

CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Tuesday, June 08, 2021

COMMITTEE MEETING NOTICE

AD 04

GONZALEZ, Jaime A, Agent Botanas LLC 818 S 5TH St

Milwaukee, WI 53204

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

Tuesday, June 22, 2021 at 10:35 AM

Regarding:

Your Class B Beer License Application as agent for "Botanas LLC" for "Botanas" at 200 N HARBOR DR #Bld 5,

This meeting will be held via GoToMeeting. Please see the enclosed best practices document for further instructions. The access code is https://global.gotomeeting.com/join/743465261. If you wish to call in, please call https://global.gotomeeting.com/join/743465261. If you wish to call in, please call https://global.gotomeeting.com/join/743465261. If you wish to call in, please call https://global.gotomeeting.com/join/743465261. If you wish to call in, please call https://global.gotomeeting.com/join/743465261.

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

Tuesday, June 08, 2021

COMMITTEE MEETING NOTICE

AD 04

GONZALEZ, Jaime A, Agent Botanas LLC 7970 S 43rd St

Franklin, WI 53132

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Tuesday, June 22, 2021 at 10:35 AM

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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

Date: 5/6/21 Officer: Monreal

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

	•	
Name of Premise: Address: Phone:	Botanas 200 N. Harbor Dr. 414-467-5346	
Owner: Owner address: City State Zip: Owner Phone: Owner email:	Gonzalez, Jaime A 7970 S.43 rd St. Franklin, WI 53132 414-467-5346 jaimealex@sbcglobal.net	
Licensee/Agent: Home Address: City State Zip: Phone: Email:	Same	
Preferred contact: Sar	me	
Location currently op	oen: YES 🛛 NO	· .
Projected open date:	09/21	
Day's open: S	M □T □W □Th □F □SA ⊠	ALL
Hours of Operation:	Sun: 11A-1145P Mon: " Tue: " Wed: " Thu: " Fri: " Sat: "	□24 hours □Y □N
Premise Type:	⊠Tavern/Bar ⊠Restaurant □Other:	
Licenses currently he	Ad.	

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:			
	location clean? ⊠Yes	\square_{N_0}	
1. Is the area around the	ocation? (Check all the		
K 7/2 1	cation? (Check an the	appry)	
<u>—</u>			
b. School	E		
c. Youth Cent	er		
d. Church	0 1		to the second second
	f so, how many		
f. Residential			
g. 🔀 Other busir	iesses		
hOther:		1	 1
Can you see from the	outside of the location	into the interior	⊠Yes ∐No
4. Can you see the empl	oyees inside of t <u>he</u> loca	tion from the out	tside ⊠Yes ∐No
	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			
9. Is the parking lot well			
10. Valet Parking Yes			
	ave a guard? ⊠Yes 🗌	No	•
	ave cameras? Yes		
11. Are there areas where			Yes 🕅 No
12 Is there exterior lighti	ing? XYes No. Do	nes it appears to	be adequate ⊠Yes ∏No
13. Exterior Payphone?	Yes No	··· 	
14. Are there No Loiterin		s MNo	
15. Are there exterior sec	urity cameras XVes [No How Many	· Full MWF Grounds
16. Are the address number	sers prominently display	rto riow riumy.	ee Tyes XNo
10. Are the address nume	icis prominenti dispia	yea and easy to s	
Camana Carreyova			
Camera Survey: 17. Does this location har	rro gografita comorga?		
		7 I C2 []140	
18. Are they in working of		•	
19. What format are the o			
a. Color	Yes No		
b. Digital	Yes No		
c. Recorded	⊠Yes ∐No	20 D	
20. How long is footage			
21. Are there exterior car		How many: Full	MWF Grounds
22. Are there interior can			, k
23. Do all employees kno	ow how to retrieve reco	rded digital imag	ges/footage? Yes No

