
	FOOD Stand at Summer-Fest
Do γο	u have any experience operating this type of business? No XYes If yes, explain: original vendor at Summerfest
2. E	Business Operations
a.	Proposed Opening Date: 9-2-21 How 9-18-21
b.	Is this premise under construction? 🖾 No 🗌 Yes If yes, list estimated completion date:
c.	Is this a franchise? ⊠ No ☐ Yes
d.	Is this premises currently licensed? \(\subseteq No \(\oserline{\omega} \) Yes, list type of license: \(\oserline{\omega} \) Licence \(\omega \) \(\omega \) 1 - \(\omega / \omega \) 2 2
e.	Is the current licensee operating? No Yes If no, list date closed:
f.	Do you have future plans for other businesses, licenses or permits at this location? X No Yes
	If yes, explain:
g.	Have you previously held an Extended Hours License in Milwaukee? 🔼 No 🔲 Yes
	If yes, list address(es):
ի ,	Are other businesses operating in the same building? No X Yes If yes, describe: FOOD Stond
3. Li	tter & Noise
a.	How are grounds kept clean? ☑ Sweep ☑ Pressure Wash ☑ Pick Up Litter ☐ Other:
b.	How often will grounds be cleaned?
c.	Grounds cleaned by: Licensee Building Owner Employees Hired Maintenance Other: Summare
d.	How are noise issues prevented and/or addressed? ✓ Security ✓ Manager approaches customer(s) Call Police
	Signs Posted Other:
e.	Will a sound amplification system be used? ☑, No ☐ Yes If yes, describe:
4. Sn	noking & Sanitation
a.	Are there designated outdoor smoking areas? No XYes If yes, describe: Somme for b
b.	Number of Garbage Cans: Inside: V Locations: #7-8
	Outside: V Locations: Summerfeat
C.	Is a crowd control barrier used? 🔀 No 🗌 Yes 💮 If yes, describe:
d.	How many restrooms are on the premises?
ė.	Name of solid waste contractor: Advanced Disposal Waste Management Other:

5. Security						
a. Are there onsite parking plan:	spaces? 🛭 No 🗌 Ye	s If yes, how	/ many? a	nd describ	e the parking security	
b. Is there a loading zone?	ere a loading zone? 🛛 No 🗌 Yes - If yes, describe the loading area security plan:					
c. Will you have security personnel on premise? No Yes If yes, how many? and answer the following: What are their responsibilities?						
d. Will there be security can		nnerfes				
e. Will searches/identificati		<u> </u>				
e. Will searches/identification. 6. Percentage of Sales			No [_] Yes If yes, descri	be		
Alcohol 5 %	<u> </u>	70) ∑ %				
Entertainment%	Cigarettes	>^ > %	Secondhand Merchandise	8	Precious Metals & Gems	
		<u> </u>	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) %		Other	
7. Businesses/Licenses	on the Premise	s (check a	ill that apply):			
Type 1						
Full Service Restaurant	Cafe/Coffee Shop	Deli or Fa	ast Food Restaurant	Private,	/Fraternal/Veterans Club	
Night Club	☐ Tavern	Cocktail	Lounge	☐ Teen Cl	ub	
Banquet Hall	Sports Facility	Bowling	Alley			
Hotel/Motel: Number of Floors: Rooming House: Number of Floors:						
Number of Rooms: Number of Rooms:						
Type 2 Liquor Store	Corner Store	□ superman	rkat ([4	
Gas Station		Corner Store Supermarket Amusement/Phonograph Distributor			Convenience Store	
	_	•	į.	Kecyciin	g, Salvage or Towing	
Used Car Dealer	Personal Service Est (such as tattoo busin		, tailor, etc.)	☐ Recordir	ng Studio	
What other licenses/permits will you hold at this location? (check all that apply)						
Occupancy Permit C	igarette & Tobacco 🔲 Gas	s Station Ex	tended Hours Class "B"	Tavern	Weights & Measures	
Secondhand Dealer Precious Metal & Gem Other:						
8. Legal Capacity (only	r if a Tyne 1 nrem	nises in #	7 ahove)			
Capacity Summer Rest Call the				tions.)		

