

Thursday, August 19, 2021

#### COMMITTEE MEETING NOTICE

AD 04

ALBANO, Michael J, Agent Angelos Pizza, LLC 12638 W Euclid Av New Berlin, WI 53157

You are requested to attend a hearing which is to be held in Common Council chamber, Third Floor, City Hall on:

#### Wednesday, September 01, 2021 at 08:45 AM

Regarding:

Your Class B Beer and Temporary Food Dealer License Applications as agent for "Angelos Pizza, LLC" for "Angelos Pizza" at 200 N Harbor DR #Area L.

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 appear at this meeting may result in the denial of your license. Individual applicants must appear only in person or by an attorney. Corporate or Limited Liability applicants must appear only by the agent designated on the application or by an attorney. Partnership applicants must appear by a partner listed on the application or by an attorney. 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 are present at the committee hearing and 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 bring an interpreter with you, at your expense, so that you can answer questions and participate in your hearing.

You may examine the application file at this office during regular business hours prior to the hearing date. Inquiries regarding this matter may be directed to the person whose signature appears below.

Limited parking for persons attending meetings in City Hall is available at reduced rates (5 hour limit) at the Milwaukee Center on the southwest corner of East Kilbourn and North Water Street. Parking tickets must be validated in the first floor information booth in City Hall.

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 notice, please contact the License Division at (414) 286-2238.

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



Thursday, August 19, 2021

#### COMMITTEE MEETING NOTICE

**AD 04** 

ALBANO, Michael J, Agent Angelos Pizza, LLC 4868 S 23rd St Milwaukee, WI 53221

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#### Wednesday, September 01, 2021 at 08:45 AM

Regarding:

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JIM OWCZARSKI, CITY CLERK

BY: \_\_\_\_\_/ Jim Cooney

License Division Manager

If you have questions regarding this notice, please contact the License Division at (414) 286-2238.

12/05/2017

2017CM003018

Date:

Case:

## MILWAUKEE POLICE DEPARTMENT LICENSING

## CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

DATE: 06/17 LICENSE TYPE NEW: X RENEWAL: X	: Class B Tavern		No. 325554 Application Date:	06/16/21
	ation: 200 N Harbor Dr #L ume: Angelos Pizza			
	plicant: ALBANO, Michael J (Last Name, First Name, MI) 1: 06/26/1972			
Home Addre City: Milwau Home Phone		State: WI	<b>Zip Code:</b> 53221	
This report is	written by Police Officer Monre	al, assigned t	o the License Investi	igation Unit, Days.
The Milwauk	ee Police Department's investig	ation regardir	g this application rev	vealed the following:
1. On 08 10/18	/17/2017 the applicant was cited /2017 and his license was revok	d for Operatin ed for 6 mont	g while Intoxicated. hs.	He was convicted or
2. On 08 Intoxid	3/28/2017 the applicant was cha cated (Misdemeanor) (2 counts)	rged in Milwa	ukee County with Op	erate Firearm while
Charge 1: 2: Finding 1: 2: Sentence:	Operate Firearm while Intoxica Operate Firearm while Intoxica Guilty Dismissed but read in 12 months' probation			

Date: 06/17/21 Officer: Monreal

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

Name of Premise: Address: Phone:		o's Pizza Harbor Dr. 7-9592	
Owner: Owner address: City State Zip: Owner Phone: Owner email:	4868 S Milwat 414-50	o, Michael J . 23 <sup>rd</sup> St. ukee, WI 53221 7-9592 no55@gmail.com	
Licensee/Agent: Home Address: City State Zip: Phone: Email:	Same		
Preferred contact: Sar	ne		
Location currently op	en:	☐ YES ⊠	NO
Projected open date: (	09/21		
Day's open: S	м []Т	□W □Th □F □SA	ALL
Hours of Operation:	Sun:		□24 hours □Y □N
	Mon: Tue: Thu: Fri: Sat:	12P-12A 12P-12A 12P-12A	Wed: "
Premise Type:		ern/Bar taurant er:	
Licenses currently he Alcohol:	ld:	∐Yes ⊠No Class:	#:

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? ∑Yes ☐No
2. What surrounds the location? (Check all the apply)
a. Park
b. School
c. Youth Center
d. Church
e. Tavern(s) If so, how many
f. Residential
g. Other businesses
h. Uother:
3. Can you see from the outside of the location into the interior Yes No
4. Can you see the employees inside of the location from the outside ∑Yes ☐No
5. Are exterior windows free of signage ⊠Yes ☐No
6. Is there a parking lot ∑Yes □No
7. Is the parking lot clean? <a>\textstyle Yes</a> <a>\textstyle No</a>
8. Off-Street parking ∑YesNo
9. Is the parking lot well lit? ⊠Yes □No
10. Valet Parking ☐Yes ☒No
a. Will this lot have a guard? Yes No
b. Will this lot have cameras? ⊠Yes □No
11. Are there areas where a person could conceal themselves Yes No
12. Is there exterior lighting? ⊠Yes ☐No. Does it appears to be adequate ⊠Yes ☐No
13. Exterior Payphone? ☐Yes ☒No
14. Are there No Loitering Signs posted? Yes No
15. Are there exterior security cameras ∑Yes ☐No How Many: Full MWF Grounds
16. Are the address numbers prominently displayed and easy to see ☐Yes ☒No
10. The the decies femines promisely suspense of the control of th
Camera Survey:
17. Does this location have security cameras? Yes No
18. Are they in working order? Yes \No
19. What format are the cameras?
c. Recorded Yes No
20. How long is footage stored for later viewing: 30 Days
21. Are there exterior cameras Yes No How many: Full MWF Grounds
22. Are there interior cameras Yes No How many:
23. Do all employees know how to retrieve recorded digital images/footage? Yes No
24. Cameras located in parking lot Yes No How many Full MWF Grounds

<u>Interior Survey:</u>
25. What is the planned capacity 2000+
26. What is the minimum number of employees That will be on premise 1
27. Is the storeowner willing to be a standing complainant regarding loitering? Yes 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? Yes 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? X Yes No
a. Did you provide a district contact guide to the owner? ☐Yes ☒No
Security
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
located .

### 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

## 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: license@milwaukee.gov

1. T	Type of Business
Applyi	ing 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)
	de a detailed description of the type of business you plan on operating:
ANS	ews Pizza Sells, Pizza, Sonowiches, Apparizees AND Revenges AT SUMMERFEST
Do yo	to have any experience operating this type of business? No X Yes If yes, explain: Been AT SUMMENTEST FOR LAST 69
	Business Operations
a.	Proposed Opening Date: Sept 20021
ь.	Is this premise under construction? X No Yes If yes, list estimated completion date:
с.	Is this a franchise? No Yes
d.	Is this premises currently licensed? No K Yes If yes, list type of license: POWMAN FOOD DENEAL CICENSE
e.	Is the current licensee operating? No Vives If no, list date closed: ONLY OFENATES DURING SUMMERFEST
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):
h.	Are other businesses operating in the same building? No Yes If yes, describe:
3. L	itter & Noise
a.	How are grounds kept clean? X Sweep X Pressure Wash X Pick Up Litter Other:
b.	How often will grounds be cleaned? Daily Weekly As Needed Monthly Other:
c.	Grounds cleaned by: Licensee Building Owner Employees Hired Maintenance Other:
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. S	moking & Sanitation
а.	Are there designated outdoor smoking areas? No Yes If yes, describe:
b.	Number of Garbage Cans: Inside: 8 Locations:
	Outside: TBD Locations: UNDER MILWAUKEE WORLD FESTIVES CONTROL
C.	Is a crowd control barrier used? No Yes If yes, describe: Depends on Chowb VNDER MWFCONTRO
d.	How many restrooms are on the premises? WANY
e.	Name of solid waste contractor: Advanced Disposal Waste Management Other: NOT SURE MWF CONTIA

5. S	ecurity					
a.	Are there onsite parking	spaces? \(\sqrt{No} \sqrt{Ves}\)	If yes, how	many?	and describ	e the parking security
	plan:					
ь.	Is there a loading zone?	XNo ☐ Yes If yes, o	describe the l	loading area security pl	an:	
c.	Will you have security pe		□ No XYe	s If yes, how many?	а	nd answer the following:
	What are their res	ponsibilities?		escribe ALL 5	OCUA S	TY I'S RUN
	Is security equipm	ent used?   No   '	Yes If yes, de	escribe T-L )	who i	NOALD FESTIVALS
	List their licensing,	certification, or trainin	ig credentials	CONTRACTOR CO	takee 1	ODALU (CSITVIAL)
d.	PUN BY	MWF	•	<u> </u>		
e.	Will searches/identificati	on checks be done upo	n entry?	No 💢 Yes If yes, desc	ribe Merry	Detection Ann BASSENDE
6. P	ercentage of Sales					
Alcoh	ol <u>15</u> %	Food E	<u>55</u> %	Secondhand Merchand	ise	Precious Metals & Gems
Enter	zinment <u>NA</u> %	Cigarettes	%	<u>"</u> %		%
Pawn	proker Activity%	Salvaged Materials (such as scrap metal)	%	Personal Services (such body piercing, salon, ta tanning, etc.)	ilor,	Other% Describe:
7. B	usinesses/Licenses	on the Premise	s (check	all that apply):		
Туре		Cofe /Coffee Shop	□ Dali or t	ast Food Restaurant	□ Drivote	e/Fraternal/Veterans Club
	ull Service Restaurant	Cafe/Coffee Shop			Teen C	
	light Club	☐ Tavern	Cocktail	-	□ reen ¢	.idb
	anquet Hall	Sports Facility	☐ Bowling			
	lotel/Motel: Number of Flo Number of Ro	oms:	Roomin	g House: Number of Flo Number of Ro		
Туре		· · · · · · · · · · · · · · · · · · ·				
	lquor Store	Corner Store	Superm			nience Store
	as Station	Amusement/Phono	graph Distribu	tor	Recycli	ng, Salvagė or Towing
ا 🗆	ised Car Dealer	Personal Service Es (such as tattoo busi		n, tailor, etc.)	Record	ing Studio
Wha	t other licenses/permits will	you hold at this location?	(check all that	apply)		
	Occupancy Permit (	Cigarette & Tobacco 🔲 G	as Station 🔲	Extended Hours Class	"B" Tavern [	Weights & Measures
	Secondhand Dealer	Precious Metal & Gem	Other:			
8. L	egal Capacity (onl	y if a Type 1 pre	mises in t	7 above)		
Capac	ity (Call the	e Milwaukee Developmen	t Center at 41	4-286-8211 if you have qu	uestions.)	

9. Premises Description							
a. Identify all are	a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage):    X1 <sup>st</sup> Floor						
☐Other: Desc	ribe: ARRAL BUIL	X8 EET ZHIA	lo outsine ce	oier	:		
b. Describe Locat	ion: 🔲 Major Thoroughfare	Secondary Street O	ther:				
•	Cross Street:		· · · · · · · · · · · · · · · · · · ·				
e. Describe Prem	ises Structure: 💢 Single Sto	ry Multi-Story - # of Sto	ries Other:				
f. Describe Surro	ounding Area: 🔲 Commercia	I Residential Industr	rial 🛛 Other:FC	STIVAL	5/06		
g. Building Owne	r Name: Milwavkee \	NOALD TESTIVAL	Shone Number: 41	<u>4 - 273-</u>	- <u>2680</u>		
Building Owne	er Address: 300 N	HARROR DRIV	6 WILMFINGS	W <sub>1</sub> L , 5	23509		
10. Hours of 0	Operation & Custo	mers					
Will customers be ent	ering the premises? No	Yes					
	Proposed Hour	s of Operation:	Estimated Number of Customers	Potential Age Range	Class B Tavern Applicant Only:		
Day of the Week	Open Time	pen Time Close Time		of	Age Restriction		
	(include a.m. or p.m.)	(include a.m. or p.m.)	expected each day	Customers	(If none, write 'None')		
Sunday	Sunday Llosen (185en)						
Monday							
Tuesday							
Wednesday	<i>\</i>	1					
Thursday	12:00 pm	12 Am.	0-2000	0-100			
Friday	12:00 pm	12 AM					
Saturday	12:00 pm	M.A. 61		√			
An Extended Hours En	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 Establishmen		am to 9:00 pm Sunday thru	*** * * * * * * * * * * * * * * * * * *				
Permitted Hours of Operation: Class B: 6:00 am to 2:00 am Sunday thru Thursday, 6:00 am to 2:30 am Friday & 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)						
711	1 /1///						
0///	11/1/10				1 1 F		
	prietor, Partner, or 20% or mo 0% or more shareholders.	ore Shareholder	Signature of additional p	artner or 20% or	more snarenolder		
(If there are no 20% or more shareholders,  Corporate Officer-print name/title and sign)							



## 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	Il Entity Name: ANGELO'S Pi	27A LLC
Prer	U	R DILIVE MYLWAULER WII. 53202
Pro	ximity of Premises to Church, Scho	
ls ti	ne building within 300 feet of any church, school, dayc	are center or hospital? 💢 No 🔲 Yes
"Se	rvice Bar Only" Designation	
ıf a	pplying for Class B or C license, are you applying for "S	ervice Bar Only"? No 💢 Yes
Ser	vice Bar Only means customers cannot sit at the bar. I	Alcohol is served to employees who serve patrons seated at tables.
No	stools, chairs or other articles of furniture shall be pla	ced at the service bar for patrons to sit upon.
Bus	iness Information	
a)	Are you taking out this application for anyone that m	nay not be eligible for a license? Y No Yes
.,	If yes, list their name and address:	e conducting the day-to-day operations of the business? \(\bigcap\) No \(\bigcap\) Yes
b)	If no, list the name and address of the person(s) who	
	The first one field one data case of the person of	
		dividual licensee will not be conducting the day-to-day operations of the business,
۱۵	the person(s) listed above must obtain a Class B Mar	
c)	Does anyone else have money invested or any other if yes, explain:	interest in this business? Mino Tites
d)	• • • •	any loan or any other payments based upon income from the business?
·	No Yes If yes, list name and address:	
Pro	perty Information (New & Transfe	r Applicants Only)
a)	Do you own or lease the building?	□Own \(\sum{(Lease}\)
b)	Who owns the fixtures (for example, coolers, etc.)?	MILWAUKER WORLD FESTIVALS
c)	Are you purchasing the stock and/or fixtures?	No Yes if yes, amount paid \$
d)	Total amount paid for business	s <u>commission</u> Based
e)	Total amount paid for goodwill of the business	\$
	Goodwill comprises the reputation and customer refair market value of all of the rest of the assets of the	lationships of an existing business. If the price you pay for the business exceeds the ebusiness, the excess may be considered goodwill.
f)	Have you made arrangements with the seller for pay	ment of personal property taxes? 💢 No 🔲 Yes
Lea	se Information (New & Transfer A	pplicants who are leasing the premises only)
a)	Date lease begins SENT 2021 Ends SE  Monthly rental \$ COMMISSION BASED	DT 19, 2021
b) -		
c) d)	Do you have an option to renew the lease? No	★ Yes ty without the consent of the owner? ★ No  Yes
e)	For what length of time have you been guaranteed of	occupancy (number of years)? 1-1 YEAR CONTRACTS
		The state of the s

Lease Information (Continued)
f) 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 Yes If yes, explain
g) Does the present owner or occupancy object to the granting of your license? X No Yes  If yes, explain
Change of Agent Applicants Only
Have there been any changes to the floor plan since the last application was submitted? No Yes
If no, a new floor plan is not required. If yes, submit a new floor plan and explain the change(s):
Signature
Signature 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



March 8, 2021

City Clerk – License Division 200 E Wells Street, Room 105 Milwaukee, WI 53202

To Whom It May Concern:

Milwaukee World Festival, Inc. leases the land at 100 N. Harbor Drive from the City of Milwaukee. Milwaukee World Festival, Inc. is the sole member of MWF, LLC. As such Milwaukee World Festival, Inc. authorizes MWF, LLC to occupy and use 100 N. Harbor Drive.

MWF, LLC authorizes the following entities to occupy and use the areas designated on the enclosed map.