24. Can	meras located in parking lot	∑Yes	□No	How many Full MWF Grounds
Interior Su	urvey:			
	at is the planned capacity 20	+00		
	at is the minimum number of			
27. Is th	he storeowner willing to be a	ı standing	complaina	ant regarding loitering? ⊠Yes ⊡No
	a. If yes have them fill out	the standi	ng compla	int form and give them two of the
	commercial signs Yes	₃ ∐No		
	he interior of the location nea			Yes No
	es an interior camera face the			∑Yes ☐No
30. Is tl	here a lockable area that sepa	ırates emp	oloyees fro	m customers? Yes No
31. Are	e emergency and non-emerge	ncy numb	ers posted	I near the phone? Yes No
				strict directly? Yes No
	a. Did you provide a distric	et contact	guide to th	ne owner? Yes No
Security				
33. Ho	w many security personnel a	re going to	o be emplo	oyed: 50+
	w ill they be deployed: Interi		Exterior5(
35. Wh	nat days will they be deployed	d 🛛 Mon	⊠Tue⊠V	Wed⊠Thu⊠Fri⊠Sat⊠Sun
	ll the security be managed by			
37. Wil	ll they be armed \Box Yes $oxtimes$ N	Vo		·
38. Wh	nat type of security measures	to be used	1:	
\boxtimes	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.

MILWAUKEE

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: <u>license@milwaukee.gov</u>

1. Type of Business	
Applying for: Extended Hours (12AM to 5AM) - If a food establishment, check all that apply: Delivery Drive Thru Dining Room	
Self Service Laundry Massage Establishment Filling Station	
Other (supplemental application for specific license also required)	
Provide a detailed description of the type of business you plan on operating:	
Prestaurant; Mexican food	- y
Do you have any experience operating this type of business? No Wes If yes, explain: 17 years @ Summertest	
2. Business Operations	
a. Proposed Opening Date: September 2 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? In No Yes If yes, list type of license:	
e. is the current licensee operating?	
f. Do you have future plans for other businesses, licenses or permits at this location? 4 No Yes	
If yes, explain:	
g. Have you previously held an Extended Hours License in Milwaukee? 🖫 🖔 🗌 Yes	
If yes, list address(es):	
h. Are other businesses operating in the same building? 🛂 No 🗌 Yes If yes, describe:	
3 Litter & Noise	
a. How are grounds kept clean? Lesweep Lepressure Wash Pick Up Litter Other: 01	
b. How often will grounds be cleaned? Daily Weekly As Needed Monthly Cother: Summer Sest	
c. Grounds cleaned by: Licensee Building Owner Employees Hired Maintenance Cother: Summe for	-
d. How are noise issues prevented and/or addressed? Security Manager approaches customer(s) Call Police	
Signs Posted 40ther: Summerfest	
e. Will a sound amplification system be used? No Yes If yes, describe: Summefect	
4. Smoking & Sanitation	٠
a. Are there designated outdoor smoking areas? No Ares If yes, describe: Summestest	
b. Number of Garbage Cans: Inside: 4 Locations: prop tuble, the sink front windows	
Outside: Locations: Summerfest	
c. Is a crowd control barrier used? No Yes If yes, describe: 50mmetest.	
d. How many restrooms are on the premises? Summerfeet	
e. Name of solid waste contractor: Advanced Disposal Waste Management Other: Summe fest	

