

CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Thursday, September 16, 2021

COMMITTEE MEETING NOTICE

AD 14

LEET, Shawn T, Agent Three Sheets LLC 2422 S Howell Av

Milwaukee, WI 53207

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

Tuesday, Septem 28, 2021 at 02:20 PM

Regarding:

Your Alcohol Permanent Extension of Premise and Sidewalk Dining License Applications Adding Sidewalk Café to Front Northside as agent for "Three Sheets LLC" for "The Stone" at 2422 S Howell Av.

This meeting will be held via GoToMeeting. Please see the enclosed best practices document for further instructions. The access code is https://global.gotomeeting.com/join/284170701. If you wish to call in, please call ± 1 (786) 535-3211 and use Access Code: 284-170-701.

There is a possibility that your application may be denied for one or more of the following reasons: you do not meet the statutory and municipal requirements; the fitness and appropriateness of the location to be licensed and whether the location will create undesirable neighborhood problems (such as disorderly congregations of people, excessive litter, unreasonable noise, and traffic and parking problems), whether or not there is an over-concentration of alcohol beverage establishments in the neighborhood; whether or not you have been charged with or convicted of any felony, misdemeanor, municipal offense or other offense, the circumstances of which substantially relate to the licensed activity; and any other factors which reasonably relate to the public health, safety and welfare. See attached police report and/or written correspondence regarding this application. Please be advised the public will be able to provide information to the committee in person or in writing. The committee will receive and consider evidence regarding the above mentioned criteria.

Notice for applicants with warrants or unpaid fines:

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

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

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

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

JIM OWCZARSKI, CITY CLERK

BY:

Jim Cooney

License Division Manager

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



Thursday, September 16, 2021



Notice of Public Hearing

blank notice

LEET, Shawn T, Agent
The Stone at 2422 S Howell Av
Alcohol Permanent Extension of Premise and Sidewalk Dining License Applications Adding
Sidewalk Café to Front Northside

Tuesday, September 28, 2021 at 2:20 PM

To whom it may concern:

The above application has been made by the above named applicant(s). This requires approval from the Licenses Committee and the Common Council of the City of Milwaukee. The hearing before the Licenses Committee will take place virtually on 9/28/2021 at 2:20 PM. This is a public hearing. Those wishing to view the proceeding are able to do so via the City Channel — Channel 25 on Spectrum Cable — or on the Internet at http://city.milwaukee.gov/citychannel. Those wishing to provide oral testimony will be asked to do so by phone or internet and are asked to contact the staff assistant, Molly Kuether-Steele at (414) 286-2775 or molly.kuether-steele@milwaukee.gov for necessary information. Please make such requests no later than one business day prior to the start of the meeting. You are not required to attend the hearing, but please see the information below if you would like to provide testimony. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing.

Important details for those wishing to provide information for the Licenses Committee to consider when making its recommendation:

- 1. The license application is scheduled to be heard at the above time. Due to other hearings running longer than scheduled, you may have to wait some time to provide your testimony.
- 2. You must testify as to matters that you have personally experienced or seen. (You cannot provide testimony for your neighbor, parent or anyone else; this is considered hearsay and cannot be considered by the committee.)
- 3. No letters or petitions can be accepted by the committee (unless the person who wrote the letter or the persons who signed the petition are willing to testify).
- 4. Persons opposed to the license application are given the opportunity to testify first; supporters may testify after the opponents have finished.
- 5. When you are called to testify, you will be sworn in and asked to give your name, and address. (If your first and/or last names are uncommon please spell them.)

- 6. You may then provide testimony.
- a. Include only information relating to the above license application.
- b. Include only information you have personally witnessed or seen.
- c. Provide concise and relevant information detailing how this business has affected or may affect the peaceful enjoyment of your neighborhood.
- d. If by the time you have the opportunity to testify, the information you wish to share has already been provided to the committee, you may state that you agree with the previous testimony. Redundant or repetitive testimony will not assist the committee in making its recommendation.
- 7. After giving your testimony, the members of the Licenses Committee and the licensee may ask questions regarding the testimony you have given or other factors relating to the license application.
- 8. Business Competition is not a valid basis for denial or non-renewal of a license.