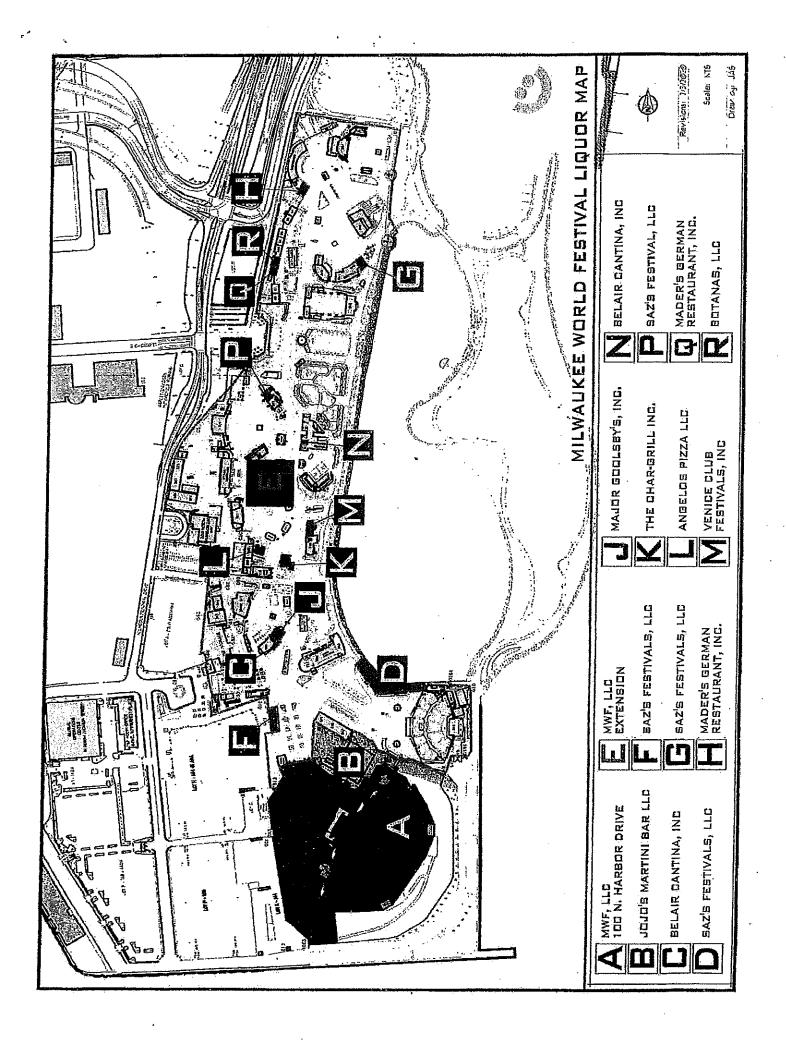
ANGELOS PIZZA LLC	Area L
BELAIR CANTINA, INC	Area C
BELAIR CANTINA, INC	Area N
BOTANAS, LLC	Area R
MADER'S GERMAN RESTAURANT, INC	Area Q
MAJOR GOOLSBY'S, INC	Area J
SAZ'S FESTIVAL, LLC	Area P
THE CHAR-GRILL, INC	Area K
VENICE CLUB FESTIVALS, INC	Area M

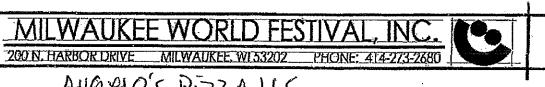
Susan D. Landry, VP/CFO

Sincerely,

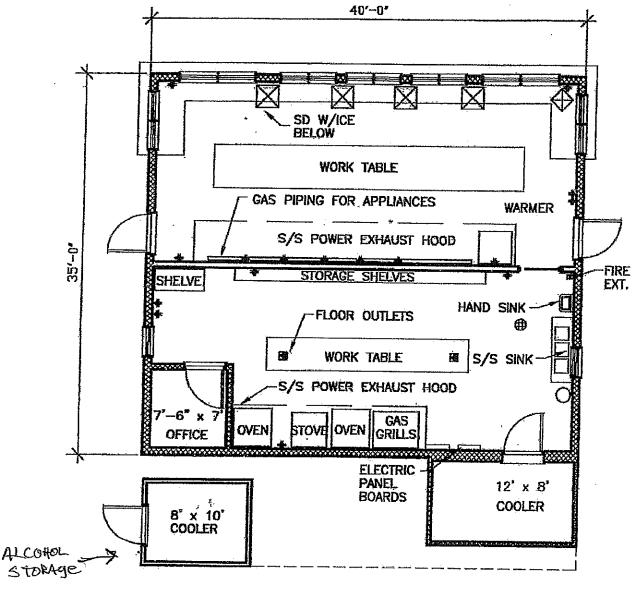
Susan D. Landry

VP / CFO





ANGROS PIZZALLC



NOTE: EXHAUST HOOD INCLUDE FIRE SUPPRESSION SYSTEM



APPROXIMATE SQ. FOOTAGE: 1.400

CONSTRUCTION NOTES: WOOD EDAME

4		- 71 100	- CONCIL	OOHON HOILS.	MOOD LIVAME	
		BUIL	DING#	32	the distribution of the second	
	DRAWN BY: RJS/WDD/JPR	C.A.: N/A	REV. 05/17/12	SCALE: 1/8"=	I'-0" PAGE#	59

ADDENDUM 1

opaatoa	U	odated:	: 03/03/2021	
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ADDENDUM	TO	2021	
<b>ユレレニ! タ レし!タ!</b>	$\sim$	The second secon	•

(Page 1 of 2)
AGREEMENT BETWEEN MILWAUKEE WORLD FESTIVAL, INC.

AND ANGELOS PIZZA LLC dba ANGELO'S

\_\_\_\_, VENDOR

MENU ITEM	PORTION/DESCRIPTION	ions @ \$0.	DIET- FRIENDLY? List all that apply GF, VG, VT
Cheese Pizza - 1/4	1/4 of a 14" pizza	\$6.75	Vegetarian
Cheese Pizza - Whole	14" Whole pizza	\$22.50	Vegetarian
Cheese & Sausage - 1/4	1/4 of a 14" pizza	\$7.25	
Cheese & Sausage - Whole	14" Whole pizza	\$23.25	
Cheese & Pepperoni - 1/4	1/4 of a 14" pizza	\$7.25	
Cheese & Pepperoni - Whole	14" Whole pizza	\$23.25	
Cheese, Spinach, Fresh Tomato & Garlic - 1/4		\$7.50	Vegetarian
Cheese, Spinach, Fresh Tomato & Garlio - Whole		\$24.25	Vegetarian
Chicago-Style Stuffed Pizza	Cheese, Sausage, Pepperoni, Fresh Tomato, Fresh Garlio w/ Romano Cheese Crust		
	1/6 of a 14" pizza	\$8.75	
	14" Whole pizza	\$33.25	
Lasagna Stick Marinara	Three (3) - 4oz. Lasagna sticks. Served with 3oz. cup of Marinara	\$7.00	
Italian Beef	6oz Italian Beef, Provolone Cheese, Giardiniera	\$8.75	
Potato Chip Parmesan	6oz. fresh potato chips w/ cheese & spices	\$5.50	Vegetarian
Side of Marinara Sauce	Total weight = 3oz.	\$0.50	,
Side of Jalapeños	3.25oz. cup of Jalapeño peppers	\$0.50	
Miller Lite	16oz Can	\$8.00	
Leinenkugel's Summer Shandy	16oz Can	\$9.25	
Blue Moon	16oz Can	\$9.25	
ALL BEVERAGES EXCEPT ROZEN DRINKS, SPECIALTY COFFEE DRINKS AND SMOOTHIES	THROWBACK THURSDAY: NOON - 6:00PM SUNDAY FUNDAY: 4:00PM - 6:00PM	50% OFF	
Potato Chip Parmesan	CHILDREN'S DAY: NOON – 3:00PM	\$3.00	
Cheese Pizza	CHILDREN'S DAY: NOON - 3:00PM	\$3.50	

Updated: 03/03/2021 ADDENDUM 1 (Page 2 of 2) ADDENDUM TO 2021 AGREEMENT BETWEEN MILWAUKEE WORLD FESTIVAL, INC. AND ANGELOS PIZZA LLC dba ANGELO'S Please click/check the box for all that apply: Fountain Beverages (Bag-In-Box): Most dispensers can accommodate 6 - 8 flavors. \$4.25 Cup Size(s): 16 oz. Cup 32 oz. Souvenir Cup \$5.75 ☐ 44 oz. Cup \$6.75 ■ Mountain Dew Pepsi ■ Diet Pepsi Choose Flavor(s): □ Unsweetened iced ☐ Lipton ½ and ½ Tea Half iced tea & half lemonade Bottled Beverages - 20 oz. at \$4.75 per bottle Choose Flavor(s): Pepsi Sierra Mist ■ Lipton Green Tea Mountain Dew Diet Pepsi Lipton Diet Green Tea ☐ Lipton Lemonade Aquafina ■ 20 oz. at \$4.75 per bottle (Aquafina) Bubly Sparkling Water - 16 oz. at \$4.00 per can ■ Lime Blackberry Cherry Choose Flavor(s): Red Bull Energy - 8.3oz. can at \$4.75 per can Sugarfree ■ Yellow Edition (Tropical) Choose Flavor(s): Original Other Beverage - \$2.25 per beverage ☐ Hot Tea (8 oz. cup) ☐ Hot Chocolate (8 oz. cup) ☐ Coffee (8 oz. cup) Choose Flavor(s): Other Beverage - \$1.75 per beverage ☐ Milk (1/2 pint) Children's Day: Noon - 3:00PM = 16oz. Fountain Soda + 20oz. Bottled Soda/Water are \$3,75ea, Throwback Thursday: Noon - 6:00PM = All Beverages (except frozen drinks, specialty coffee drinks and smoothies) are 50% Off Sunday Funday: 4:00PM - 6:00PM = All Beverages (except frozen drinks, specialty coffee drinks and smoothies) are 50% Off ANGELOS PIZZA LLC dba ANGELO'S MILWAUKEE WORLD FESTIVAL, INC. By: By: \_\_\_\_\_

Title:

Date: \_\_\_\_\_

Julie A. Clemins

Food & Hospitality Operations Manager



Thursday, August 19, 2021

#### COMMITTEE MEETING NOTICE

BALISTRERI, Andrew S, Agent VENICE CLUB FESTIVALS, INC. 2723 S 45th St Milwaukee, WI 53219

You are requested to attend a hearing which is to be held in Common Council chamber, Third Floor, City Hall on:

#### Wednesday, September 01, 2021 at 08:45 AM

Regarding:

Your Class B Beer and Food Dealer License Applications as agent for "VENICE CLUB FESTIVALS, INC." for "VENICE CLUB" at 200 N Harbor DR.

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 appear at this meeting may result in the denial of your license. Individual applicants must appear only in person or by an attorney. Corporate or Limited Liability applicants must appear only by the agent designated on the application or by an attorney. Partnership applicants must appear by a partner listed on the application or by an attorney. 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 are present at the committee hearing and 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 bring an interpreter with you, at your expense, so that you can answer questions and participate in your hearing.

You may examine the application file at this office during regular business hours prior to the hearing date. Inquiries regarding this matter may be directed to the person whose signature appears below.

Limited parking for persons attending meetings in City Hall is available at reduced rates (5 hour limit) at the Milwaukee Center on the southwest corner of East Kilbourn and North Water Street. Parking tickets must be validated in the first floor information booth in City Hall.

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 notice, please contact the License Division at (414) 286-2238.



Thursday, August 19, 2021

#### COMMITTEE MEETING NOTICE

BALISTRERI, Andrew S, Agent VENICE CLUB FESTIVALS, INC. PO Box N 2148 DR Brookfield, WI 53008

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#### Wednesday, September 01, 2021 at 08:45 AM

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JIM OWCZARSKI, CITY CLERK

BY:

Jim Cooney

License Division Manager

If you have questions regarding this notice, please contact the License Division at (414) 286-2238.

Date: 07/28/21 Officer: Monreal

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

Name of Premise: Address: Phone:	Venice Club 200 N. Harbor Dr. 414-702-7152	
Owner: Owner address: City State Zip: Owner Phone: Owner email:	Balistreri, Andrew S 2723 S. 45 <sup>th</sup> St. Milwaukee, Wi 53219 414-702-7152 cbalistreri@att.net	
Licensee/Agent: Home Address: City State Zip: Phone: Email:	Same	
Preferred contact: Sar	mę	
Location currently op	oen: YES NO	
Projected open date:	09/21	
Day's open: S	M □T □W □Th □F □SA ⊠ALI	
Hours of Operation:	Sun: 12P-11:45P  Mon: " Tue: " Wed: " Thu: " Fri: " Sat: "	□24 hours □Y ⊠N
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? XYes	No
	ocation? (Check all the ap	
a. Park	vocation. (Chook and the aj	PF-37
b. School		
<del></del>	tar	
	lOI	
	fac harry many	
	f so, how many	
f. Residential		
g. \( \sum \)Other busir	iesses	
h. Other:	. 11 0.3 1 *	A ALL CONTRACTOR TO THE CONTRA
3. Can you see from the	outside of the location i	nto the interior Yes No
4. Can you see the empl	oyees inside of the locat	ion from the outside Yes No
	s free of signage Yes [	]No
6. Is there a parking lot		
7. Is the parking lot clea		
<ol><li>8. Off-Street parking </li></ol>	Yes No	
9. Is the parking lot wel	l lit? ⊠Yes ⊡No	
10. Valet Parking Yes	⊠No	
a. Will this lot h	ave a guard? XYes 🔲	No
	ave cameras? XYes	
11. Are there areas where	e a person could conceal	themselves Yes No
12. Is there exterior light	ing? ⊠Yes □No. Do	es it appears to be adequate ⊠Yes ⊡No
13. Exterior Payphone?	☐Yes ⊠No	
14. Are there No Loiterin	<del></del>	⊠No
		No How Many: Full MWF Grounds
		ed and easy to see ☐Yes ⊠No
10. The aid address half	yord prominedialy display	240 240
Camera Survey:		
17. Does this location ha	ve security cameras? 🕅	Ves No
18. Are they in working		
19. What format are the		
a. Color	Yes No	
	<u></u>	
b. Digital	Yes No	
c. Recorded	Yes No	20 Dovin
20. How long is footage		
21. Are there exterior car		low many: Full MWF Grounds
22. Are there interior can		
23. Do all employees kno	ow how to retrieve record	ded digital images/footage? ☐Yes ⊠No

24. Cameras located in parking lot	∑Yes	□No	How many Full MWF Grounds
Interior Survey:			
25. What is the planned capacity 20	+000		
26. What is the minimum number of	of employe	es That w	rill be on premise
27. Is the storeowner willing to be	a standing	complain	ant regarding loitering? ⊠Yes ⊡No
a. If yes have them fill out	t the standi	ing compl	aint form and give them two of the
commercial signs Ye	es No	-	_
28. Is the interior of the location no	eat and clea	an?	⊠Yes □No
29. Does an interior camera face th	ie entrance	/exit?	⊠Yes □No
30. Is there a lockable area that sep	arates emp	oloyees fro	om customers? XYes No
31. Are emergency and non-emerg	ency numb	ers poste	d near the phone? ⊠Yes ⊡No
32. Does the owner know how to c	ontact thei	r police d	istrict directly? ⊠Yes □No
<ul> <li>a. Did you provide a distri</li> </ul>	ict contact	guide to t	he owner?  Yes No
Security			
33. How many security personnel a	ara going t	o ha amnl	aved: 50+
34. How ill they be deployed: Inter		Exterior5	<u> </u>
35. What days will they be deployed.			
36. Will the security be managed b			
37. Will they be armed Yes			and the control of th
38. What type of security measures		d:	
Wanding/metal detector	, to be tipe.	<b></b>	
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 3/15/18

## 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:
FORD SERVICE AT SUMMER FEST - WALK-UP WINDOWS - ORDER, SERVE PREPARENTA
FORD SERVICE AT Summer fest - Walk-up WINDOWS - ORDER, SERVE PREPARENTE.  Do you have any experience operating this type of business? No XYes If yes, explain: 45 YEARS AT SUMMER SES
2. Business Operations
a. Proposed Opening Date: 6/24/2630
b. Is this premise under construction? 🗷 No 🗌 Yes If yes, list estimated completion date:
c. Is this a franchise? X No Yes
d. Is this premises currently licensed? X No Yes If yes, list type of license:
e. Is the current licensee operating? XNo Yes If no, list date closed: 8/18/2019
f. Do you have future plans for other businesses, licenses or permits at this location? INO Yes
If yes, explain:
g. Have you previously held an Extended Hours License in Milwaukee? 🔯 No 🔲 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? Sweep Pressure Wash Pick Up Litter Other:
b. How often will grounds be cleaned? XDaily Weekly As Needed Monthly Other:
c. Grounds cleaned by: Licensee Building Owner Employees Hired Maintenance Other:
d. How are noise issues prevented and/or addressed? Security Manager approaches customer(s) Call Police
Signs Posted Mother: Milwruker Woren FESTIVALS
e. Will a sound amplification system be used? No 🗌 Yes If yes, describe:
4. Smoking & Sanitation
a. Are there designated outdoor smoking areas? No Yes If yes, describe:
b. Number of Garbage Cans: Inside: Locations: Throng hour SERVING GONTING ANEX
Outside: Locations: Thoughout GROWNDS
Outside: Locations: Thoughoul GROWNDS  c. Is a crowd control barrier used? No Yes If yes, describe:
d. How many restrooms are on the premises? コミレミルタレ
e. Name of solid waste contractor: Advanced Disposal Waste Management Nother: Province By MWF