5. Security		1.				,
	spaces? No Yes	If ves. how n	hanv?	and describe	the parking security	
plan:	, орасса, јед 170 🖂 765	,,		,		
b. Is there a loading zone?	☑No ☐ Yes If yes, de	escribe the lo	ading area security p	lan:	<u>, </u>	
	ersonnel on premise? [_				
ţ.	sponsibilities? <u>50</u>	•				
į l						
d. Will there be security ca	g, certification, or training		·		•	
d. Win there be security Co	Summert		iumy:and is	n iveations.		
e. Will searches/identifica			o 🗌 Yes If yes, desc	ribe	ŧ	
6. Percentage of Sale	s (must total 100%	i)		1		
Alcohol <u>2C</u> %	Food XO	%	Secondhand Merchand	ise .	Precious Metals & Gems	
Entertainment%	Cigarettes	%	%	•		
Pawnbroker Activity%	Salvaged Materials(such as scrap metal)	⁷⁰	Personal Services (such body piercing, salon, ta tanning, etc.)	ilor, ·	Other% Describe:	
7. Businesses/License	s on the Premises					
Type 1	<u> </u>			C Deiter-	/Fraternal/Veterans Club	,
Full Service Restaurant Night Club	Cafe/Coffee Shop Tavern	Cocktail L	st Food Restaurant	☐ Teen C		į
Banquet Hall	Sports Facility	Bowling A			· ,	
+ <u> </u>	loors:	Rooming	·	oors:) 	
Number of R	ooms:		Number of Ro	ooms:	· · · · · · · · · · · · · · · · · · ·	
Type 2	Corner Store	Supermari	, ket	☐ Conven	ience Store	
Gas Station	Amusement/Phonogra		1		ig, Salvage or Towing	
Used Car Dealer	Personal Service Esta	blishment		Recordí	1	
	(such as tattoo busine			, , ,	*	
What other licenses/permits will	•					
1	Cigarette & Tobacco Gas		tended Hours Class	"B" Tavern [_] Weights & Measures	
3]Precious Metal & Gem ☐			11 and 11		Ţ.
8. Legal Capacity (on	ly if a Type 1 prem	ises in #7	(above)	e sin e e e e	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	·
Capacity (Call th	e Milwaukee Development (Center at 414-	286-8211 if you have gu	iestions.)	$\mathcal{F}_{\mathcal{F}}^{-1}$	
de ministration	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		*	
			•		<i>i</i>	

Building #5 Stall R Jaime Gonzalez, Agent

9. Premises De	escription			Biological States and the state of the state		
a, Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage): ☐ Floor □ 2 nd Floor □ Basement Storage □ Patio □ Beer Garden □ Sidewalk Café □ Deck □ Rooftop . `						
Mather Describe Summertest						
b. Describe Location	on: Major Thoroughfare	Secondary Street 🗗 Ot	her: <u>Summe</u>	rtest.		
	- 0	1 Wille	,			
d. Describe Buildir	ng: Free Standing Buildin	g 🔲 Strip Mall 🕡 Other:	Jummertest	* Structu	ine	
e. Describe Premis	ses Structure: 📑 Single Sto	ry 🔲 Multi-Story - # of Sto	ries Other:			
	unding Area: 🔼 Commercia		ial Other:	076-	1 <u>6531</u>	
g. Building Öwner	Name: Summerf	15 1 01	Phone Number: 414	CO 120		
Building Owner	Address: <u>7970</u> S.	43rd St. tr	anklin WI	<u>53152</u>		
10. Hours of O	peration & Custor	ners	e de la companya de l			
Will customers be ente	ering the premises? No	Yes				
	Proposed Hour	s of Operation:	Estimated Number	Potential Age Range	Class B Tavern Applicant Only:	
Day of the Week	117g p		of Customers	age Kange of	Age Restriction	
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)	expected each day	Customers	(If none, write 'None')	
Sunday	11 am	11:45 pm	300-1000	all ages	7	
Monday	11 am	11:45 pm	300-1000	all ages		
Tuesday	11 am	11:45pm	300-1000	all ages		
Wednesday	11 am	11:45 pm	300-1000	all ages		
Thursday	11 am	11:45pm	300-1000	allages		
Friday	11 am	17:45 pm	300-1000	all ages	· ·	
Saturday	11am	11:45 cm	300-1000	allages	1	
An Extended Hours Establishment License is required for any convenience store, filling station, personal service establishment (such as tattoo, body piercing, salon, tailor, tanning, etc.), recording studio or restaurant which is open between the hours of 12:00 a.m. and 5:00 a.m.						
Alcohol Establishments Class A: 8:00 am to 9:00 pm Sunday thru Saturday						
Entertainment Outdoor Closing Hours: 10:00pm Sunday-Thursday; 12:00am Friday & Saturday; unless a different time, either earlier or later,						
Is established by the Common Council in its approval of the licensee's plan of operation.						
11. Signature(S)					
	2 Q		-		,	
	feet the	oro Chareholder	Signature of additional	partner or 20% or	more shareholder	
Signature of Sole 8:00 (if there are no 2)	orietor, Partner, or 20% or m 0% or more shareholders,	mie allatettoider	Signature of Educationia		and the second second	
Corpórate Officer-print name/title and sign)						