Please Note: If you have submitted an objection to the above application your objection cannot be considered by the committee unless you personally testify at the hearing. OCCUPANT **CURRENT OCCUPANT CURRENT OCCUPANT** CURRENT OCCUPANT **CURRENT OCCUPANT CURRENT OCCUPANT** CURRENT OCCUPANT **CURRENT OCCUPANT CURRENT OCCUPANT CURRENT OCCUPANT** CURRENT OCCUPANT **CURRENT OCCUPANT** CURRENT OCCUPANT **CURRENT OCCUPANT CURRENT OCCUPANT CURRENT OCCUPANT CURRENT OCCUPANT CURRENT OCCUPANT** MAIL ADDRESS 2379 S HOWELL AVE 2400 S HOWELL AVE 2404 S HOWELL AVE 2408 S HOWELL AVE 2414 S HOWELL AVE 2414A S HOWELL AVE 2415 S GRAHAM ST 2415 S HOWELL AVE 2415A S GRAHAM ST 2417 S HOWELL AVE 2417A S HOWELL AVE 2418 S HOWELL AVE 2418A S HOWELL AVE 2419 S GRAHAM ST 2421 S HOWELL AVE 2423 S HOWELL AVE 2424 S GRAHAM ST 2424 S HOWELL AVE 2425 S HOWELL AVE 2427 S HOWELL AVE 2428 S HOWELL AVE 2429 S HOWELL AVE 2431 S HOWELL AVE 2432 S HOWELL AVE 2437 S HOWELL AVE 2438 S HOWELL AVE 2438A S HOWELL AVE 2439 S HOWELL AVE 2447 S GRAHAM ST 2451 S GRAHAM ST 2451 S HOWELL AVE 2454 S HOWELL AVE 2455 S GRAHAM ST 2455A S GRAHAM ST 2457A S HOWELL AVE 2458 S HOWELL AVE 340 E WILSON ST 340 E WILSON ST, C 340A E WILSON ST 340B E WILSON ST 345 E SMITH ST 346 E WILSON ST 349 E SMITH ST 361 E WILSON ST 404 E SMITH ST

420 E WILSON ST

CITY STATE ZIP MILWAUKEE, WI 53207-1601 MILWAUKEE, WI 53207-1603 MILWAUKEE, WI 53207-1617 MILWAUKEE, WI 53207-1663 MILWAUKEE, WI 53207-1617 MILWAUKEE, WI 53207-1663 MILWAUKEE, WI 53207-1663 MILWAUKEE, WI 53207-1603 MILWAUKEE, WI 53207-1603 MILWAUKEE, WI 53207-1617 MILWAUKEE, WI 53207-1663 MILWAUKEE, WI 53207-1663 MILWAUKEE, WI 53207-1618 MILWAUKEE, WI 53207-1603 MILWAUKEE, WI 53207-1663 MILWAUKEE, WI 53207-1663 MILWAUKEE, WI 53207-1603 MILWAUKEE, WI 53207-1663 MILWAUKEE, WI 53207-1663 MILWAUKEE, WI 53207-1603 MILWAUKEE, WI 53207-1663 MILWAUKEE, WI 53207-1603 MILWAUKEE, WI 53207-1603 MILWAUKEE, WI 53207-1663 MILWAUKEE, WI 53207-1648 MILWAUKEE, WI 53207-1648 MILWAUKEE, WI 53207-1638 MILWAUKEE, WI 53207-1637 MILWAUKEE, WI 53207-1648 MILWAUKEE, WI 53207-1648 MILWAUKEE, WI 53207-1638 MILWAUKEE, WI 53207-1637 MILWAUKEE, WI 53207-1509 MILWAUKEE, WI 53207-1509 MILWAUKEE, WI 53207-1509 MILWAUKEE, WI 53207-1509 MILWAUKEE, WI 53207-1507 MILWAUKEE, WI 53207-1509 MILWAUKEE, WI 53207-1507 MILWAUKEE, WI 53207-1571 MILWAUKEE, WI 53207-1607 MILWAUKEE, WI 53207-1634