5. Security	reger to make y alemo in the bring Stronger to the term of the property of the Language of the term of the term of the property of the propert				
a. Are there onsite parking	spaces? No Yes	s If yes, how	many? &	and describe	e the parking security
plan:			Alleron to the second s		
b. Is there a loading zone?	No Yes If yes,	describe the l	oading area security pl	an:	
c. Will you have security pe	ersonnel on premise?	X No ⊡ Ye	s If yes, how many?	ar	nd answer the following:
What are their res	sponsibilities?				
Is security equipm	nent used? No	Yes If yes, de	escribe		
List their licensing	, certification, or training	ng credentials		_ ·	
d. Will there be security ca	meras? 🕱 No 🗌 Yes	If yes, how	many? and lis	t locations:	
					0 0 01 +
e. Will searches/identificat	ion checks be done upo	on entry? 🔲 i	No XYes If yes, desc	ribe <i>  <u> </u></i>	fof ID Check
6. Percentage of Sales					1959
Alcohol <u>5</u> %	Food	<u>15</u> %	Secondhand Merchand	ise	Precious Metals & Gems
Entertainment%	Cigarettes	%	%		
Pawnbroker Activity%	Salvaged Materials (such as scrap metal)	%	Personal Services (such body piercing, salon, tai tanning, etc.)	lor,	Other% Describe:
7. Businesses/License	s on the Premise	s (check a	all that apply):		
Type 1 Full Service Restaurant	Cafe/Coffee Shop	Deli or F	ast Food Restaurant	☐ Private	/Fraternal/Veterans Club
☐ Night Club	☐ Tavern	Cocktail		Teen C	lub
☐ Banquet Hall	Sports Facility	— ☐ Bowling			·
Hotel/Motel: Number of Fl			g House: Number of Flo	oors:	•
	ooms:		Number of Ro		
Type 2				***************************************	Large
Liquor Store	Corner Store	Superma	arket	Conven	ience Store
Gas Station	Amusement/Phono	graph Distribut	tor	Recycli	ng, Salvage or Towing
Used Car Dealer	Personal Service Es		n, tailor, etc.)	Record	ing Studio
What other licenses/permits will	you hold at this location?	(check all that	apply)		
	Cigarette & Tobacco			"B" Tavern	Weights & Measures
Secondhand Dealer	Precious Metal & Gem	X Other (14.55	B BEEN 9	Foon	LICENSE
8. Legal Capacity (onl	v if a Type 1 pre	mises in #	7 above)		
				v. e. grantesia projekta di da	A STATE OF THE PARTY OF THE PAR
apacity (Call th	e Milwaukee Developmer	nt Center at 414	1-286-8211 if you have qu	estions.)	

^•

9. Premises D	escription	A Van			1900 - 1915 - 1916	
dentify all area(s) of the premises that will be used in operating this business (include areas used only for storage):						
∑1 <sup>st</sup> Floor □	1 Total Place Store Total Patio Beer Garden Sidewalk Cate					
Other: Descr	ibe: Aren M	240629	Ferti.	10 6-01	lin tra C	
	on: Major Thoroughfare	Secondary Street (X) Ot	ner: <u>, 225 / 10 4</u>	15 540	(4) 1032	
c. Nearest Major	Cross Street: ng: Free Standing Buildin	a □ Strip Mall □ Other				
d. Describe Buildi	ses Structure: Standing Building	ry Multi-Story - # of Stor	ies Other:			
e. Describe Premi	unding Area: Commercia	Residential   Industr	ial Other:	STIVALS	2	
a Building Owner	Name City Mil	Lwanker 1	Phone Number: 4/14 -	273-26	580	
Business Owne	er Address: 200 %	Hanson Da	IVE Melan	ukec le	JF 53202	
waton est referenciation and the NA	peration & Custor					
d Reference and the second and the	ering the premises? 🔀 No					
		s of Operation:	Estimated Number	Potential	Class B Tavern Applicant Only:	
Day of the Week			of Customers	Age Range 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 (	KON) 12:00 PM	11:45 PM	1000	16-70	3	
Monday (N	101) 12100 Pm	11:45 PM	1000	16-70		
Tuesday	(NOW) 12:00 PM	11:45 PM	1000	16-70		
Wednesday	(NOO) 12:60 PM	11345 Pm	1000	16-70		
Thursday	(NOON) 12:00PM	11:45 PM	1000	16-70		
Friday	(NON) 12,00 PM	11:45 PM	1000	16-70		
Saturday	(NOON) 12:00 Pm	11345 Pm	1000	16-70		
An Extended Hours Es	tablishment License is requir tanning, etc.), recording stu	ed for any convenience stor dio or restaurant which is op	e, filling station, persona en between the hours of	I service establish f 12:00 a.m. and 5	ment (such as tattoo, body 5:00 a.m.	
Alcohol Establishmen	ts Class A: 8:00	am to 9:00 pm Sunday thru	Saturday			
Permitted Hours of O	<u> </u>	am to 2:00 am Sunday thru Opm Sunday-Thursday; 12:00				
Entertainment Outdo	or Closing Hours: 10:0 Is es	tablished by the Common Co	ouncil in its approval of the	he licensee's plan	of operation.	
11. Signature	(s)					
and the state of t	2				manufacture of	
	Dutter	Charabolds	Signature of additional	nartner or 20% or	more shareholder	
Signature of Sole Proprietor, Partner, or 20% or more Shareholder  (If there are no 20% or more shareholders,  Corporate Officer-print name/title and sign)  CASPER BALISTRERO, PRESIDENT						
	r-print name/title and sign)	CASPER KIN	LISTRERU, TR	ESIDENI	· · · · · · · · · · · · · · · · · · ·	

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 <u>www.milwaukee.gov/license</u>

Legal	Entity Name: VENICE CLUB FESTIVALS FAC
Premi	ise Address: 200 N Hypison Prive Milwrite WT. 53202 AREAM
Prox	imity of Premises to Church, School, Daycare Center or Hospital
Is the	building within 300 feet of any church, school, daycare center or hospital?
"Ser	vice Bar Only" Designation
y Tyrkerick P.C.	No Yes
Servi No s	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.
National Control	ness Information
CALARY STATES	Are you taking out this application for anyone that may not be eligible for a license?
9	If yes, list their name and address:
b)	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,
	Aber nerson (s) licted above must obtain a Class B Managers license.
c)	Does anyone else have money invested or any other interest in this business? XNo Yes  If yes, explain:
d)	Have you made an agreement with anyone to repay any loan or any other payments based upon income from the positiess:
	No  Yes If yes, list name and address:
Pro	of of Ownership, Lease, or Offer to Purchase (New & Transfer Applicants Only)
Sub	mit proof of ownership, lease, or offer to purchase the building with this application.
A le a)	ase or offer to purchase must:  Be in the same legal entity name as that apply for the license
b) c)	Reflect the same address as the premises address on this application Reflect current dates and
d)	Be signed by the lessor/seller and lessee/buyer
Рго	perty Information (New & Transfer Applicants Only)
a)	Do you own or lease the building?
b)	Who owns the fixtures (for example, coolers, etc.)? Milwater Worin FESTIVITS
c)	Are you purchasing the stock and/or fixtures? Yes If yes, amount paid \$
d)	Total amount paid for business \$ 4
e)	Total amount paid for goodwill of the business \$
	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
1	

100	MARKE SEE CLEEK TRIANS VARY AKCTOV ADDITORINAMID KILCH CODII SALISMEN MENDE KANDER MEDICALI KANDARA KANDARA KA
LEA	se Information (New & Transfer Applicants who are leasing the premises only)  Date lease begins 644 20 20 Ends 2/5/2020 BEGINS 9/1/21 END 9/30/21
a)	·
b)	to Large NZ No Vor
c)	Do you have an option to renew the leaser kind in the season without the consent of the owner? No Yes  Does your lease allow for assignment to another party without the consent of the owner? No Yes
d)	For what length of time have you been guaranteed occupancy (number of years)?
e)	For what length of time have you been guaranteed occupancy (number of years)?  In addition to paying the monthly rental, will you have to pay anything additional to the owner of the building to guarantee performance.
f)	
رم	Does the present owner or occupancy object to the granting of your license? No Yes
, g)	If yes, explain
Obs. CB	
Ch	ange of Agent Applicants Only
16.13	we there been any changes to the floor plan since the last application was submitted? No Yes
Ha	ive there been any changes to the moor plan since the last application was observed.
lf :	no, a new floor plan is not required. If yes, submit a new floor plan and explain the change(s):
**	
£450%	
Sig	
	nature
	nature
	nature
	nature
	1 Section 1
Sign	Size of Sole Proprietor, Partner or 20% or More Shareholder
Sign (If n	1 Sutation
Sign (If n	Sign of Sole Proprietor, Partner or 20% or More Shareholder
Sign (If n	ature of Sole Proprietor, Partner or 20% or More Shareholder o 20% or more Shareholder, Corporate Officer - print name/title and sign)
Sign (If n	acture of Sole Proprietor, Partner or 20% or More Shareholder o 20% or more Shareholder, Corporate Officer - print name/title and sign)
Sign (If n	Ature of Sole Proprietor, Partner or 20% or More Shareholder o 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.
Sign (If n	ature of Sole Proprietor, Partner or 20% or More Shareholder o 20% or more Shareholder, Corporate Officer - print name/title and sign)
Sign (If n	Ature of Sole Proprietor, Partner or 20% or More Shareholder to 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.
Sign (If n	Ature of Sole Proprietor, Partner or 20% or More Shareholder to 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:
Sign (If n	Ature of Sole Proprietor, Partner or 20% or More Shareholder o 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:  Proof of ownership, lease or offer to purchase the building
Sign (If n	Ature of Sole Proprietor, Partner or 20% or More Shareholder to 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:

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### FOOD DEALER LICENSE PLAN OF OPERATION

OFFICE OF THE CITY CLERK, LICENSE DIVISION
CITY HALL, 200 E. WELLS ST, ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 • license@milwaukee.gov • www.milwaukee.gov/license

Loral Entity Name: Washington Oliver Test
Legal Entity Name: VENICE CLUB FESTIONLS INC
Premises Address: Burloing 29 Summenfest Growns 200 N HARBOR DR.
SECTION 1 TYPE OF BUSINESS 53202
What will be the majority of your food sales? (check one)
Restaurant items (meals):  MEALS include, but are not limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, nachos w/ cheese and meat, French fries, cooked or deep fried vegetables/fruit, cooked cheese curds, corn dogs, egg rolls, salads.
Retail Items (snacks and beverages):  RETAIL Items include, but are not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino, tea, fruit juice, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, kettle corn, cotton candy, funnel cakes, fritters, tortilla chips w/ cheese.
Will it be a convenience store? Yes No A convenience store contains less than 5,000 square feet of retail space and has, as its primary business, the sale of basic food items and in addition, sells household products or is a filling station that sells basic food items and household products.
☐ Bed & Breakfast ☐ Micro Market
All Applicants: Submit a menu or a list of food items that will be sold.
Will any wholesale business be done? No Yes If yes, what percentage of food sales will be wholesale?
Less than 25%
25% or More AND:  Restaurant items (meals) will be sold — Complete this application and also contact DATCP.
NO restaurant items (meals) will be sold - Do NOT complete this application. Contact DATCP only.
SECTION 2 FOOD PROCESSING
Will any food processing be done? No Yes
Processing is defined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, extracting, fermenting, distilling, pickling, freezing, drying, smoking, or packaging.
SECTION 3 FOOD REQUIRING TEMPERATURE CONTROL
Will any food that requires temperature control be sold? No Yes  (includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)
If yes, list the types of food Items: ChickEN, SMUSAGE, FIZZA, Egyplant SMUE.

ccl-foodplan 2/28/19

SECTION 4 DETAILS OF OPERATION
Will you have seating on site for dining? Yes
Will you be doing any catering?
Will you be doing any delivery? Yes
Will you have outdoor activities? Yes - Check all that apply: Bar Cooking/Grilling Dining
Will you have a drive thru window? No Yes - Are hours different from inside? No Yes
If Yes, provide drive thru hours:
Will scales or barcode scanners be used? Yes - You must also apply for a Weights & Measures License.
SECTION 5 ADDITIONAL SITES
Where will food be prepared and/or sold?
At a single site At multiple sites: How many?(for example, a hotel with several dining rooms or bars)
If multiple sites, attach a Food Dealer Additional Site Addendum (ccl-foodadd) for each additional site.
SECTION 6 CONSTRUCTION OR CHANGES
Are you planning any construction, remodeling or equipment changes?
No If No, SKIP to Section 8
Yes If Yes, check all that apply: New construction of a building Renovation or remodeling
Construction changes to existing building Equipment changes only
Provide a brief description of the changes:
Start date:
Start date:  Name, Address & Phone Number of Architect:
Hanne, Address & Fronte Harrison Of Artifolicate
Name Address & Phone Number of Contractor
Name, Address & Phone Number of Contractor:
SECTION 7 ALCOHOL BEVERAGES
Are you applying for an alcohol beverage license?
No If No, SKIP to Section 8
Yes If YES, if your food license is approved prior to the alcohol license, when do you want the food license issued?
Immediately At the same time as the alcohol license
CONTINE SIGNATURE
May approximate the second of the contract of the second o
You must initial each item confirming your understanding:
I understand the Health Department must conduct an inspection and advise the License Division of their approval
before the license may be issued.  Lived arctand Limit obtain an occupancy permit from the Department of Neighborhood Services and an inspection
i understand I must obtain an occupancy permit from the Department of Neighborhood Services must advise the License Division of their approval before the license may
ha legitad
I understand the district alderperson will review and either support or object to my application. If he/she objects, I may appeal and be scheduled to appear before the Licenses Committee. The Licenses Committee will then make a
recommendation to the Common Council. The Common Council must grant the license before it may be issued.
A FANN THE RESERVE THE RESERVE THE RESERVE THE PARTY OF T
understand proof of payment for all license fees must be on file in the License Division before the license may be true and the license must be issued and posted in my establishment prior to opening for business.
I understand proof of payment for all license fees must be on file in the License Division before the license may be issued and the license must be issued and posted in my establishment prior to opening for business.  I will not operate my food business until the license has been issued and posted in the establishment.
I understand proof of payment for all license fees must be on file in the License Division before the license may be issued and the license must be issued and posted in my establishment prior to opening for business.  I will not operate my food business until the license has been issued and posted in the establishment.
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February 5, 2020

City Clerk – License Division 200 E Wells Street, Room 105 Milwaukee, WI 53202

To Whom It May Concern:

Milwaukee World Festival, Inc. leases the land at 100 N. Harbor Drive from the City of Milwaukee. Milwaukee World Festival, Inc. is the sole member of MWF, LLC. As such Milwaukee World Festival, Inc. authorizes MWF, LLC to occupy and use 100 N. Harbor Drive.

MWF, LLC authorizes the following entities to occupy and use the areas designated on the enclosed map.

ANGELOS PIZZA LLC	Area L
BELAIR CANTINA, INC	Area C
BELAIR CANTINA, INC	Area N
BOTANAS, LLC	Area R
MADER'S GERMAN RESTAURANT, INC	Area Q
MAJOR GOOLSBY'S, INC	Area J
SAZ'S FESTIVAL, LLC	Area P
THE CHAR-GRILL, INC	Area K
EXPENICE CLUB/FESTIVALS, INC	Агеа М

Sincerely,

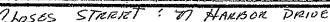
**Sue Landry** 

**Chief Financial Officer** 

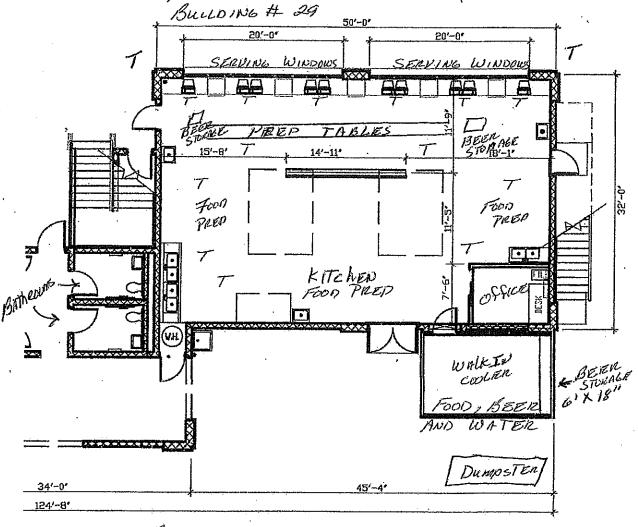
Milwaukee World Festival, Inc.