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	Entity Name: Botanas, UC 816 S. 5th St. Milwaukee, WI 53204
·····	ise Address: 200 N. Harbor Drive
Prox	imity of Premises to Church, School, Daycare Center or Hospital
	e building within 300 feet of any church, school, daycare center or hospital?
"Sei	vice Bar Only" Designation
	plying for Class B or C license, are you applying for "Service Bar Only"? No Yes .
Sen	ice Bar Only means customers cannot sit at the bar. Alcohol is served to employees who serve patrons seated at tables. tools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.
Bus	ness Information
a)	Are you taking out this application for anyone that may not be eligible for a license?
	If yes, list their name and address:
b)	Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the business? No Yes
	If no, list the name and address of the person(s) who will:
	Class B Applicants: If the agent, a partner or the individual licensee will not be conducting the day-to-day operations of the business,
	the person(s) listed above must obtain a Class B Managers license. Does anyone else have money invested or any other interest in this business? Vio Yes
c)	If yes, explain:
d}	Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business?
,	Yes If yes, list name and address:
Pro	perty Information (New & Transfer Applicants Only)
a)	Do you own or lease the building?
b)	Who owns the fixtures (for example, coolers, etc.)? Summerfest
c)	Are you purchasing the stock and/or fixtures? No
d)	Total amount paid for business \$ 32 % of sales
e)	Total amount paid for goodwill of the business \$ 32 % of Sales
.,	Goodwill comprises the reputation and customer relationships of an existing business. If the price you pay for the business exceeds the
	fair market value of all of the rest of the assets of the business, the excess may be considered goodwill.
f)	Have you made arrangements with the seller for payment of personal property taxes? No Yes
Lea	se Information (New & Transfer Applicants who are leasing the premises only)
a)	Date lease begins 9 2 202 Ends
b)	Monthly rental \$ 0
c)	Do you have an option to renew the lease? No AYes
d)	Does your lease allow for assignment to another party without the consent of the owner?
e)	For what length of time have you been guaranteed occupancy (number of years)?
I	

Lea	se Information (Continued)	
f)	In addition to paying the monthly rental, will you have to pay anything of the lease? 1 No 4 yes If yes, explain 32 /- of Sat	es
g)	Does the present owner or occupancy object to the granting of your like if yes, explain	ense? 🗗 No 🗌 Yes
Cha	nge of Agent Applicants Only	
	ve there been any changes to the floor plan since the last application wa o, a new floor plan is not required. If yes, submit a new floor plan and ex	
Sigr	ature	
 Signat	ure of Sole Proprietor, Partner or 20% or More Shareholder	
	20% or more Shareholder, Corporate Officer - print name/title and sign)	į