0 Promises I	Posovintian	4					
9. Premises I	escription						
1" Floor	ea(s) of the premises that will 12 nd Floor Basement Stor	rage □Patio □Beer Gard	usiness (include areas use en 🏻 Sidewalk Café 🖽	ed only for storag Deck □Rooftop	ge): o		
	Dother: Describe: Bldg J @ Summer Cest						
c. Nearest Major	b. Describe Location: Major Thoroughfare Secondary Street Other: c. Nearest Major Cross Street: Harkor DC.						
	The station of the st						
	ounding Area: Commerci						
g. Building Owne	er Name: <u>Summer</u> er Address: <u>200</u> N .	est_	Phone Number: 414	-273-2	600		
Building Owne	er Address: 200 N.	Harbor Dr. M	1. luwkee, WT	5370	> 1		
10. Hours of C	Operation & Custo	mers					
Will customers be ent	ering the premises? No	Yes					
Day of the Week	Proposed Hours of Operation:		Estimated Number	Potential Age Range	Class B Tavern Applicant Only:		
Day of the week	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)	of Customers expected each day	of Customers	Age Restriction (If none, write 'None')		
Sunday							
Monday							
Tuesday					,		
Wednesday				y	-		
Thursday	NOON	M: In) ghat	1000	2-92	NONE.		
Friday				(1		
Saturday			l	1			
An Extended Hours Est piercing, salon, tailor,	tablishment License is require tanning, etc.), recording stud	ed for any convenience store lio or restaurant which is ope	e, filling station, personal on between the hours of	service establish 12:00 a.m. and 5	ment (such as tattoo, body ::00 a.m.		
Alcohol Establishment Permitted Hours of Op		am to 9:00 pm Sunday thru s am to 2:00 am Sunday thru 1		o am Friday & Sa	turday		
Entertainment Outdoo		opm Sunday-Thursday; 12:00 Opm Sunday-Thursday; 12:00					
11. Signature(s)						
Fo	1211	5	C	m Coly			
(If there are no 20	rietor, (artner, or 20% or mo % or more shareholders, print name/title and sign)	re Shareholder	Signature of additional pa	artner or 20% or	more shareholder		

See Application Information for a complete list of all required application forms.



ALCOHOL BEVERAGE & PUBLIC ENTERTAINMENT PREMISES SUPPLEMENTAL APPLICATION

Office of the City Clerk License Division 200 E. Wells St. Room 105, Milwaukee, WI 53202