CURRENT OCCUPANT	421 E SMITH ST	MILWAUKEE, WI 53207-1606
CURRENT OCCUPANT	421 E WILSON ST	MILWAUKEE, WI 53207-1633
CURRENT OCCUPANT	423 E WILSON ST	MILWAUKEE, WI 53207-1633
CURRENT OCCUPANT	424 E SMITH ST	MILWAUKEE, WI 53207-1607
CURRENT OCCUPANT	425 E SMITH ST	MILWAUKEE, WI 53207-1606
CURRENT OCCUPANT	425A E SMITH ST	MILWAUKEE, WI 53207-1606
CURRENT OCCUPANT	425B E SMITH ST	MILWAUKEE, WI 53207-1606
CURRENT OCCUPANT	426 E SMITH ST	MILWAUKEE, WI 53207-1607
CURRENT OCCUPANT	426 E WILSON ST	MILWAUKEE, WI 53207-1634
CURRENT OCCUPANT	426A E SMITH ST	MILWAUKEE, WI 53207-1607
CURRENT OCCUPANT	428 E WILSON ST	MILWAUKEE, WI 53207-1634
CURRENT OCCUPANT	430 E WILSON ST	MILWAUKEE, WI 53207-1634
CURRENT OCCUPANT	431 E SMITH ST	MILWAUKEE, WI 53207-1606
CURRENT OCCUPANT	433 E SMITH ST	MILWAUKEE, WI 53207-1606
CURRENT OCCUPANT	434 E WILSON ST	MILWAUKEE, WI 53207-1634
CURRENT OCCUPANT	438 E WILSON ST	MILWAUKEE, WI 53207-1634
CURRENT OCCUPANT	438A E WILSON ST	MILWAUKEE, WI 53207-1634
CURRENT OCCUPANT	500 E WILSON ST	MILWAUKEE, WI 53207-1636
CURRENT OCCUPANT	502 E WILSON ST	MILWAUKEE, WI 53207-1636
CURRENT OCCUPANT	504 E WILSON ST	MILWAUKEE, WI 53207-1636
CURRENT OCCUPANT	506 E WILSON ST	MILWAUKEE, WI 53207-1636
CURRENT OCCUPANT	506A E WILSON ST	MILWAUKEE, WI 53207-1636
blank	notice	
1 55		