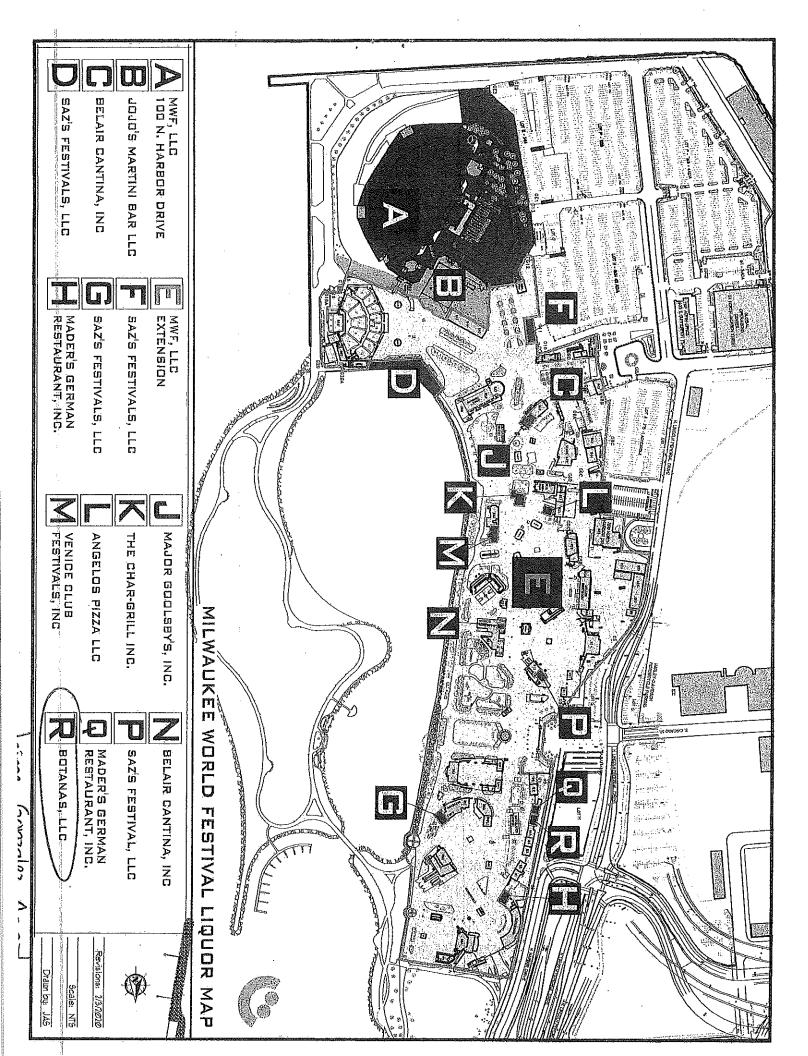
Note: All information contained in this application is subject to approval by the Common Council.

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.

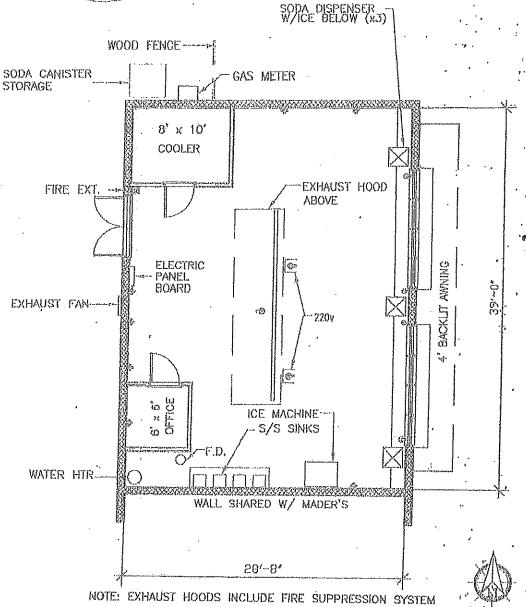
New and transfer of premises applicants must submit the following:

Detailed floor plan

If a restaurant, copy of the menu







APPROXIMATE SQ. FOOTAGE: 1118

CONSTRUCTION NOTES: CONCRETE BLOCK

BUILDING # 5

DRAWN BY: R.IS/WDD/JPR C.A.: N/A | REV.05/16/12 | SCALE: 1/8" = 1'-01 | PAGE // 20

Botanas, US Jaime Gonzalez, Agent