### MILWAUKEE WORLD FESTIVAL, INC.





COMPORATION: VENICE CLUB FESTIVALS INC.
AGENT FOR CORP: ANDREW BALISTRERI
TRADE NAME! UENICE CLUB



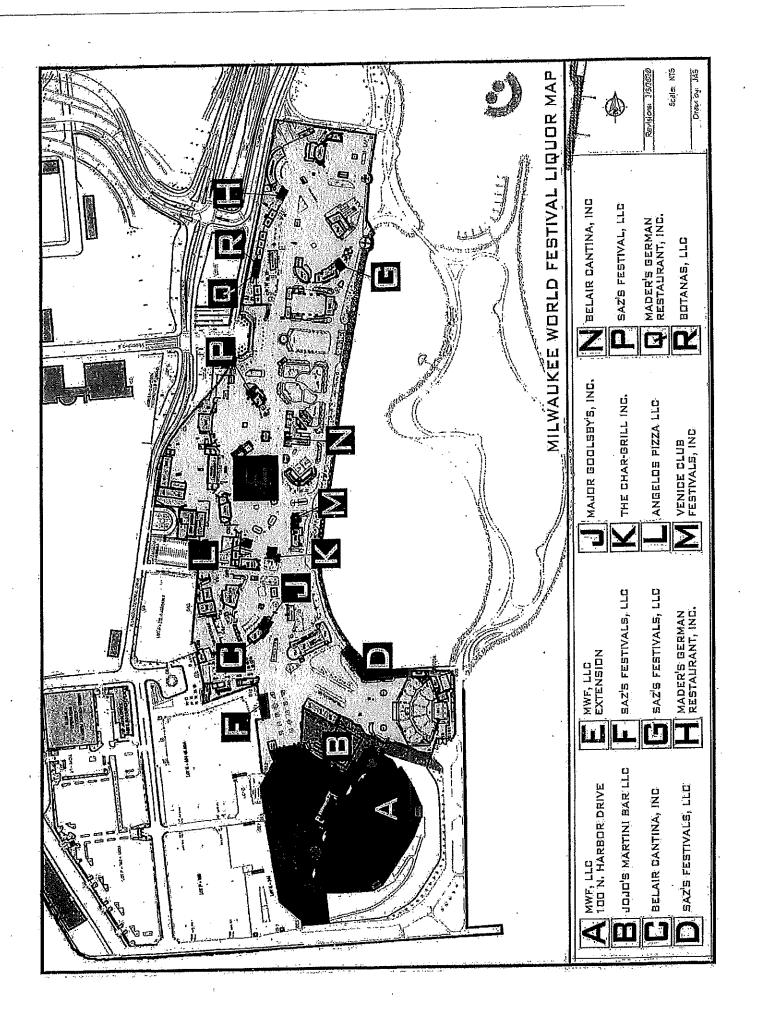
T= TRASH CANS

DATE-8/10/2000 5/18/21 QB

APPROXIMATE SQ. FOOTAGE: 1118

CONSTRUCTION NOTES: CONCRETE BLOCK

	BUILDING # 2			29		<del>-</del>
_	DRAWN BY: RJS/EMV/JPR	C.A.: N/A	REV. 05/16/12	SCALE: 3/32" = 1'-0"	PAGE # 56	





Thursday, August 19, 2021

#### COMMITTEE MEETING NOTICE

AD 04

EITEL, Kristyn A, Agent Belair Cantina, INC. 1935 N WATER St Milwaukee, WI 53202

You are requested to attend a hearing which is to be held in Common Council chamber, Third Floor, City Hall on:

#### Wednesday, September 01, 2021 at 08:45 AM

Regarding:

Your Class B Beer License Application as agent for "Belair Cantina, INC." for "Belair Cantina" at 100 N HARBOR DR.

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 appear at this meeting may result in the denial of your license. Individual applicants must appear only in person or by an attorney. Corporate or Limited Liability applicants must appear only by the agent designated on the application or by an attorney. Partnership applicants must appear by a partner listed on the application or by an attorney. 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 are present at the committee hearing and 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 bring an interpreter with you, at your expense, so that you can answer questions and participate in your hearing.

You may examine the application file at this office during regular business hours prior to the hearing date. Inquiries regarding this matter may be directed to the person whose signature appears below.

Limited parking for persons attending meetings in City Hall is available at reduced rates (5 hour limit) at the Milwaukee Center on the southwest corner of East Kilbourn and North Water Street. Parking tickets must be validated in the first floor information booth in City Hall.

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 notice, please contact the License Division at (414) 286-2238.

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



Thursday, August 19, 2021

#### COMMITTEE MEETING NOTICE

AD 04

EITEL, Kristyn A, Agent Belair Cantina, INC. 7441 Lincoln PL Wauwatosa, WI 53213

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JIM OWCZARSKI, CITY CLERK

BY: \_\_\_\_\_/

Jim Cooney License Division Manager

If you have questions regarding this notice, please contact the License Division at (414) 286-2238.

Date: 08/13/21 Officer: Monreal

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

Name of Premise: Address: Phone:	ress: 200 N. Harbor Dr.		
Owner: Owner address: City State Zip: Owner Phone: Owner email:	Eitel, Kristyn A 7441 Lincoln Pl. Wauwatosa, WI 53213 414-4057114 keitel@belaircantina.com		
Licensee/Agent: Home Address: City State Zip: Phone: Email:	Same		
Preferred contact: Same			
Location currently open: YES NO			
Projected open date: 09/21			
Day's open: S M T W Th F SA ALL			
Hours of Operation:	Sun: Mon: Tue: Wed: Thu: 11A-12A Fri: " Sat: "	□24 hours □Y ☑N	
Premise Type:	⊠Tavern/Bar □Restaurant □Other:		
Licenses currently held:			

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? Yes [	$\neg N_0$	
	ocation? (Check all the ag		
<b>⊠</b> ъ 1	oution: (Check an the a	KK-1)	
a. ⊠Park b. ∏School			
<b>□</b> ••••••	tor		
	161		
d. Church	fac harry manner		
	f so, how many		
f. Residential			
g. Other busin	iesses		
h. UOther:		t the Arman District	
3. Can you see from the	outside of the location is	nto the interior Yes No	
4. Can you see the empl	oyees inside of the locat	ion from the outside ⊠Yes ⊡No	
	s free of signage Yes [	IN0	
6. Is there a parking lot	Yes ∐No		
7. Is the parking lot clear	ın? ⊠Yes ∐No		
8. Off-Street parking			
<ol><li>Is the parking lot wel</li></ol>	Participant of the Control of the Co		
10. Valet ParkingYes			
	ave a guard? ∑Yes ☐		
	ave cameras? XYes [		
<ol><li>Are there areas where</li></ol>	e a person could conceal	themselves Yes No	
12. Is there exterior lighting? ⊠Yes ☐No. Does it appears to be adequate ⊠Yes ☐No			
13. Exterior Payphone? Yes No			
14. Are there No Loiterin	ıg Signs posted? ∐Yes	⊠No	
15. Are there exterior sec	curity cameras 🏻 Yes 🗀	No How Many: Full MWF Grounds	
16. Are the address number	ers prominently display	ed and easy to see □Yes ☑No	
	_		
Camera Survey:			
17. Does this location ha	ve security cameras? 🛛	Yes No	
18. Are they in working			
19. What format are the			
a. Color	⊠Yes □No		
b. Digital	Yes No		
c. Recorded	Yes No		
20. How long is footage	K44	30 Days	
21. Are there exterior car		Iow many: Full MWF Grounds	
22. Are there interior car	= =		
		ded digital images/footage? ☐Yes ☒No	

24.	Cameras located in parking lot	⊠Yes	□No	How many Full MWF Grounds
Interio	or Survey:			
	What is the planned capacity 20	00+		•
26.	What is the minimum number of	f employe	es That w	ill be on premise
27.	Is the storeowner willing to be a	standing	complaina	nt 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			
28.	Is the interior of the location nea	at and clea	an?	⊠Yes □No
	Does an interior camera face the			⊠Yes □No
30.	Is there a lockable area that sepa	ırates emp	oloyees fro	m customers? Yes No
31.	Are emergency and non-emerge	ncy numb	ers posted	l near the phone? XYes No
32.	. Does the owner know how to co			
	<ol> <li>a. Did you provide a district</li> </ol>	et contact	guide to th	ne owner? ∐Yes ⊠No
Securi	ity			
33.	. How many security personnel a	re going to	o be emplo	oyed: 50+
	. How ill they be deployed: Interi		Exterior50	
	. What days will they be deployed			
	. Will the security be managed by		or cont	tracted
	. Will they be armed $oxedsymbol{\square}$ Yes $igotimes$ N			
38.	. What type of security measures	to be used	d:	
	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

## 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: ilcense@intilwaukee.gov/

1. T	ype of Business
Applyii	
	Self Service Laundry Massage Establishment Filling Station
	Other (supplemental application for specific license also required)
Provid	e a detailed description of the type of business you plan on operating:
Do you	have any experience operating this type of business? 🔲 No 🔳 Yes If yes, explain: See attached lists of bars & restaurants
2. B	usiness Operations
a.	Proposed Opening Date: Thursday, September 2, 2021
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? 🔳 No 🔝 Yes If yes, list type of license:
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?
	If yes, explain:
g.	Have you previously held an Extended Hours License in Milwaukee? 🔳 No 🗌 Yes
	If yes, list address(es):Other summerfest vendors
h.	Are other businesses operating in the same building?  No  Yes If yes, describe: Other summerfest vendors
3. Li	tter & Noise
a.	How are grounds kept clean? 🔳 Sweep 🔳 Pressure Wash 🔳 Pick Up Litter 🔲 Other:
b.	How often will grounds be cleaned? Daily Weekly As Needed Monthly Other:
c.	Grounds cleaned by: Licensee Building Owner Employees Hired Maintenance Other:
d.	How are noise issues prevented and/or addressed?
	Signs Posted Other: Summerfest Security
e.	Will a sound amplification system be used?   No Yes If yes, describe:
4. S	moking & Sanitation
а.	Are there designated outdoor smoking areas?  No Yes If yes, describe:
b.	Number of Garbage Cans: Inside: 5 Locations: Prep, line and counter
	Outside: Locations: Order counter
c.	Is a crowd control barrier used? 🔳 No 🗌 Yes 💮 If yes, describe:
d.	How many restrooms are on the premises? On Summe
e.	Name of solid waste contractor: Advanced Disposal Waste Management Other: Summerfest
-	

5. Security						
a. Are there onsite parking spaces? 🔳 No 🗌 Yes If yes, how many? and describe the parking security						
plan:	plan:					
b. Is there a loading zone?	Is there a loading zone? 🔳 No 🗌 Yes If yes, describe the loading area security plan:					
	Will you have security personnel on premise? No Yes If yes, how many? and answer the following:					
	What are their responsibilities?					
		•				
4, 4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	Accord V. L.	, , , , , , , , , , , ,		•		
e. Will searches/identifica	tion checks be done upo	n entry? 🔲 l	No Yes If yes, descr	ibe IDs che	ecked when beer ordered	
6. Percentage of Sale	Transfer of the control of the contr					
Alcohol 100 %	Food	<u>%</u>	Secondhand Merchandise		Precious Metals & Gems	
Entertainment%	Cigarettes	%	%		<u></u> %	
Pawnbroker Activity%	Salvaged Materials (such as scrap metal)	Personal Services (such body piercing, salon, tai tanning, etc.)		lor,	Other% Describe:	
7. Businesses/License	es on the Premise	s (check a	all that apply):			
Type 1					transaction Club	
Full Service Restaurant	Cafe/Coffee Shop		ast Food Restaurant		:/Fraternal/Veterans Club	
☐ Night Club —	Tavern 	Cocktail	•	Teen Club		
Banquet Hall	Sports Facility	Bowling				
☐ Hotel/Motel: Number of		Roomin	g House: Number of Flo			
	Rooms:		Number of Ro	oms:		
Type 2	Corner Store	Superma	arket	Conver	nience Store	
Gas Station	Amusement/Phono			Recycli	ng, Salvage or Towing	
Used Car Dealer				Record	ing Studio	
What other licenses/permits will you hold at this location? (check all that apply)						
Occupancy Permit	Cigarette & Tobacco G	as Station 🔲	Extended Hours 🔳 Class	"B" Tavern [	Weights & Measures	
Secondhand Dealer Precious Metal & Gem Other:						
8. Legal Capacity (or	nly if a Type 1 pre	mises in #	‡7 ábove)			
8. Legal Capacity (only if a Type 1 premises in #7 above)  Capacity (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)						

.

9. Premises Description						
	reference Section Transporter					
a. Identify all are ■1 <sup>st</sup> Floor □	ldentify all area(s) of the premises that will be used in operating this business (include areas used only for storage): ■ 1 <sup>st</sup> Floor □ 2 <sup>nd</sup> Floor □ Basement Storage □ Patio □ Beer Garden □ Sidewalk Café □ Deck □ Rooftop					
☐ Other: Desc	Other: Describe:					
b. Describe Loca	tion: Major Thoroughfare	Secondary Street Ot	her: Summerrest	grounas		
c. Nearest Majo	r Cross Street: ling:		0.000 C	041 . 01	. 70	
	nises Structure: 🔳 Single Sto					
	ounding Area: 🔳 Commercia					
g. Building Own	er Name: Milwaukee Work	d Festival	Phone Number: 414-21	3-2001		
Building Own	er Address: 100 N Harbor	Drive, Millwaukee 53202				
10. Hours of	Operation & Custor	mers				
Will customers be en	tering the premises? X No	☐ Yes				
Day of the Mook	Proposed Hours of Operation:		Estimated Number of Customers	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.)	expected each day	of Customers	Age Restriction (If none, write 'None')	
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday	11am	12am	500		YES-21	
Friday	11am	12am	750		YES 21 "	
Saturday	11am	12am	1000		YES-21	
An Extended Hours I piercing, salon, tailo	stablishment License is requiry, tanning, etc.), recording stu	red for any convenience stor dio or restaurant which is op	e, filling station, persona en between the hours of	l service establis 12:00 a.m. and !	hment (such as tattoo, body 5:00 a.m.	
Alcohol Establishme Permitted Hours of (		am to 9:00 pm Sunday thru am to 2:00 am Sunday thru		0 am Friday & Sa	aturday	
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)						
Musel						
Signature of Sole Proprietor, Partner, or 20% or more Shareholder  Alf there are no 20% or more shareholders,  Corporate Officer-print name/title and sign)  Signature of additional partner or 20% or more shareholder						



March 8, 2021

City Clerk – License Division 200 E Wells Street, Room 105 Milwaukee, WI 53202

To Whom It May Concern:

Milwaukee World Festival, Inc. leases the land at 100 N. Harbor Drive from the City of Milwaukee. Milwaukee World Festival, Inc. is the sole member of MWF, LLC. As such Milwaukee World Festival, Inc. authorizes MWF, LLC to occupy and use 100 N. Harbor Drive.

MWF, LLC authorizes the following entities to occupy and use the areas designated on the enclosed map.