Total Records: 68

Radius: 250.0 feet and Center of Circle: 2422 S Howell Ave



PERMANENT EXTENSION OF PREMISES APPLICATION FOOD AND ALCOHOL BEVERAGE ESTABLISHMENTS

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

	Date of Application: 9-9-2	Aldermanic District:				
	Licensee (Name of individual; partners, or agent, if Corp/LLC):					
-	Shawn Leet					
Section A	Corporation or LLC Name (if applicable):	Business Name:				
큥	Three Sheets 11c	The Stone				
နိ	Three Sheets IIC Business Address (include city, state, zip): 2422 S. Howell Ave, Milwautee, W (Optional) Mailing Address (include city, state, zip):	JI 53207				
	(Optional) Mailing Address (include city,state,zip):	Business Telephone Number: 444 507-8244				
	This request is for the permanent extension of premises for a:	Dicense MALCOHOL license				
	The Current Premises Description is: Tavern - IST Floor,	pazement stotage 4 lant 0				
:	Identify the specific area(s) for which the permanent extension of premises is requested. Check all that apply and list for each the relationship of the area to the premises (example: north side, front, etc.)					
	Sidewalk café (public sidewalk) at the North side of the premises in front of the following s address(es) 3433 S. Howell (area must be contiguous with licensed area and under the licensee's control) (An application for a Siding Dining Facility Permit must also be submitted with this application.)					
m	m ☐ Patio (conćrete surface) at the side of the premises					
	☐Beer garden (soil/grass surface) at the side	of the premises				
Section	☐ Deck (attached to building) at the side of the premises					
S	☐ Addition to the: ☐1 st floor ☐2 nd floor ☐3 rd floor ☐Basement	☐Other:				
	at the side of the premises					
- 4	Other; Describe area(s):					
	Other, Describe drea(s).					
	Does extension area have an additional street address? No Yes If yes, list address: List all type(s) of business(es) that will operate at this location? Xavern Restaurant Other: Describe:					
ပ်	Man					
tio	Signature of Sole Pr	oprietor; a Partner; or if a				
Section C	Corporation or LLC,					
File						
	eue to: DNS(all) MApproved ☐Hold					
	ID (all food) Approved Hold					
∏C Em	CC Food Only (no alcohol) Approved Denied ail to:					
	DPW (sidewalk cafes/parklets)	☐Sidewalk Dining Facility Permit Issued Initials				

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. 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:					
Tavern-sidowalk diwing					
Tavern - Sidewall diwing Do you have any experience operating this type of business? I No I Yes If yes, explain: A coho Liters Sivile 96					
2. Business Operations					
a. Proposed Opening Date:					
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? \(\sum \text{No} \sum \text{Nes} \) If yes, list type of license: \(\lambda \)					
e. Is the current licensee operating? No XYes 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? 💟 No 🔲 Yes If yes, describe:					
3. Litter & Noise					
a. How are grounds kept clean? Sweep Pressure Wash Spick Up Litter Other:					
o. 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. Smoking & Sanitation					
a Are there designated outdoor smoking areas? No X Yes If yes, describe: W FYZ)VVI					
Leasting Bohns Roth Bathrooms, Florage Area					
Outside: Locations: Next to door					
Ves If wes describe:					
d. How many restrooms are on the premises? e. Name of solid waste contractor:Advanced DisposalWaste ManagementOther:					
e. Name of solid waste contractor: Advanced Disposal Waste Management Other:					

5. Security							
a.	Are there onsite parking s	paces? No Yes	If yes, how I	many? an	d describe	the parking security	
4.							
b.	plan:						
c.	Will you have security personnel on premise? \(\sigma^1\)No \(\sigma\) Yes If yes, how many? \(\sigma\) and answer the following:						
	What are their responsibilities?						
d.	Will there be security cam	eras? 🔯 No 🗌 Yes	If yes, how r	many? and list I	locations:		
e.	e. Will searches/identification checks be done upon entry? 🔀 No 🗌 Yes If yes, describe						
6. P	ercentage of Sales	(must total 100%	6)				
Alcoh	ol <u>95</u> %	Food	%	Secondhand Merchandise	e	Precious Metals & Gems	
Enter	tainment%	Cigarettes	%			%	
Pawnbroker Activity%		Salvaged Materials	. Dody piercing, salon, tallo		or,	Other% Describe:	
			th as scrap metal) tanning, etc.)		%	Describe	
7. B	usinesses/Licenses	on the Premises	s (check a	all that apply):			
Type	1 Full Service Restaurant	☐ Cafe/Coffee Shop ☐ Deli or Fast Food Restaurant ☐ Private/Fraternal/Veterans Clu		/Fraternal/Veterans Club			
	Nighṭ Club	🔀 Tavern	Cocktail	Lounge	Teen Club		
	Banquet Hall	Sports Facility	Bowling	Alley			
	Hotel/Motel: Number of Flo	ors:	Roomin				
	Number of Ro	oms:		Number of Roo	oms:		
Type	2 Liquor Store	☐ Corner Store ☐ Supermarket		arket	Convenience Store		
	Gas Station	Amusement/Phonograph Distribut				ing, Salvage or Towing	
	Used Car Dealer	Personal Service Establishment (such as tattoo business, hair salon, tailor, etc.)			Recording Studio		
Wh	What other licenses/permits will you hold at this location? (check all that apply)						
Occupancy Permit Cigarette & Tobacco Gas Station Extended Hours Class "B" Tavern Weights & Measures							
Secondhand Dealer Precious Metal & Gem Other:							
8.	Legal Capacity (onl	y if a Type 1 pre	mises in i	#7 above)			
Capa	-7 <i>a</i>			4-286-8211 if you have que	estions.)		