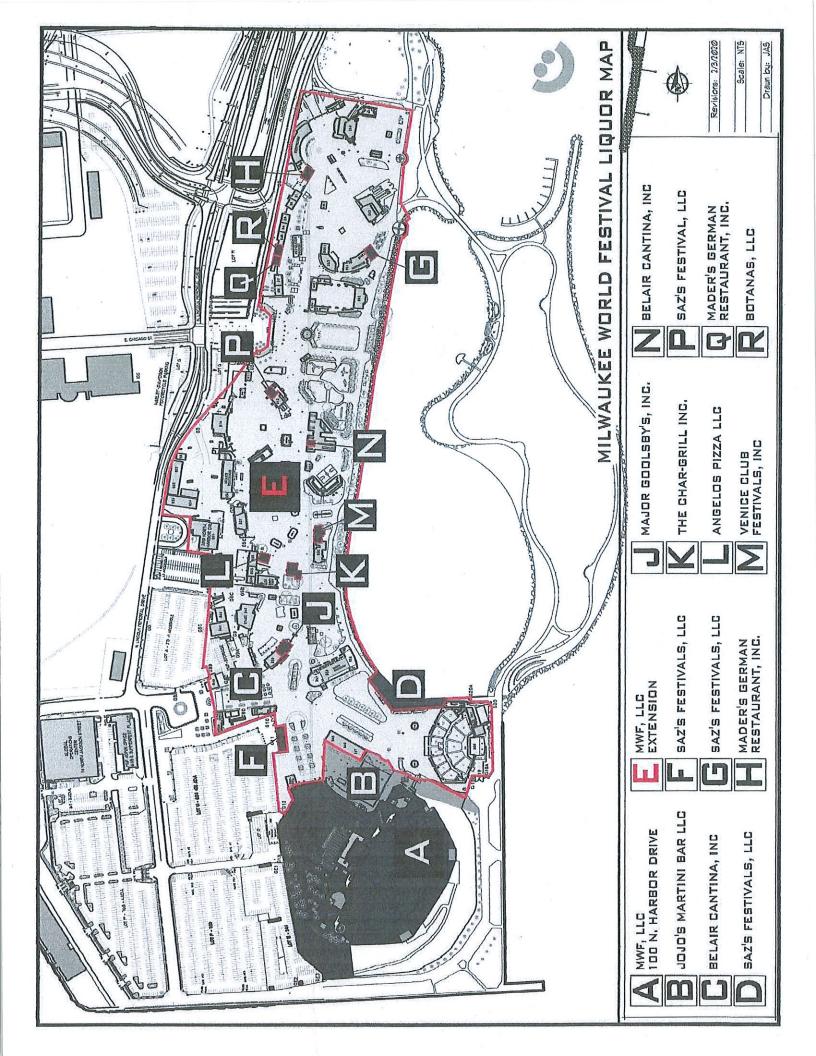
(414) 286-2238 e-mail address: license@milwaukee.gov www.milwaukee.gov/license