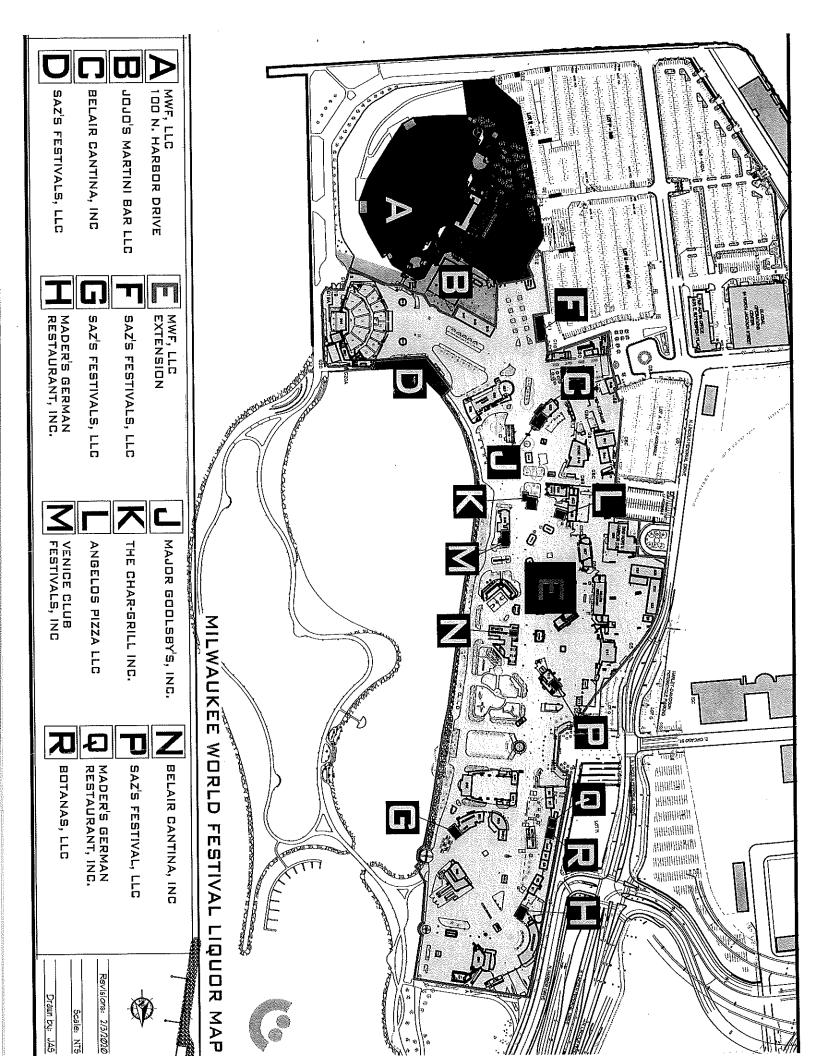
ANGELOS PIZZA LLC	Area L
BELAIR CANTINA, INC	Area C
BELAIR CANTINA, INC	Area N
BOTANAS, LLC	Area R
MADER'S GERMAN RESTAURANT, INC	Area Q
MAJOR GOOLSBY'S, INC	Area J
SAZ'S FESTIVAL, LLC	Area P
THE CHAR-GRILL, INC	Area K
VENICE CLUB FESTIVALS, INC	Area M

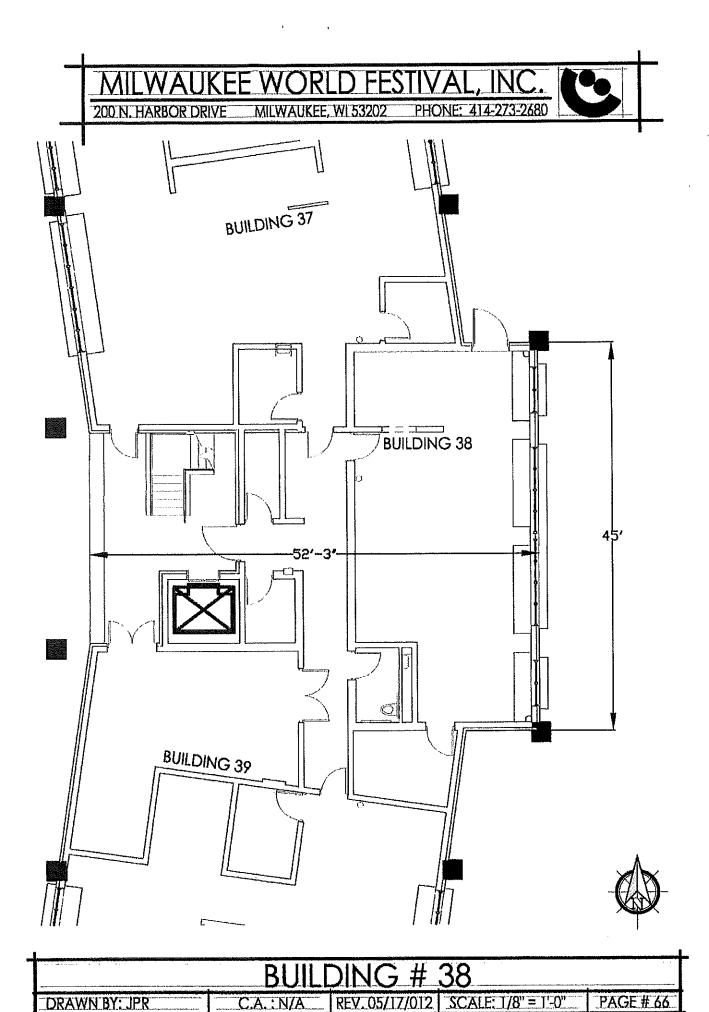
Susan D. Landry, VP/CFO

Sincerely,

Susan D. Landry

VP / CFO







Thursday, August 19, 2021

#### COMMITTEE MEETING NOTICE

AD 04

EITEL, Kristyn A, Agent Belair Cantina, INC. 1935 N WATER St Milwaukee, WI 53202

You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall on:

#### Wednesday, September 01, 2021 at 08:45 AM

Regarding:

Your Class B Beer License Application as agent for "Belair Cantina, INC." for "Belair Cantina" at 100 N HARBOR DR.

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 appear at this meeting may result in the denial of your license. Individual applicants must appear only in person or by an attorney. Corporate or Limited Liability applicants must appear only by the agent designated on the application or by an attorney. Partnership applicants must appear by a partner listed on the application or by an attorney. 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.

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JIM OWCZARSKI, CITY CLERK

BY: \_\_\_\_\_

Jim Cooney License Division Manager

If you have questions regarding this notice, please contact the License Division at (414) 286-2238.



Thursday, August 19, 2021

#### COMMITTEE MEETING NOTICE

AD 04

EITEL, Kristyn A, Agent Belair Cantina, INC. 7441 Lincoln PL Wauwatosa, WI 53213

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JIM OWCZARSKI, CITY CLERK

BY: // Jim Cooney

License Division Manager

If you have questions regarding this notice, please contact the License Division at (414) 286-2238.

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

Date: 08/13/21 Officer: Monreal

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

Name of Premise: Address: Phone:	BelAir Cantina 200 N. Harbor Dr. 414-414-226-2245				
Owner: Owner address: City State Zip: Owner Phone: Owner email:	Eitel, Kristyn A 7441 Lincoln Pl. Wauwatosa, WI 53213 414-4057114 keitel@belaircantina.com				
Licensee/Agent: Home Address: City State Zip: Phone: Email:	Same	·			
Preferred contact: Sa	me				
Location currently op	oen: YES 🖂	NO			
Projected open date:	09/21				
Day's open: S	M 🔲 T 🔲 W 🔲 Th 🔲 F 🔲 SA	A 🖂 ALL			
Hours of Operation:	Sun: Mon: Tue: Wed: Thu: 11A-12A Fri: " Sat: "	□24 hours □Y ⊠N			
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:			
	location clean? ⊠Yes	: No	
	ocation? (Check all the		
a. Park	Controlly (Controlly March 1922)	-PF-77	
b. School			
c. Youth Cent	· car		
d. Church	.01		
	fac harremany		
	f so, how many		
f. Residential			
g. \times Other busin	lesses		
h. UOther:		Mar Dat	
3. Can you see from the	outside of the location	into the interior Yes No	
		ation from the outside Yes No	
	free of signage Yes	sNo	
6. Is there a parking lot			
7. Is the parking lot clea			
8. Off-Street parking 🔀	Yes No		
9. Is the parking lot well	l lit? ⊠Yes ⊡No		
10. Valet Parking Yes			
	ave a guard? ⊠Yes [	No	
	ave cameras? ⊠Yes [		
		al themselves Yes No	
12. Is there exterior lighti	ng? ⊠Yes □No. D	oes 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	vers prominently displa	yed and easy to see Yes No	
10. Are the address nume	icis prominentity dispita	yed and easy to see1 to Z_1 to	
Camana Sunurari			
<u>Camera Survey:</u> 17. Does this location has	uo gogaritu gomarag N	Aves Min	
18. Are they in working of		7 7 62 [140	
,			
19. What format are the o			
a. Color	Yes No		
b. Digital	Yes No		
c. Recorded	⊠Yes □No	20.7	
20. How long is footage s	stored for later viewing	g: 30 Days	
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	orded digital images/footage? 🗌 Yes 🔲 No	)

24. Cameras located in parking lot ⊠Yes ☐No How many Full I	MWF Grounds
29. Does an interior camera face the entrance/exit?  30. Is there a lockable area that separates employees from customers? Yes 31. Are emergency and non-emergency numbers posted near the phone? 23. Does the owner know how to contact their police district directly? Yes a. Did you provide a district contact guide to the owner? Yes	hem two of the  No No Yes No Yes No Yes No Yes No
33. How many security personnel are going to be employed: 50+ 34. How ill they be deployed: Interior Exterior50+ 35. What days will they be deployed Mon Tue Wed Thu Fri 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	Sat⊠Sun

### 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

## 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. T	ype of Business
Applyi	ing 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)
Provid	le a detailed description of the type of business you plan on operating:
-	u have any experience operating this type of business?  No  Yes If yes, explain: See attached lists of bars & restaurants
2. E	Susiness Operations
a.	Proposed Opening Date: Thursday, September 2, 2021
b.	Is this premise under construction? W No 🔲 Yes If yes, list estimated completion date:
c.	Is this a franchise? 🔳 No 🗌 Yes
d.	Is this premises currently licensed? 🔳 No 🗌 Yes If yes, list type of license:
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?
	If yes, explain:
g.	Have you previously held an Extended Hours License in Milwaukee? 🔳 No 🗌 Yes
	If yes, list address(es):
h.	Are other businesses operating in the same building? No 🔳 Yes If yes, describe: Other summerfest vendors
3. Li	itter & Noise
a.	How are grounds kept clean? 🔳 Sweep 🔳 Pressure Wash 🔳 Pick Up Litter 🔲 Other:
b.	How often will grounds be cleaned? Daily Weekly As Needed Monthly Other:
c.	Grounds cleaned by: Licensee Building Owner Employees Hired Maintenance Other:
d.	How are noise issues prevented and/or addressed? Security Manager approaches customer(s) Call Police
	Signs Posted Other: Summerfest Security
e.	Will a sound amplification system be used?   No Yes If yes, describe:
4. Si	moking & Sanitation
a.	Are there designated outdoor smoking areas?  No Yes If yes, describe:
b.	Number of Garbage Cans: Inside: 5 Locations: Prep, line and counter
	Outside: 2 Locations: Order counter
C,	Is a crowd control barrier used? 🔳 No 🗌 Yes 💮 If yes, describe:
d.	How many restrooms are on the premises? On Summ€
e.	Name of solid waste contractor: Advanced Disposal Waste Management Other: Summerfest

5. Security						
a. Are there onsite parking	Are there onsite parking spaces? 🔳 No 🗌 Yes If yes, how many? and describe the parking security					
plan:		V-1				
b. Is there a loading zone?	■ No Yes If yes,	describe the	loading area security p	olan:		
	. Will you have security personnel on premise?  No Yes If yes, how many? and answer the following:  What are their responsibilities?					
	Is security equipment used?  No Yes If yes, describe					
e. Will searches/identificati	on checks be done upo	on entry?	No 🔳 Yes If yes, desc	cribe IDs ch	ecked when beer ordered	
6. Percentage of Sales	(must total 100	%)				
Alcohol	Food	%	Secondhand Merchand	lise	Precious Metals & Gems	
Entertainment%	Cigarettes	%	%		%	
Pawnbroker Activity%	Salvaged Materials (such as scrap metal)	%	Personal Services (such body piercing, salon, ta tanning, etc.)	ilor,	Other% Describe:	
7. Businesses/Licenses	on the Premise	s (check a				
Type 1					18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Full Service Restaurant	Cafe/Coffee Shop		ast Food Restaurant	Private,	/Fraternal/Veterans Club	
Night Club	Tavern	Cocktail Lounge		Teen Cl	lub	
Banquet Hall	Sports Facility	Bowling	Alley			
Hotel/Motel: Number of Flo		Rooming	Rooming House: Number of Floors:			
Number of Roo Type 2	oms:		Number of Ro	oms:		
Liquor Store	Corner Store	Supermar	rket	Conveni	ence Store	
Gas Station	Amusement/Phonogr	raph Distributo	or	Recyclin	Recycling, Salvage or Towing	
Used Car Dealer	Personal Service Esta (such as tattoo busin	tahlishment —		Recordir	ng Studio	
What other licenses/permits will yo	ou hold at this location? (	check all that a	ylqqı			
☐Occupancy Permit ☐Cig				'B" Tavern ☐	l Weights & Measures	
Secondhand Dealer P						
8. Legal Capacity (only						
210000	Milwaukee Development (			estions.)		
				•		

9. Premises D	Description					
a. Identify all are						
	■1 <sup>st</sup> Floor □2 <sup>nd</sup> Floor □Basement Storage □Patio □Beer Garden □Sidewalk Café □Deck □Rooftop □Other: Describe:					
	tion: Major Thoroughfare	Secondary Street	ther: Summerfest	grounds		
c. Nearest Major	Cross Street:					
d. Describe Build	ing: 🔲 Free Standing Buildi	ng 🗌 Strip Mall 🔳 Other	HREAN	BUILDING	. 19	
e. Describe Prem	ises Structure: 🌃 Single Sto	ory Multi-Story - # of Sto	ories Other	: 		
f. Describe Surro	ounding Area: 🔳 Commercia	al 🗌 Residential 🔲 Indust	rial 🗌 Other:			
	r Name: Milwaukee Worl			73-2681		
Building Owne	r Address: 100 N Harbor	Drive, Milwaukee 53202	2			
10. Hours of C	Operation & Custo	mers				
Will customers be ent	ering the premises? No	Yes				
	Proposed Hour	s of Operation:	Estimated Number		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	Age Range of Customers	Age Restriction (If none, write 'None')	
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday	11am	12am	500		YES -21	
Friday	11am	12am	750		4E5-21	
Saturday	11am	12am	1000		JE 7 31	
An Extended Hours Est piercing, salon, tailor, t	ablishment License is require anning, etc.), recording stud	ed for any convenience store	, filling station, personal	service establish	ment (such as tattoo, body	
Alcohol Establishments		am to 9:00 pm Sunday thru S		12.00 a.m. and 5.	ou a.III.	
Permitted Hours of Operation: Class B: 6:00 am to 2:00 am Sunday thru Thursday, 6:00 am to 2:30 am Friday & 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)						
Musel						
Signature of Sole Proprietor, Partner, or 20% or more Shareholder  If there are no 20% or more shareholders,  Corporate Officer-print name/title and sign)  Signature of additional partner or 20% or more shareholder  Signature of additional partner or 20% or more shareholder						



March 8, 2021

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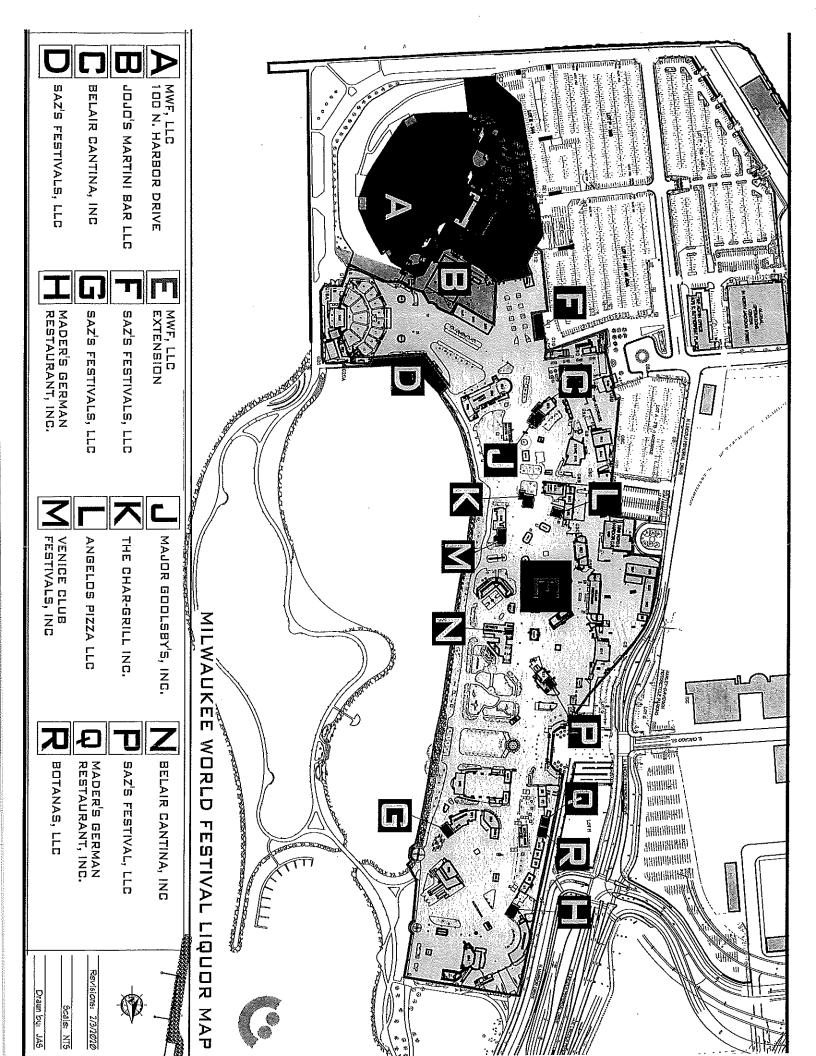
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Susan D. Landry, VP/CFO

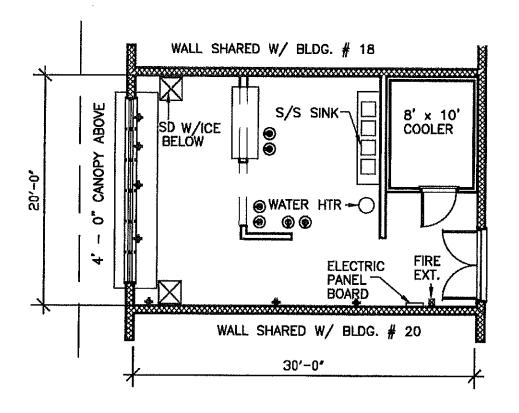
Sincerely,

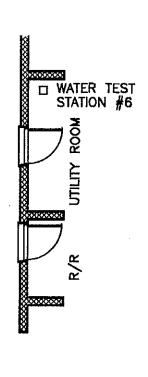
Susan D. Landry

VP / CFO



## MILWAUKEE WORLD FESTIVAL, INC. 200 N. HARBOR DRIVE MILWAUKEE, WI 53202 PHONE: 414-273-2680







APPROXIMATE SQ. FOOTAGE: 600

CONSTRUCTION NOTES: CONCRETE BLOCK

	BUI	LDING :	<del>‡</del> 19	
DRAWN BY: RJS/EMV/JPR	C.A.: 1985	REV. 05/16/12	SCALE: 1/8" = 1'-0"	PAGE # 47



Thursday, August 19, 2021

#### COMMITTEE MEETING NOTICE

AD 04

HAZARD, SR, Daniel J, Agent Maders German Restaurant Inc. 3147 S California St Milwaukee, WI 53217

You are requested to attend a hearing which is to be held in Common Council chamber, Third Floor, City Hall on:

#### Wednesday, September 01, 2021 at 08:45 AM

Regarding:

Your Class B Beer License Application as agent for "Maders German Restaurant Inc." for "Maders" at 200 N Harbor DR #Area Q #6.