9. Premises D						
'⊋1 st Floor □:	a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage): □ 1 st Floor □ 2 nd Floor □ Basement Storage □ Patio □ Beer Garden □ Sidewalk Café □ Deck □ Rooftop					
	ibe:					
b. Describe Locati	on: Major Thoroughfare	Secondary Street Ot	her:			
	Nearest Major Cross Street: WV)SON					
d. Describe Buildi	ng: 🖄 Free Standing Buildir	ng 🔲 Strìp Mall 🔲 Other:				
e. Describe Premi	ses Structure: 🔲 Single Sto	ry Multi-Story - # of Stor	ries $\frac{5}{4}$ Other:	1		
f. Describe Surro	unding Area: Commercia	I Residential Industr	ial 🔯 Other: 🖊 🖊 🕮	V 27 9 1 10 1	2	
g. Building Owner	Name: COST ROCK	Hor Ave	Phone Number: <u>4794</u>	30/079	.0	
Building Owner	Address: 319 EU	Mbor Ave				
10. Hours of O	peration & Custo	mers				
Will customers be ente	ering the premises? 🔲 No 🤫	⊠ ∖Yes				
D 64b - Mack	Proposed Hour	s of Operation:	Estimated Number of Customers	Potential Age Range	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')	
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		
Sunday	10:30 AM	2:00 am	60	21-100	None	
Monday		2100 am				
Tuesday						
Wednesday						
Thursday						
Friday		2:30 am				
Saturday		2:30am	7			
An Extended Hours Es piercing, salon, tailor,	tablishment License is requi tanning, etc.), recording stu	red for any convenience stor dio or restaurant which is op	re, filling station, persona en between the hours of	l service establish 12:00 a.m. and 5	ment (such as tattoo, body :00 a.m.	
Alcohol Establishmen Permitted Hours of O	peration: Class B: 6:00	am to 9:00 pm Sunday thru am to 2:00 am Sunday thru	Thursday, 6:00 am to 2:3			
Entertainment Outdo	or Closing Hours: 10:0	Opm Sunday-Thursday; 12:0 tablished by the Common Co	Oam Friday & Saturday; u ouncil in its approval of th	nless a different ne licensee's plan	time, either earlier or later, of operation.	
11. Signature	(s) /					
	9/10/					
Signature of Sole Pro	orietor, Partner, or 20% or m 0% or more shareholders,	ore Shareholder	Signature of additional p	partner or 20% or	more shareholder	
	r-print name/title and sign)					