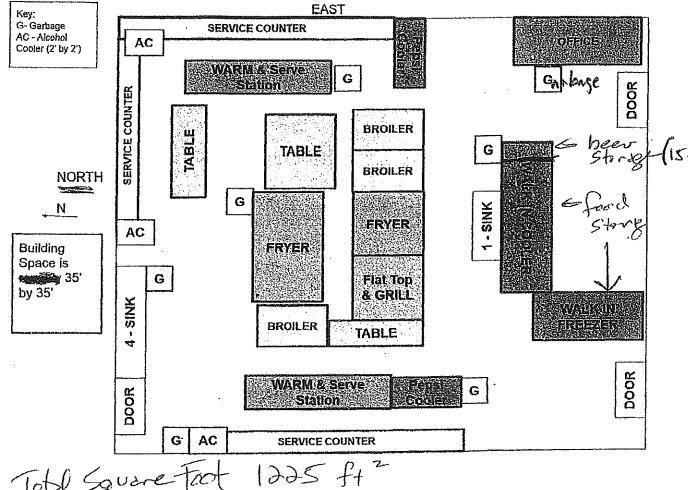
Lega	al Entity Name: Major Godslat	's Inc.	,			
Prei	mise Address: 200 N. Harlown		ukee	WI	53201	DIOG J
Pro	ximity of Premises to Church, Scho		North Allenda			
lst	he building within 300 feet of any church, school, dayc	are center or hospital?	XX No	Yes		
"Se	rvice Bar Only" Designation					
1	pplying for Class B or C license, are you applying for "S	•	Пио	Yes		
	vice Bar Only means customers cannot sit at the bar. A stools, chairs or other articles of furniture shall be plac				is seated at tables	5.
Bus	iness Information					
a)	Are you taking out this application for anyone that m	nay not be eligible for a lic	ense?	XINo	Yes	
h۱	If yes, list their name and address: Will the agent, a partner or the individual licensee be				ninossi DiNo	NACVes
b)	If no, list the name and address of the person(s) who					IXI res
	Class B Applicants: If the agent, a partner or the in the person(s) listed above must obtain a Class B Man		be conduct	ing the day	-to-day operation	ns of the business,
c)	Does anyone else have money invested or any other	_	⊠ .No	Yes		
	If yes, explain:					-
d)	Have you made an agreement with anyone to repay	any loan or any other pay	ments base	d upon inco	ome from the busi	iness?
ì	No Yes If yes, list name and address:					
	No Yes If yes, list name and address:					
Pro	No Yes If yes, list name and address: perty Information (New & Transfe					
Pro		r Applicants Only	n			
	perty Information (New & Transfe	r Applicants Only	n			
a)	perty Information (New & Transfe	r Applicants Only	Major	6 colsto	y <u>'</u> \$	
a) b)	perty Information (New & Transfe Do you own or lease the building? Who owns the fixtures (for example, coolers, etc.)?	r Applicants Only Own Stease Summer fect	Major	6 colsto	y <u>'</u> \$	
a) b) c)	perty Information (New & Transfer Do you own or lease the building? Who owns the fixtures (for example, coolers, etc.)? Are you purchasing the stock and/or fixtures?	r Applicants Only Own Stease Summer fect	Major	6 colsto	y <u>'</u> \$	
a) b) c) d)	perty Information (New & Transfer Do you own or lease the building? Who owns the fixtures (for example, coolers, etc.)? Are you purchasing the stock and/or fixtures? Total amount paid for business	TApplicants Only Own Stease Sommer fect No Oyes If yes, and \$ 0 substitute of an existing to	Mago Connount paid	6 colsts \$the price ye	ν S ou pay for the bu	siness exceeds the
a) b) c) d)	perty Information (New & Transfer Do you own or lease the building? Who owns the fixtures (for example, coolers, etc.)? Are you purchasing the stock and/or fixtures? Total amount paid for business Total amount paid for goodwill of the business Goodwill comprises the reputation and customer rel	TApplicants Only Own Lease SUMMER COLUMN No Tes If yes, and \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Mago consider the consideration the c	6 col L \$ the price yered goodwl	ν S ou pay for the buill.	siness exceeds the
a) b) c) d) e)	perty Information (New & Transference) Do you own or lease the building? Who owns the fixtures (for example, coolers, etc.)? Are you purchasing the stock and/or fixtures? Total amount paid for business Total amount paid for goodwill of the business Goodwill comprises the reputation and customer relation market value of all of the rest of the assets of the Have you made arrangements with the seller for pay se Information (New & Transfer A)	TApplicants Only Own Dease Sommer Feet No Desir yes, and Sommer Feet Alationships of an existing to business, the excess may rement of personal property pplicants who are	Majo (nount paid pusiness. If be consider taxes?	6 colsis	ou pay for the buill.	
a) b) c) d) e)	perty Information (New & Transference) Do you own or lease the building? Who owns the fixtures (for example, coolers, etc.)? Are you purchasing the stock and/or fixtures? Total amount paid for business Total amount paid for goodwill of the business Goodwill comprises the reputation and customer relation market value of all of the rest of the assets of the Have you made arrangements with the seller for pay se Information (New & Transfer A)	TApplicants Only Own Dease Sommer Feet No Desir yes, and Sommer Feet Alationships of an existing to business, the excess may rement of personal property pplicants who are	Majo (nount paid pusiness. If be consider taxes?	6 colsis	ou pay for the buill.	
a) b) c) d) e) f) Lea a)	Do you own or lease the building? Who owns the fixtures (for example, coolers, etc.)? Are you purchasing the stock and/or fixtures? Total amount paid for business Total amount paid for goodwill of the business Goodwill comprises the reputation and customer relair market value of all of the rest of the assets of the Have you made arrangements with the seller for pay se Information (New & Transfer A) Date lease begins 9/2/21 Ends 9 Monthly rental \$ 9/0 of Solice	TApplicants Only Own Lease SUMMER CEST No Yes If yes, and \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Majo (nount paid pusiness. If be consider taxes?	6 colsis	ou pay for the buill.	
a) b) c) d) e) f) Lea b) c)	Do you own or lease the building? Who owns the fixtures (for example, coolers, etc.)? Are you purchasing the stock and/or fixtures? Total amount paid for business Total amount paid for goodwill of the business Goodwill comprises the reputation and customer relair market value of all of the rest of the assets of the Have you made arrangements with the seller for pay Se Information (New & Transfer A) Date lease begins 9/2/21 Ends 9 Monthly rental \$ % of Source Do you have an option to renew the lease? □ No weet the seller for pay	TApplicants Only Own Stease Sommer Fect No Yes If yes, and \$ \$ Additionships of an existing be business, the excess may rement of personal property Poplicants who are IN I	Majo (nount paid pusiness. If be consider taxes?	the price yered goodwill No Kare	ou pay for the buill.	
a) b) c) d) e) f) Lea a)	Do you own or lease the building? Who owns the fixtures (for example, coolers, etc.)? Are you purchasing the stock and/or fixtures? Total amount paid for business Total amount paid for goodwill of the business Goodwill comprises the reputation and customer relair market value of all of the rest of the assets of the Have you made arrangements with the seller for pay Se Information (New & Transfer A) Date lease begins 9/2/21 Ends 9 Monthly rental \$ 9/0 of South Do you have an option to renew the lease? No & Does your lease allow for assignment to another par	TApplicants Only Own Stease Sommer feet No Yes If yes, and substitutionships of an existing to e business, the excess may ment of personal property poplicants who are 18/21 Yes ty without the consent of	mount paid pusiness. If the consider the owners	the price yered goodwill No Kare	ou pay for the buill.	
a) b) c) d) e) f) Lea b) c) d)	Do you own or lease the building? Who owns the fixtures (for example, coolers, etc.)? Are you purchasing the stock and/or fixtures? Total amount paid for business Total amount paid for goodwill of the business Goodwill comprises the reputation and customer relair market value of all of the rest of the assets of the Have you made arrangements with the seller for pay Se Information (New & Transfer A) Date lease begins 9/2/21 Ends 9 Monthly rental \$ % of Source Do you have an option to renew the lease? □ No weet the seller for pay	TApplicants Only Own Stease Sommer feet No Yes If yes, and substitutionships of an existing to e business, the excess may ment of personal property poplicants who are 18/21 Yes ty without the consent of	mount paid pusiness. If the consider the owners	the price yered goodwill No Kare	ou pay for the buill.	