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JIM OWCZARSKI, CITY CLERK

BY:

Jim Cooney

License Division Manager

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Thursday, August 19, 2021

#### COMMITTEE MEETING NOTICE

AD 04

HAZARD, SR, Daniel J, Agent Maders German Restaurant Inc. 1037 N Old World Third St Milwaukee, WI 53203

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Regarding:

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JIM OWCZARSKI, CITY CLERK

BY:

Jim Cooney

License Division Manager

If you have questions regarding this notice, please contact the License Division at (414) 286-2238.

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

Date: 07/28/21 Officer: Monreal

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

Name of Premise: Address: Phone:	Maders German Restaurant 200 N. Harbor Dr. Area Q 414-702-7152			
Owner: Owner address: City State Zip: Owner Phone: Owner email:	Mader, Gustave V 3147 S California St. Milwaukee, Wi 53217 414-899-1214 dhazardjmadersrestaurant.com			
Licensee/Agent: Home Address: City State Zip: Phone: Email:	Same	·		
Preferred contact: San	mę			
Location currently op	en: YES NO			
Projected open date:	09/21			
Day's open: S	M □T □W □Th □F □SA ⊠AL	L		
Hours of Operation:	Sun: 12P-12A  Mon: " Tue: " Wed: " Thu: " Fri: " Sat: "	□24 hours □Y ⊠N		
Premise Type:	⊠Tavern/Bar ⊠Restaurant □Other:			
Licenses currently held:				

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? XYes	□No
2. What surrounds the lo	ocation? (Check all the ap	only)
a. Park	oution: (Oncor an anc ar	5923)
b. School		
<b>□</b> 77 4 6	ton	
	ter	
d. Church	Gas borrens	
	If so, how many	
f. Residential		
g. Other busin	iesses	
h. Other:		
3. Can you see from the	outside of the location in	nto the interior Yes No
4. Can you see the empl	oyees inside of the locati	ion from the outside Yes No
	s free of signage XYes [	]No
6. Is there a parking lot		
7. Is the parking lot clea	ın? ⊠Yes ∐No	
<ol><li>8. Off-Street parking </li></ol>	]Yes □No	
9. Is the parking lot wel	l lit? ⊠Yes ⊡No	
10. Valet Parking Yes		,
	nave a guard? XYes 1	No
	nave cameras? XYes	
		themselves Yes No
12 Is there exterior light	ing? XYes No. Do	es it appears to be adequate Yes No
13. Exterior Payphone?	☐Yes ⊠No	r —
14. Are there No Loiterin		⊠No
15 Are there exterior sec	curity cameras Ves	No How Many: Full MWF Grounds
16 Are the address number	here prominently display	ed and easy to see Yes No
10. Are the address hum	bets prominently displays	ed and easy to see res
Comono Curayaya		
Camera Survey: 17. Does this location ha	uzo goguritzz gomeras? 🕅	Ves TNo
		165140
18. Are they in working		
19. What format are the		
a. Color	Yes No	
b. Digital	∑Yes ∐No	
c. Recorded	⊠Yes □No	20 D
20. How long is footage		30 Days
21. Are there exterior ca		low many: Full MWF Grounds
22. Are there interior car		
23. Do all employees kn	ow how to retrieve record	ded digital images/footage? ∐Yes ⊠No

24. C	Cameras located in parking lot	⊠Yes	□No	How many Full MWF Grounds
A-1	Survey:			
	What is the planned capacity 20			
	What is the minimum number of			
27. I	s the storeowner willing to be a	standing	complain	ant regarding loitering? ⊠Yes ⊡No
			ng compl	aint form and give them two of the
	commercial signs Yes		0	No No.
	s the interior of the location near			∑Yes □No
	Does an interior camera face the			Yes No
30.1	s there a lockable area that sepa	arates emp	noyees ire	om customers? X Yes INO
31. <i>A</i>	Are emergency and non-emerge	ncy numb	ers poste	d near the phone? Yes No
32. I	Does the owner know how to co	ontact thei	r police d	istrict directly? X Yes INO
	a. Did you provide a distric	et contact	guide to t	ne owner? Yes No
Security	<u>Y</u>			
33. I	How many security personnel a	re going t	o be empl	oyed: 50+
34. I	How ill they be deployed: Interior	ior	Exterior5	0+
35. <sup>v</sup>	What days will they be deploye	d 🛛 Mon	$\sum$ Tue $\sum$	Wed⊠Thu⊠Fri⊠Sat⊠Sun
36. \	Will the security be managed by	y business	or con	ıtracted⊠
	Will they be armed ☐Yes ☒N			
38. 1	What type of security measures	to be used	d:	
	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 3/15/18

## 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: license@milwaukee.gov

1. Type of Business
Applying for:
Self Service Laundry Massage Establishment Filling Station
□Other (supplemental application for specific license also required) こしゅうちゅう かっちゃん
Provide a detailed description of the type of business you plan on operating:
1 Come Both of SUMMER FAST SEQUENT CANS OF BEER
Do you have any experience operating this type of business? No Yes If yes, explain: 3 D Yes & DUMBER
2. Business Operations
a. Proposed Opening Date: Styl 1, 3031
b. Is this premise under construction? [] No [] Yes If yes, list estimated completion date:
c. Is this a franchise? WNo Yes
d. Is this premises currently licensed? 目No 口Yes If yes, list type of license: Tとか P トゥッシ Dらかは、よ
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? 🖽 No 🔲 Yes
If yes, explain:
g. Have you previously held an Extended Hours License in Milwaukee? 🗹 No 🔲 Yes
If yes, list address(es):
h. Are other businesses operating in the same building? VNo Yes If yes, describe:
a. How are grounds kept clean? Sweep Pressure Wash Pick Up Litter Other:
a. How are grounds kept clean? Sweep Pressure Wash Pick Up Litter Other:
b. How often will grounds be cleaned? FDaily Weekly As Needed Monthly Other:
c. Grounds cleaned by: Licensee Building Owner Employees Hired Maintenance Other:
d. How are noise issues prevented and/or addressed? LSecurity Manager approaches customer(s) Call Police
Al Suma 50 to C
e. Will a sound amplification system be used? No Yes If yes, describe: R45 Pont x Post L x 42
4. Smoking & Sanitation
a. Are there designated outdoor smoking areas? Yo Yes If yes, describe:
b. Number of Garbage Cans: Inside: 6 Locations: 13 tells 11, Country 120
Outside: 1 Locations: SLMmza E555
4. Smoking & Sanitation  a. Are there designated outdoor smoking areas? No Yes If yes, describe:  b. Number of Garbage Cans: Inside: Locations: Katchan, County Bara Calcatons: Summan Calcatons
d. How many restrooms are on the premises?
e. Name of solid waste contractor: Advanced Disposal Waste Management Other:

5. Security	1.			:	,
a. Are there onsite parking spaces? No Yes If yes, how many? and describe the parking security					
plan:		•			
b. Is there a loading zone?	□ No □ Yes If yes, deso	cribe the l	oading area security pl	an:	
	ersonnel on premise? N		s If yes, how many?_	aı	nd answer the following:
	ponsibilities?			JV.	the state of the s
	ent used? No Yes		escribe	2 V W.	the following.
	, certification, or training c				
d. Will there be security car	meras?   No   Yes It	yes, how	many? and list	t locations:	
e. Will searches/identificati	on checks be done upon er	ntry? 🔲 į	No Yes If yes, descr	ibe	13 f wa
6. Percentage of Sales	(must total 100%)	•		٥L.	C+24E4
Alcohol 30 %	Food 70		Secondhand Merchandi	se	Precious Metals & Gems
Entertainment O %	Cigarettes O.				Page
Pawnbroker Activity%	Salvaged Materials (such as scrap metal)	%	Personal Services (such body piercing, salon, tail tanning, etc.)	lor,	Other% Describe:%
7. Businesses/Licenses	on the Premises (	check a	all that apply):		
Type 1		7 p. p r	- t P - d Bestevensk	[ ] Dubanta	/Fratarnal Matarana Chuh
Full Service Restaurant			ast Food Restaurant	_	/Fraternal/Veterans Club
☐ Night Club		Cocktail	_	Teen C	aup.
Banquet Hall		Bowling			
Hotel/Motel: Number of Flo		Rooming	House: Number of Flo		
Type 2	ooms:		Number of Ro	OHS	
Liquor Store	Corner Store	] Superma	rket	Conven	lence Store
Gas Station	Gas Station Amusement/Phonograph Distributor Recycling, Salvage or Towing				ng, Salvage or Towing
Used Car Dealer Personal Service Establishment Recording Studio (such as tattoo business, hair salon, tailor, etc.)					
What other licenses/permits will you hold at this location? (check all that apply)					
☑Occupancy Permit ☐Clgarette & Tobacco ☐Gas Station ☐Extended Hours ☐Class "B" Tavern ☐ Weights & Measures					
Secondhand Dealer Precious Metal & Gem Other:					
8. Legal Capacity (only if a Type 1 premises in #7 above)					
Capacity (Call the	e Milwaukee Development Cei	nter at 414	-286-8211 if you have quo	estions.)	

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agrandation, and						
9. Premises [	Description					
□1 <sup>st</sup> Floor □	□1 <sup>st</sup> Floor □2 <sup>nd</sup> Floor □Basement Storage □Patlo □Beer Garden □Sidewalk Café □Deck □Rooftop					
□Other: Desc	oribe: Dark & 12		/* <del></del>	- Lest	( Com as as to be	
b.	tion: Major Thoroughfare	Secondary Street Ot	her:	7 (10	49-30-3	
	r Cross Street: N. A				· · · · · · · · · · · · · · · · · · ·	
d. Describe Build	ling: 🔟 Free Standing Buildir	ng   Strip Mall   Other:		Dreat	Ü	
e. Describe Pren	nises Structure: Single Sto	ry Multi-Story - # of Sto	ries Other:		620 43505	
f. Describe Surro	ounding Area: L Commercia	Residential [] Industr	iai 🕑 Other:			
	er Name: M Las F					
Business Own	er Address: ストル	N. 1-10-21-5-5-1	<i></i>	-		
10. Hours of	Operation & Custor	mers				
Will customers be en	tering the premises? No	Yes				
	Proposed Hour	s of Operation:	Estimated Number of Customers	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.)	expected each day	of Customers	Age Restriction (If none, write 'None')	
Sunday	NOEN	1220056166	". 6ep			
Monday	Nº 8 640					
Tuesday	LIZEL			-		
Wednesday	1					
Thursday						
Friday						
Saturday						
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  Permitted Hours of Operation: Class B: 6:00 am to 2:00 am Sunday thru Thursday, 6:00 am to 2:30 am Friday & 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)						
(If there are no	oprietor, Partner, or 20% or m 20% or more shareholders,	ore Shareholder	Signature of additional p	oartner or 20% or ,	r more shareholder	
Corporate 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

Legal Entity Name: MBDSQ-3 GENDON PSSTOW ADNT INL					
Legal Entity Name: MBD20-3 G52 MON PLSSION ADMIT IN L  Premise Address: Z60 N. HORBER DR.					
Proximity of Premises to Church, School, Daycare Center or Hospital					
Is the building within 300 feet of any church, school, daycare center or hospital?					
"Service Bar Only" Designation					
If applying for Class B or C license, are you applying for "Service Bar Only"?  Service Bar Only means customers cannot sit at the bar. Alcohol is served to employees who serve patrons seated at tables.  No stools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.					
Business 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:					
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.  c) Does anyone else have money invested or any other interest in this business?  Vo Yes  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?  Vo Yes If yes, list name and address:					
Proof of Ownership, Lease, or Offer to Purchase (New & Transfer Applicants Only)					
Submit proof of ownership, lease, or offer to purchase the building with this application.  A lease or offer to purchase must:					
b) Reflect the same address as the premises address on this application					
c) Reflect current dates and d) Be signed by the lessor/seller and lessee/buyer					
Property Information (New & Transfer Applicants Only)					
a) Do you own or lease the building?					
b) Who owns the fixtures (for example, coolers, etc.)?					
c) Are you purchasing the stock and/or fixtures?					
d) Total amount paid for business \$ <u>Cせかれまままま</u>					
e) Total amount paid for goodwill of the business \$					
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? 2 No Yes					

ADDRESS SA	
Leas	se Information (New & Transfer Applicants who are leasing the premises only)
a)	Date lease begins = 9/2 Ends 9/16
b)	Monthly rental 5 Lamon E 9 3 Lamon
c)	Do you have an option to renew the lease? No Yes
d)	Does your lease allow for assignment to another party without the consent of the owner? Yes
e)	For what length of time have you been guaranteed occupancy (number of years)? L V 5.802
f)	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?  Vo Yes If yes, explain
g)	Does the present owner or occupancy object to the granting of your license? Lino Yes
	If yes, explain
Cha	nge of Agent Applicants Only
Hav	e there been any changes to the floor plan since the last application was submitted? 🗹 No 🗌 Yes
If no	o, a new floor plan is not required. If yes, submit a new floor plan and explain the change(s):
Sign	ature
_	
Signat	ure of Sole Proprietor, Partner or 20% or More Shareholder
(If no	20% or more Shareholder, Corporate Officer - print name/title and sign)
1	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:
	Proof of ownership, lease or offer to purchase the building
	Detailed floor plan
	lf a restaurant, copy of the menu

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March 8, 2021

City Clerk – License Division 200 E Wells Street, Room 105 Milwaukee, WI 53202

To Whom It May Concern:

Milwaukee World Festival, Inc. leases the land at 100 N. Harbor Drive from the City of Milwaukee. Milwaukee World Festival, Inc. is the sole member of MWF, LLC. As such Milwaukee World Festival, Inc. authorizes MWF, LLC to occupy and use 100 N. Harbor Drive.

MWF, LLC authorizes the following entities to occupy and use the areas designated on the enclosed map.