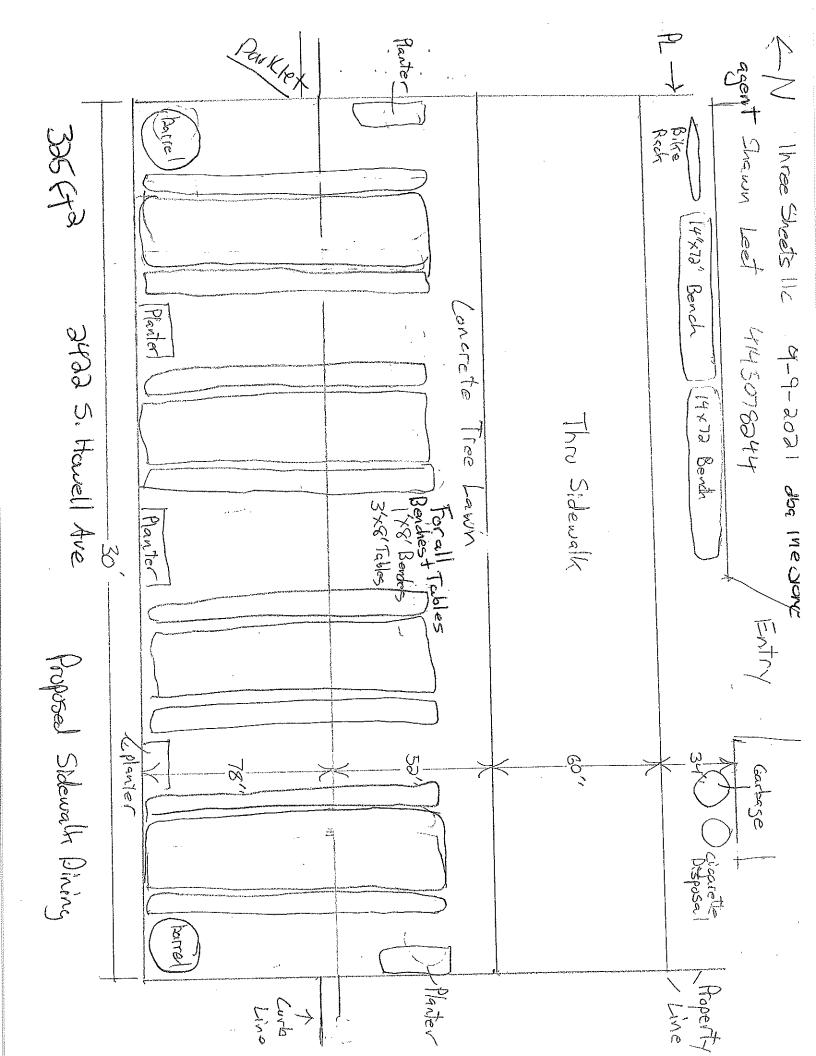
ccl-side1 2/21/18

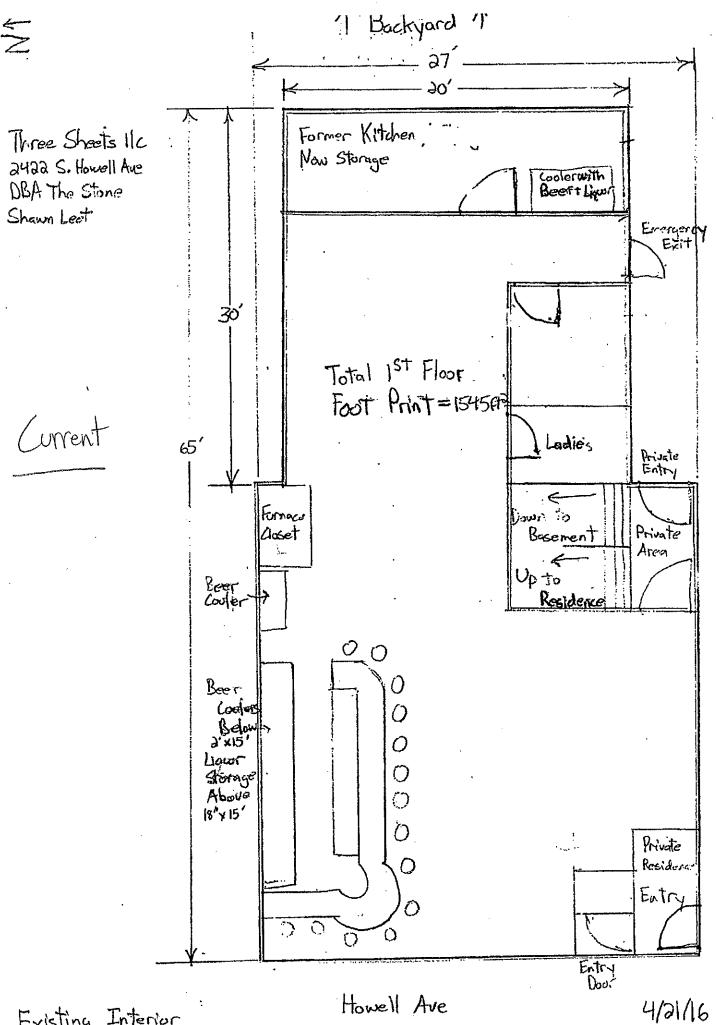


Sidewalk Dining Facility Supplemental Application

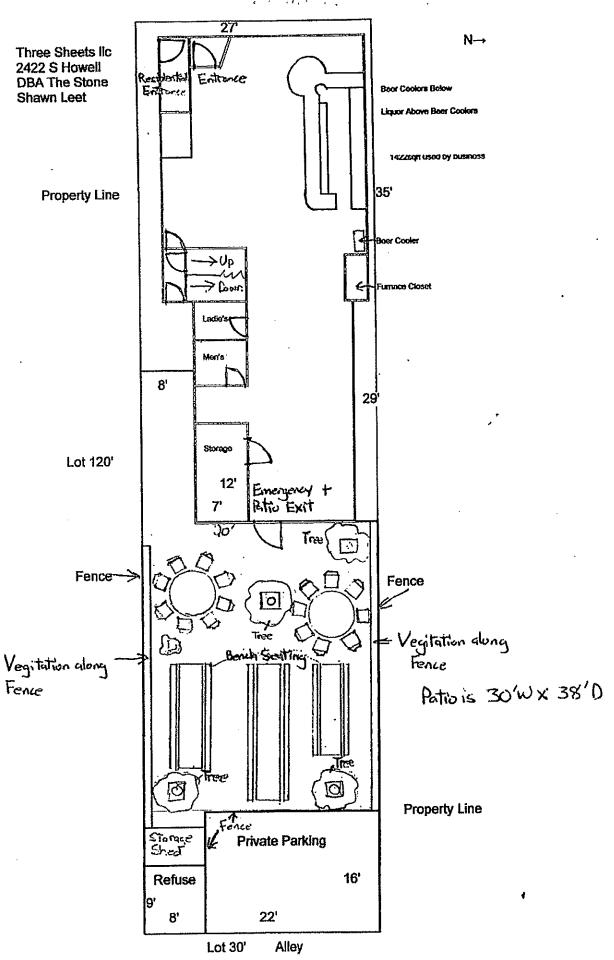
Office of the City Clerk License Division
200 E. Wells St. Room 105, Milwaukee, WI 53202
(414) 286-2238 www.milwaukee.gov/license e-mail address: license@milwaukee.gov

Business Name: Three Sheets 116	Aldermanic District # 4
11 5 2012	
Business Operations	
Check one: [] I/we are also applying for Food/Alcohol license(s) at this time.	
☑J/we currently hold Food/Alcohol license(s) AND	
confirm that the Business Plan of Operation on file which was prev Alcohol application has not changed, except for the addition of thi	viously submitted with the Food and/or is sidewalk dining facility.
have included a new Business Plan of Operation reflecting request	red changes.
Sidewalk Dining Facility will operate from: Start Date:to E	nd Date:
Will any food preparation be done outdoors? '∑∫No ☐Yes	
If yes, describe:	
Will any sidewalk dining facility improvements be physically attached to public structure	
If yes, describe:	
Property Owner	
Check one: Applicant owns the property	
Property owner's information/signature provided below (REQUIRED): Name: Phone	#
Name: Thomas	
Property Owner's Signature:	
Signature(s)	
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)	onal partner or 20% or more shareholder
Office Use only: Initials Filed 8 100 App # 327977	
Processing LS: Queue to: HD DNS CC Email To: DPW Primary L	S
Also:holdsis applying for:FoodAlcoholPerm Ext	





Existing Interior



Page 1