Lea	ase Information (Continued)
f)	In addition to paying the monthly control will you have to appropriate about the second secon
"	In addition to paying the monthly rental, will you have to pay anything additional to the owner of the building to guarantee performance of the lease? No Tyes If yes, explain
g)	Does the present owner or occupancy object to the granting of your license? No Yes
	If yes, explain
Cha	ange of Agent Applicants Only
Ha	we there been any changes to the floor plan since the last application was submitted? 🗵 No 🗍 Yes
	no, a new floor plan is not required. If yes, submit a new floor plan and explain the change(s):
Sigi	nature
	Pat July
	ture of Sole Proprietor, Partner or 20% or More Shareholder
(If no	20% or more Shareholder, Corporate Officer - print name/title and sign)
	Note: All information contained in this application is subject to approval by the Common Council.
	Deviating from approved plan of operation will subject licensee to citations, and/or suspension or non-renewal of the license. Contact the License Division for information on how to request changes.
	New and transfer of premises applicants must submit the following:

Detailed floor plan

☐ If a restaurant, copy of the menu





Total Square toot 1225 ft "

Major Cools by & INC, Agent

Aba Major Gools by S

200 N. Harbor Dr., Bldg J

Milwarlee WI 53201

[G] = Garbage [DOOP] = Entrance / Excit

Harbar Drive