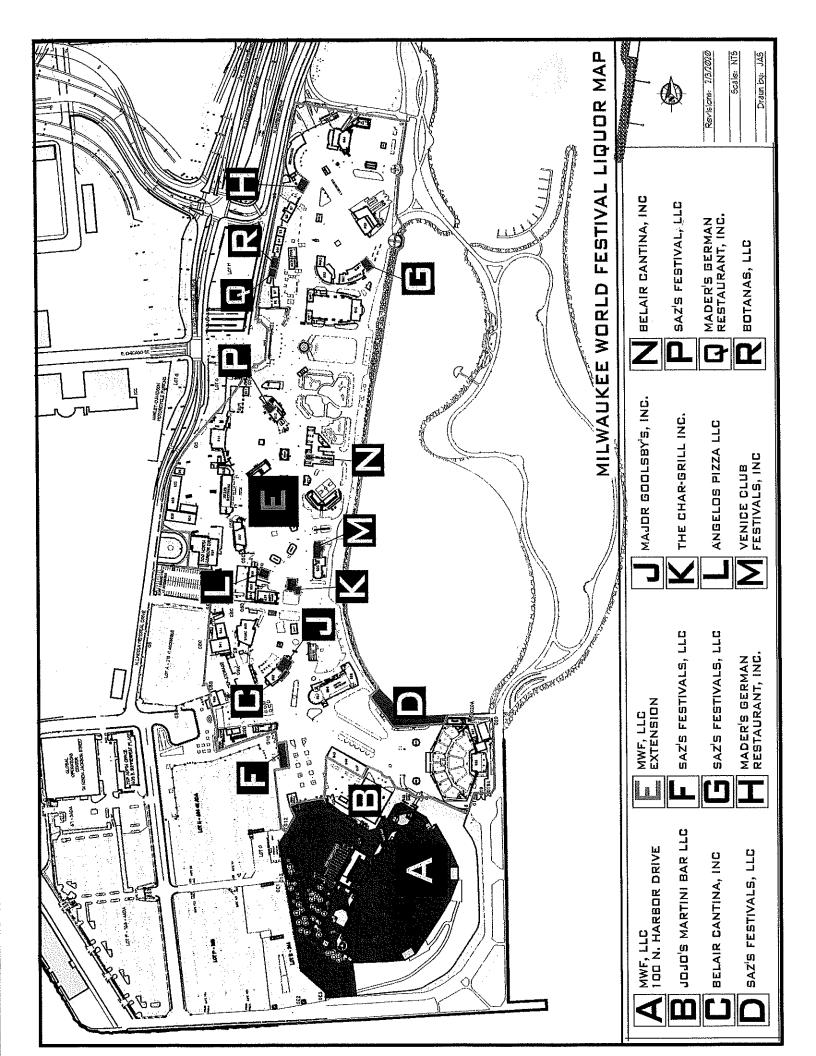
ANGELOS PIZZA LLC	Area L
BELAIR CANTINA, INC	Area C
BELAIR CANTINA, INC	Area N
BOTANAS, LLC	Area R
MADER'S GERMAN RESTAURANT, INC	Area Q
MAJOR GOOLSBY'S, INC	Area J
SAZ'S FESTIVAL, LLC	Area P
THE CHAR-GRILL, INC	Area K
VENICE CLUB FESTIVALS, INC	Area M

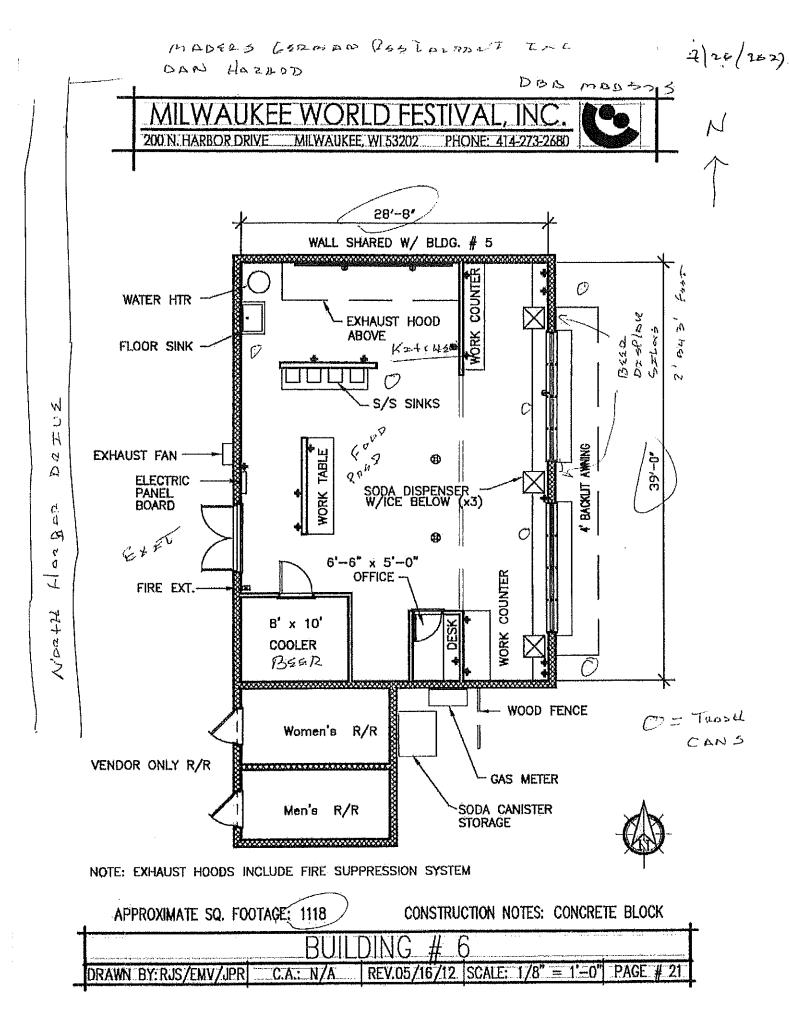
Susan D. Landry, VP/CFO

Sincerely,

Susan D. Landry

VP / CFO







Thursday, August 19, 2021

#### COMMITTEE MEETING NOTICE

AD 04

MARSH, Jeffrey, Agent The Char-Grill, Inc 14102 Marina Dr Sturtevant, WI 53177

You are requested to attend a hearing which is to be held in Common Council chamber, Third Floor, City Hall on:

#### Wednesday, September 01, 2021 at 08:45 AM

Regarding:

Your Class B Beer and Temporary Food Dealer License Applications as agent for "The Char-Grill, Inc" for "The Charcoal Grill & Rotisserie" at 200 N Harbor DR.

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 appear at this meeting may result in the denial of your license. Individual applicants must appear only in person or by an attorney. Corporate or Limited Liability applicants must appear only by the agent designated on the application or by an attorney. Partnership applicants must appear by a partner listed on the application or by an attorney. 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.

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You may examine the application file at this office during regular business hours prior to the hearing date. Inquiries regarding this matter may be directed to the person whose signature appears below.

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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 notice, please contact the License Division at (414) 286-2238.



Thursday, August 19, 2021

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JIM OWCZARSKI, CITY CLERK

BY:

Jim Cooney

License Division Manager

If you have questions regarding this notice, please contact the License Division at (414) 286-2238.

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

Date: 6/30/21 Officer: Monreal

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

Name of Premise: Address: Phone:	The Char Grill 200 N. Harbor Dr. 262-496-0898				
Owner: Owner address: City State Zip: Owner Phone: Owner email:	Marsh, Jeffrey J 14102 Marina Dr Sturtevant, WI53177 262-496-0898 jmarsh@charcoalgrill.com				
Licensee/Agent: Home Address: City State Zip: Phone: Email:	Home Address: City State Zip: Phone:				
Preferred contact: San	me				
Location currently op	en: YES NO				
Projected open date:	09/21				
Day's open: S	Day's open: S M T W Th F SA ALL				
Hours of Operation:	Sun: 12P-12A  Mon: " Tue: " Wed: " Thu: " Fri: " Sat: "	□24 hours □Y ☑N			
Premise Type:	⊠Tavern/Bar ⊠Restaurant ⊡Other:				
Licenses currently held:					

Alcohol:	∑Yes	#:	
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	□N <sub>0</sub>	
	ocation? (Check all the	appry)	
a. Park			
b. School	<b>L</b>		
c. Youth Cen	ter		
d. Church			
	f so, how many		
f. Residential			
g. 🕍 Other busit	iesses		
h. Other:			
3. Can you see from the	outside of the location	into the interior Yes No	
		ation from the outside \( \sqrt{Yes} \) \( \sqrt{No} \)	
	s free of signage \( \sum Yes	sNo	
6. Is there a parking lot	∑Yes		
7. Is the parking lot clea	ın? ⊠Yes ⊡No		
8. Off-Street parking			
9. Is the parking lot wel			
10. Valet Parking ☐ Yes			
		No	
	ave cameras? Yes	¯No	
		al themselves Yes No	
12 Is there exterior light	ing? XIVes No. Do	oes it appears to be adequate ⊠Yes □No	o
13. Exterior Payphone?	Mg. ⊿ Tes _ No	oop to appears to or man firming and an analysis	
14. Are there No Loiterin		s MNo	
15. Are there exterior see	urity comerce NVes [	No How Many: Full MWF Grounds	
16. Are the address number	ore preminently dieple:	yed and easy to see ☐ Yes ⊠No	
16. Are the address nume	ers prominently displa	yed and easy to see 1 es110	
C S			
Camera Survey:		Zvos Dno	
17. Does this location ha		7 Les - 140	
18. Are they in working			
19. What format are the			
a. Color	∑Yes ∐No		
b. Digital	∑Yes ∐No		
c. Recorded	Yes   No	4.0 75	
20. How long is footage			
21. Are there exterior can		How many: Full MWF Grounds	
22. Are there interior car			
23. Do all employees known	ow how to retrieve reco	orded digital images/footage? 🔲 Yes 🔀 No	0

24. 0	Cameras located in parking lot	∑Yes	□No	How many Full MWF Grounds
Interior	Survey:			
25. V	What is the planned capacity 20	00+		
26. V	What is the minimum number o	f employe	es That w	fill be on premise
27. I	s the storeowner willing to be a	ı standing	complain	ant regarding loitering? ⊠Yes ⊡No
	a. If yes have them fill out	the standi	ng compla	aint form and give them two of the
	commercial signs Yes			
28. I	s the interior of the location ne	at and clea	an?	∑Yes
	Does an interior camera face the			Yes No
30. I	s there a lockable area that sepa	arates emp	oloyees fro	om customers? ⊠Yes ∐No
31. <i>A</i>	Are emergency and non-emerge	ency numb	pers posted	d near the phone? ⊠Yes ∐No
32. I	Does the owner know how to co	ontact thei	r police di	istrict directly? ⊠Yes ∐No
	<ul> <li>a. Did you provide a district</li> </ul>	ct contact	guide to t	he owner? ∐Yes ⊠No
Security	<u>y</u>			
33. I	How many security personnel a	re going t	o be empl	oyed: 50+
34. I	How ill they be deployed: Inter-		Exterior5	
35. <sup>v</sup>	What days will they be deploye	d 🏻 Mon	$\square$ Tue $\square$ '	Wed⊠ <u>Th</u> u⊠Fri⊠Sat⊠Sun
36. <sup>v</sup>	Will the security be managed by	y business	con	ıtracted⊠
	Will they be armed 🗌 Yes 🔀 🗅			
	What type of security measures	to be use	d:	
	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 3/15/18



## 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-mall address: license@milwaukee.gov

a. Are there onsite parking sp plan:  b. Is there a loading zone?   c. Will you have security pers  What are their responses security equipments	∡No ☐ Yes If yes, de	If yes, how i		nd describe	
b. Is there a loading zone?	₹No	escribe the lo		n:	And the second s
c. Will you have security pers	sonnel on premise?		oading area security pla	n:	
What are their response					
What are their responses					nd answer the following:
Is security equipmen	onsibilities?			-	7
d. Will there be security cam-	eras?   No   Yes	If yes, how i	maný? and list	locations:	1.201, 1914, 1.52-7
			Un D Vos If upe doser	ilse.	
e. Will searches/identification. Percentage of Sales			40 [ ] les il yes, desci	:: :: ·	
coinol	Food 20	<u>,</u>	C		Precious Metals & Gems
			Secondhand Merchandi	ie	%
ntertainment%	Cigarettes	%			
awnbroker Activity%	Salvaged Materials (such as scrap metal)	%	Personal Services (such body piercing, salon, tail tanning, etc.)		Other% Describe:%
. Businesses/Licenses	on the Premises	check:	all that apply):		
уре 1					/Festornal Muterans Club
Full Service Restaurant	Cafe/Coffee Shop	Deli or Fast Food Restaurant Private/Fraternal/Veterans Club			
Night Club	Tavem	Cocktail Lounge Teen Club			.100
8anquet Half	Sports Facility	☐ Bowling			
Hotel/Motel: Number of Flo		[_] Roomin	ng House: Number of Flo Number of Ro		
Number of Ro	oms:	·	TRAIDE OF NO	VIII3	
Type 2 T Liquor Store	Corner Store	Superm	arket	Conve	nience Store
Gas Station	Amusement/Phonog	graph Distribu	itor	Recycli	ing, Salvage or Towing
Used Car Dealer	Personal Service Es		on, tailor, etc.)	☐ Record	ding Studio
What other licenses/perm ts will y	you hold at this location?	(check all tha	t apply)		
Commence Parmit Cla	Tarrette & Tobacco FIG	as Station	Restanded Hours Class	"B" Tavern	Weights & Measures
Secondinand Dealer	Precious Metal & Gem	Nother:	Summerfert	Gr	rounds
8. Legal Capacity (on)					

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to the same and the control of the second se

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). Premises De					· .
޶i" Floor □2	(s) of the premises that will be a floor	te 🗆 Patio 🗆 Beer Garder	I TIZIQEMBIK COLE TING	only for storage) ack []Rooftop	:
***Other: Descri	be: Bld 31; Area	L SUMMONTE	A grounds		
h Describe Locatio	on: Major Thoroughfore	Secondary Street (10tl	her:	~	
c. Nearest Major (	Cross Street:	INNESTEET Y	1.1.	or Dr	
d Describe finiteir	sa. Nece Standing Building	: Strip Mall 🔲 Other:			
e. Describe Premi:	ses Structure: Single Stor	y Multi-Story - Il of Stor	ies (_] Other:	· .	
f. Describe Surrou	anding Area; Commercial	Residential   Industr	ol Other:	14 273	2680
g. Building Owner	Name: Milanike r Adgress: 639	TENTINOS DEN	Hone pumper:	1) wasker	WZ 53202
					••
10. Hours of O	peration & Custon	ners		·	, , , , , , , , , , , , , , , , , , , ,
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	Out of Times	Close Time	of Customers expected each day	of	Age Restriction
	Open Time (Include a.m. or p.m.)	(Include a.m.; or p.m.)	CAPCOLOG CHOIT III	. Customers	(If none, write 'None')
Sunday	NOON PO	Milaishta	1000		
Monday "	The Wisel	10 Spsch	NIA		
Tuesday	N80N 8h	Midnight AM	800		
Wednesday	Moon Am	Midnight	800		
Thursday.	NOON PM	Milnight	900		
Friday	NOON BM	M: Juist	1200		
Şaturday	MOOH PM	Midright	1500	<u> </u>	l l l l l l l l l l l l l l l l l l l
An Extended Hours E	stablishment Elcense is requi tanning, etc.), recording stu	red for any convenience sto	re, filling station, persons pen between the hours o	ni service establis f 12:00 a.mand	S:00 a.m.
Alcohol Establishmer		Diff veloui2 ma Oneo os and	i Saturdav		
Permitted Hours of C	operation: Class-B; 6:00	) am to 2:00 am Sunday thro	ı Thursday, 6:00 am to 2:	30 am Friday & S	aturday
Entertainment Outd	oor Closing Hours; 16: 	00pm Sunday-Thursday; 12: stablished by the Common (	OOam Friday & Saturday; Council in its approval of	unless a differen the licensee's pla	t time, either earlier or later, n of operation.
11. Signature	:(is)	•			
	11	•			
<u> </u>	1/1/		Signature of additional	partner or 20%	or more shareholder
Signature of Spie Pr	Sprietor, Fartner, or 20% or r 20% or more shareholders,	nore Shareholder	Signature or apolitional	partite of 2070	
Corporate Offic	er-oring 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

Legal Entity Name: - THE CHAR GRI	LL JAI.
Premise Address: 100 N Harbor 1	Drive Area K
Proximity of Premises to Church, School	, Daycare Center or Hospital
Is the building within 300 feet of any church, school, daycare	center or hospital? 🛭 No 🔲 Yes
"Service Bar Only" Designation	
If applying for Class B or C license, are you applying for "Servi Service Bar Only means customers cannot sit at the bar. Alco No stools, chairs or other articles of furniture shall be placed	phol is served to employees who serve patrons seated at tables.
Business Information:	
a) Are you taking out this application for anyone that may	
If yes, list their name and address:	onducting the day-to-day operations of the business? \( \subsection \) No \( \lambda \) Yes
the person(s) listed above must obtain a Class 8 Manag c) Does anyone else have money invested or any other int	vidual licensee will not be conducting the day-to-day operations of the business, yers license.  Lerest in this business? KNO Yes  Ly loan or any other payments based upon income from the business?
Proof of Ownership, Lease, or Offer to	Purchase (New & Transfer Applicants Only)
Submit proof of ownership, lease, or offer to purchase the Alease or offer to purchase must:  a) De in the same legal entity name as that apply for the b) Reflect the same address as the premises address on to fellect current dates and  d) Be signed by the lessor/seller and lessee/buyer	building with this application.
Property Information (New & Fransfer	Applicants Only)
a) Do you own or lease the building? b) Who owns the fixtures (for example, coolers, etc.)? c) Are you purchasing the stock and/or fixtures? d) Total amount paid for business e) Total amount paid for goodwill of the business	Own Blease  Mindow for World Festivals Enc.  [Sino Oves If yes, amount paid \$
fair market value of all of the rest of the assets of the	DRZUIGZZ, (die excezz ma) pe compact to Book min
() Have you made arrangements with the seller for pays	Here or borround hydrard

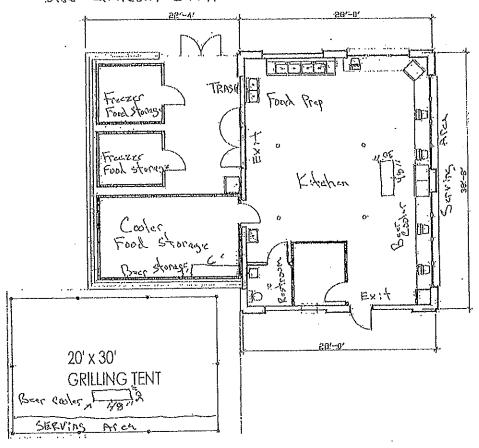
See Application Information for a list of all required application forms.

the same property of the same property of the same state of the sa
se information (New & Transfer Applicants who are leasing the premises only)
No. a large barden
Monthly rental \$ CONY. Sien Fee Orsel
Do you have an option to renew the lease? 🔣 No 🗌 Yes
Does your lease allow for assignment to another party without the consent of the owner? 🖄 No 🗌 Yes
For what length of time have you been guaranteed occupancy (number of years)? 2020 COV
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 [3] Yes If yes, explain
Does the present owner or occupancy object to the granting of your license? No Yes
If yes, explain
ange of Agent Applicants Only
ve 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):
nature
ature of Sole Proprietor, Partner or 20% or More Shareholder o 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.



200 N. HARROR DRIVE: MILWAUKEE WL5320X

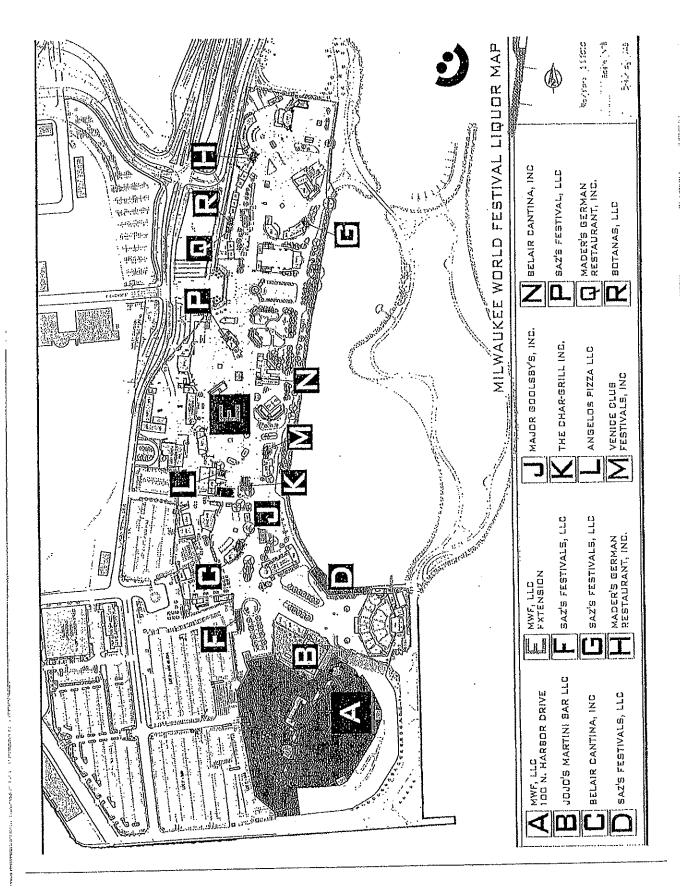
THE CHAR GRILL INC JEFF MARSH 16840 W. CLE VECAND AVE. NEW YERCIN, WI 53151 dbe charcon Grill



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## TEMPORARY EVENT FOOD LICENSE APPLICATION

OFFICE OF THE CITY CLERK, LICENSE DIVISION
CITY HALL, 200 E. WELLS ST, ROOM 105, MILWAUKEE, WI 53202
[414] 286-2238 <u>iicense@milwaukee.goy</u>

······································	
Office Use:	Follow Up Date:
App #	
Date	
Initials	
Paid	
License #	

L. Will any food processing be done onsite at events? \  No \  Yes  2. Will you be selling/serving any food items that require temperature control? \  No \  Yes  If "No" to BOTH questions, this license is not required. See the Food Dealer License Information form to determine if a license is needed for offsite processing.  SECTION 2 BUSINESS INFORMATION  Legal Entity (check one):  Sole Proprietor (Individual) \  Partnership  Corporation/LC Name: TK CHAR - GRILL TMC.  Nonprofit Organization Name: Name: Name: Name: Name: Note: Morprofit Organizations operating a total of 3 or fewer days per calendar year do not need to obtain this license.  Business/Trade Name: CHARCAR CRILL & ROTISSERE  Business/Trade Name: LHARCAR CRILL & ROTISSERE  Business/Street Address (include city/state/zip code):  Grannot be a PO. Box) I LOS NO N. LLEVELAND AVE NEW RELIN, BT 53 51  Email Address: TMARSH CHARCAR GRILL CAN  Malling Address: Same as Business Address  Malling Address: Same as Business Address  Other (include city/state/zip):  Name of Sole Proprietor or Agent of Corp/LLC/Nonprofit: Date of Birth:  THERY NARSH  NARSH NARSES STORE Address for all partners.  SECTION 3 EVENTS  Portnerships: Provide the name, date of birth and home street address for all partners.  SECTION 5 EVENTS  Date of Birth:  SECTION 6 Email  Office Use Only:  Follow Up:    Email		<u> </u>
2. Will you be selling/serving any food items that require temperature control? \  \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	SECTION 1 OPERATING INFORMATION	
egal Entity (check one):    Sole Proprietor (Individual)	<ol> <li>Will you be selling/serving any food items that require temperature control?</li> <li>If "No" to <u>BOTH</u> questions, this license is not required. See the Food Dec</li> </ol>	
Sole Proprietor (Individual)  Corporation/LLC  Name: THK CHHR - GRILL JNC.  Nonprofit Organization  Name: Note: Nonprofit Organization operating a total of 3 or fewer days per calendar year do not need to obtain this license.  Phone 8:  CHARCON GRILL ROTISSERIE  Business Street Address (Include city/state/zip code):  (cannot be a P.O. Box)   166 40 W. CLEVELAND AVE JEW RELIN, WI 53/5   Email Address: JMACSHR CHARCON GRILL AROTISSERIE  Mailing Address: Same as Business Address  Other (Include city/state/zip):  Name of Sole Proprietor or Agent of Corp/LLC/Nonprofit:  Date of Birth:  THERY NARSH  Home Street Address (Include city/state/zip):  Partnerships  Portnerships  Portuge the name, date of birth and home street address for all partners.  SECTION 3 EVENTS  Provide the name and date(s) of all events in Milwaukee that you plan on attending:  Event Name:  SECTION 5 FAUR  Date of Birth:  SECTION 6 FAUR  Date of Birth:  SECTION 7 SPOND 6 FAUR SHARD AND SHARD SH	SECTION 2 BUSINESS INFORMATION	
Corporation/LLC Name: THK CHAR - GRILL TAC.    Nonprofit Organization Name: Nonprofit Organizations operating a total of 3 or fewer days per calendar year do not need to obtain this license.    Nonprofit Organization Name: Nonprofit Organizations operating a total of 3 or fewer days per calendar year do not need to obtain this license.    Business Frade Name:	Legal Entity (check one):	•
Nonprofit Organization Name:   Note: Nonprofit Organizations operating a total of 3 or fewer days per calendar year do not need to obtain this license.  Business/Trade Name:   Phone II:   262. 496. 0898   Business Street Address (include city/state/zip code):   262. 496. 0898   Business Street Address (include city/state/zip code):   263. 496. 0898   Business Street Address (include city/state/zip code):   264. 496. 496. 496. 496. 496. 496. 496. 4	Sole Proprietor (Individual) Partnership	
Note: Nonprofit Organizations operating a total of 3 or fewer days per calendar year do not need to obtain this license.  Business/Trade Name:  CHAZCAC CRILL & ROTISSERE  Business Street Address (include city/state/zip code):  (cannot be a P.O. Box)   165 40 W. CLEVELAND AVE. NEW RELIN, WI 53 51  Email Address:  Mailing Address:  Same as Business Address  Other (include city/state/zip):  Name of Sole Proprietor or Agent of Corp/LLC/Nonprofit:  THERE WARSH  Home Street Address (include city/state/zip):  NAME IN ARINH DR. STURE VANT, WI 53 77  Partnerships: Provide the name, date of birth and home street address for all partners.  SECTION 3 EVENTS  Provide the name and date(s) of all events in Milwaukee that you plan on attending:  Event Name:  SECTION 3 EVENTS  Provide the name and date(s) of all events in Milwaukee that you plan on attending:  Event Name:  SECTION 3 EVENTS  Provide the name and date(s) of all events in Milwaukee that you plan on attending:  Event Name:  SECTION 3 EVENTS  Provide the name and date(s) of all events in Milwaukee that you plan on attending:  Event Name:  SECTION 3 EVENTS  Provide the name and date(s) of all events in Milwaukee that you plan on attending:  Event Name:  SECTION 3 EVENTS  Provide the name and date(s) of all events in Milwaukee that you plan on attending:  Event Name:  SECTION 3 EVENTS  Provide the name and date(s) of all events in Milwaukee that you plan on attending:  Event Name:  SECTION 3 EVENTS  Provide the name and date(s) of all events in Milwaukee that you plan on attending:  Event Name:  SECTION 3 EVENTS  Provide the name and date(s) of all events in Milwaukee that you plan on attending:  Event Name:  SECTION 3 EVENTS  ADD 5 - 15	KI Corporation/LLC Name: THE CHAR -GRILL THE.	
Business/Trade Name:  CHA2COAL GRILL & ROTIGSERIE  Business Street Address (include city/state/zip code):  [cannot be a P.O. Box)   168 HD W. CLEVELAND AVE. NEW BERLIN, WI 53151  Email Address:  I Macsh & Chaccoal gc: 1. Com  Mailing Address:  Other (include city/state/zip):  Name of Sole Proprietor or Agent of Corp/LLC/Nonprofit:  Date of Birth:  1 19 1965  Home Street Address (include city/state/zip):  Name of Sole Proprietor or Agent of Corp/LLC/Nonprofit:  Date of Birth:  1 19 1965  Provide the name, date of birth and home street address for all partners.  SECTION 3 EVENTS  Provide the name and date(s) of all events in Milwaukee that you plan on attending:  Event Name:  SECTION 3 EVENTS  Provide the name and date(s) of all events in Milwaukee that you plan on attending:  Event Name:  SECTION 3 EVENTS  Provide the name and date(s) of all events in Milwaukee that you plan on attending:  Event Name:  SECTION 3 EVENTS  Provide Use Only:  Follow Up:   Email   Date   Da	Nonprofit Organization Name:	
CHAPLIAL GRILL & ROTISSERIE  Business Street Address (include city/state/zip code):  (cannot be a P.O. Box)   165 HO W. CLEVELAND AVE. NEW BERLIN, WI 53151  Email Address:	Note: Nonprofit Organizations operating a total of 3 or fewer days per ca	lendar year do not need to obtain this license.
Business Street Address (include city/state/zip code):  (cannot be a P.O. Box)   166 40 W. LLEVELAND AVE. NEW BELLIN, WI 5351  Email Address:	Business/Trade Name: CHARCOAL GRILL & ROTISSERIE	Phone #: 262, 496, 0898
If provided, invoice will be emailed.	Business Street Address (include city/state/zip code):	N BERLIN, WI 53151
Mailing Address: Seem as Business Address  Other (include city/state/zip):  Name of Sole Proprietor or Agent of Corp/LLC/Nonprofit:  Date of Birth:  19 1965  Home Street Address (include city/state/zip):  19 1965  Partnerships: Provide the name, date of birth and home street address for all partners.  SECTION 3 EVENTS  Provide the name and date(s) of all events in Milwaukee that you plan on attending:  Event Name:  10 10 10 10 10 10 10 10 10 10 10 10 10 1	= 0.5 t t	the resided development by amplied
TEFFREY MARSH  Home Street Address (include city/state/zip):  14102 MARINA DR. STURE VANT, WT. 53177  Partnerships: Provide the name, date of birth and home street address for all partners.  SECTION 3 EVENTS  Provide the name and date(s) of all events in Milwaukee that you plan on attending:  Event Name:  40 MARSEST SEPT 3 - 18, 3031  57 ATC FAIR ADS 5 - 15, 3031	Mailing Address: Same as Business Address	
Home Street Address (Include city/state/zip):    YHPA   MARINA   DR.   STURE VANT   WI   53177   Partnerships: Provide the name, date of birth and home street address for all partners.    SECTION 3   EVENTS     Provide the name and date(s) of all events in Milwaukee that you plan on attending:    Event Name:   Date(s):     SEPT 2 - 18	Name of Sole Proprietor or Agent of Corp/LLC/Nonprofit:  3F FF (X	
Partnerships: Provide the name, date of birth and home street address for all partners.  SECTION 3 EVENTS  Provide the name and date(s) of all events in Milwaukee that you plan on attending:  Event Name:  SECTION 3 EVENTS  Provide the name and date(s) of all events in Milwaukee that you plan on attending:  Event Name:  SECTION 3 EVENTS  Date(s):  SECTION 3 EVENTS  Date(s):  SECTION 3 EVENTS  Date(s):  SECTION 4 S	Home Street Address (include city/state/zip):	, ` ¬
SECTION 3 EVENTS  Provide the name and date(s) of all events in Milwaukee that you plan on attending:  Event Name:  SECTION 3 EVENTS  Date(s):  SECTION 4 EVENTS  DATE(s):		
Provide the name and date(s) of all events in Milwaukee that you plan on attending:  Event Name:  SEPT 3 - 18, 3031  STATE FAIR  Office Use Only: Follow Up: Female Call Mail		
Date(s):   STATE FAIR   Date(s):   SEPT J - 18, 3031     ADE 5 - 15, 3031     Office Use Only:   Follow Up:   Email   Call   Mail		ng:
Office Use Only: Follow Up: Email Call Mail		
Office Use Only: Follow Up:	SEPT SEPT	<u>1 - 15, 2021</u>
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SECTION 4 FOOD PROCESSING
Processing is defined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, extracting, fermenting, distilling, pickling, freezing, drying, smoking, or packaging.
Will any food processing be done at the event? \(\bigcap \text{No}\) No \(\bigcap \text{Yes}\) If Yes, check the types of food items:
SNACKS & BEVERAGES includes, but is not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino, tea, fruit juice, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, kettle corn, cotton candy, funnel cakes, fritters, tortilla chips w/ cheese
MEALS includes, but is not limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, nachos w/ cheese and meat, French fries, cooked or deep fried vegetables/fruit, cooked cheese curds, corn dogs, egg rolls, salads
Will any food processing be at an offsite location? K No Yes
If Yes, provide the address of offsite location: and you must also obtain a Food Dealer License for the offsite location.
SECTION 5 FOODS REQUIRING TEMPERATURE CONTROL
Will you be selling/serving any food items that require temperature control? Examples: milk, cheese, ice cream, fish, meat, poultry or other items requiring refrigeration
If yes, list the food items: ROTIGGERE CHICKEN; HAINBURGERS; TURKEY LEGS
SECTION 6 SCALES
Will any scales be used? 🗵 No 🔲 Yes If yes, how many?
An additional fee of \$55 per scale is required for a Weights & Measures License.
SECTION 7 ACKNOWLEDGMENTS & SIGNATURE
I understand that my booth(s) must meet Wisconsin Food Code requirements at the time of inspection or my Temporary Event Food License may be revoked. I understand I must obtain authorization from Milwaukee County for any events held on their property.
I understand if my application and fee payment are submitted fewer than 2 weeks before my first event listed in Section 3, there is a possibility the application may not be processed and a license may not be ready for the first event.
I further understand that if my application is submitted after the 2 week deadline, I will not be eligible for a refund (full or partial).
Signature of Vidividual, Partner, or Agent Signature of Additional Partner(s)