

PD

**RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk. Read instructions on reverse side. BTAVN 207960  
For the license period beginning 2/21/2021; ending 2/20/2022

TO THE GOVERNING BODY of the CITY OF MILWAUKEE, MILWAUKEE COUNTY

Aldermanic District No. 12 OROZCO, Ramon, Agent

Type of Legal Entity: Corporation

Complete A or B. All must complete C.

A: Individual or Partnership:

B: Full name of Corporation/Nonprofit Organization/Limited Liability Company: 3 HERMANOS, INC

Applicant's Wisconsin Seller's Permit Number: 456-0000496764-04	
Federal Employer Identification Number (FEIN):	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A Beer	\$
<input type="checkbox"/> Class B Beer	\$
<input type="checkbox"/> Class C Wine	\$
<input type="checkbox"/> Class A Liquor	\$
<input type="checkbox"/> Class A Liquor (cider only)	N/A
<input type="checkbox"/> Class B Liquor	\$
<input type="checkbox"/> Reserve Class B Liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

C. 1. Trade Name ▶ 3 Hermanos Club Business Phone Number (414) 384-9050

2. Address of Premises ▶ 1332 W LINCOLN AV Post Office & Zip Code ▶ MILWAUKEE WI 53215

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for sales, service, consumption and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

**1ST FLOOR & 2ND FLOOR-BASEMENT STORAGE**

5. Legal description (omit if street address is given above): \_\_\_\_\_

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any municipality? If yes, complete the reverse side  Yes  No

b. Are **charges for any offenses presently pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license?  Yes  No  
If yes, complete the reverse side \_\_\_\_\_

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license?  Yes  No

If yes, explain. \_\_\_\_\_

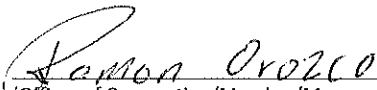
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax Return of the licensee?  Yes  No  
If not, explain. \_\_\_\_\_

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin State Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitted false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

**TO BE COMPLETED BY CLERK:**

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk



# BUSINESS RENEWAL APPLICATION

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

Licenses Being Renewed:  
BTAVN 207960 FREST 13954 PEP 6459  
Filing Deadline: 12/10/2020  
\$75.00 Late Fee Assessed After 1/1/2021

Office Use Only:	App # _____
N Objs No _____ Yes _____	Chgs _____
Filed _____	Initials _____
Paid _____	MPD _____
Granted _____	Lic # _____
AD 12	

### BUSINESS CONTACT INFORMATION

Section 1	Legal Entity Name :3 HERMANOS, INC	Trade/DBA:3 Hermanos Club
	Phone:(414) 384-9050	E-mail:
	Premises Address (include city/state/zip): 1332 W LINCOLN AV MILWAUKEE WI 53215	
	Mailing Address (include city/state/zip): 1332 W LINCOLN AV MILWAUKEE WI 53215	

### AGENT OF CORP/LLC/NONPROFIT / SOLE PROPRIETOR / 1<sup>ST</sup> PARTNER

Section 2	FULL LEGAL NAME (Last, First & Middle Initial): OROZCO, Ramon, Agent	Date of Birth: 07-07-1970
	Home Address (include city/state/zip): 2125 S 35th St MIL WI 53215	
	Driver's License Number/State ID #: 0620-7207-0247-06 State: WI	
	Percent % of Ownership Interest: 100%	Home Phone: 4143849050 Cell Phone: 4144660096

### LIST ALL PERSONS WITH 20% OR MORE OWNERSHIP INTEREST / ADDITIONAL PARTNER(S)

Section 3	FULL LEGAL NAME (Last, First & Middle Initial):	Date of Birth:	
	Home Address (include city/state/zip):		
	Driver's License Number/State ID #: [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] - [ ] [ ] State: _____		
	Percent % of Ownership Interest:	Home Phone:	Cell Phone:
	FULL LEGAL NAME (Last, First & Middle Initial):	Date of Birth:	
	Home Address (include city/state/zip):		
	Driver's License Number/State ID #: [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] - [ ] [ ] State: _____		
	Percent % of Ownership Interest:	Home Phone:	Cell Phone:

Check if there are additional persons with 20% or more ownership interest or partners. Complete additional sheets as necessary.

### REQUIRED SIGNATURE

Section 4	1. The undersigned understands that applicants are required to inform the City Clerk within 10 days of any changes in any of the information supplied in this application.
	2. The undersigned has knowledge of the City Ordinances currently regulating the license applied for herein, and understands that the license may be subject to suspension, non-renewal or revocation, if the applicants violate any rule or regulation relating to the license.
	3. The undersigned understands that applicants shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; and shall not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.
	4. I/we state that this application for a license is not made for and behalf of any other person and that the applicant is not acting as an agent for, or in the employ of another.
Sole Proprietor, a Partner, or if a Corporation or LLC, the agent must sign: <u>Ramon Orozco</u>	

Office Use Only:  
Current License:  New  Renewal      Granted:  No Issues  WL  Suspension \_\_\_\_\_  Other \_\_\_\_\_

## 2021-2022 Plan of Operation for 1332 W LINCOLN AV

<b>1. Litter &amp; Security Plans</b>			
How are the grounds kept clean? <input checked="" type="checkbox"/> Sweep <input type="checkbox"/> Pressure Wash <input checked="" type="checkbox"/> Pick Up Litter <input type="checkbox"/> Other:			
How often will grounds be cleaned? <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other:			
Who cleans the grounds? <input type="checkbox"/> Licensee <input type="checkbox"/> Building Owner <input checked="" type="checkbox"/> Employees <input type="checkbox"/> Hired Maintenance <input type="checkbox"/> Other:			
How are noise issues prevented and/or addressed? <input checked="" type="checkbox"/> Security <input checked="" type="checkbox"/> Manager approaches customer(s) <input type="checkbox"/> Call Police <input checked="" type="checkbox"/> Signs Posted <input type="checkbox"/> Other:			
Are there designated outdoor smoking areas? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, Describe: <u>cigarette container in patio</u>			
Number of garbage cans: Inside <u>6</u> Locations: <u>kitchen and bars</u> Outside <u>1</u> Locations: <u>patio</u>			
Is a crowd control barrier used? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Describe:			
Number of restrooms: <u>7</u>		Name of solid waste contractor: <u>eagle disposal</u>	
Are there parking spaces on the premises? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, list number of spaces: <u>10</u> and describe security plans:			
Are there designated loading areas? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, describe security plans:			
Do you have security personnel on the premise? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, how many? <u>2</u> AND What are their responsibilities? <u>Search for minors 10-5 Make sure no fire arms</u> What security equipment do they use? <u>hand pad.</u> List their licensing, certification or training credentials: _____			
Are there security cameras? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, list all locations: <u>Parking bars and dining rooms</u>			
Are searches and/or identification checks conducted upon entry? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, describe: <u>Security guards</u>			
<b>2. Percentage of Sales (must total 100%)</b>			
Alcohol <u>30</u> %	Food Sales <u>70</u> %	Entertainment _____ %	Other _____ %
<b>3. Businesses On The Premises (choose all that apply):</b>			
<input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Cafe/Coffee Shop <input type="checkbox"/> Cocktail Lounge <input type="checkbox"/> Convenience Store <input checked="" type="checkbox"/> Night Club <input type="checkbox"/> Liquor Store <input checked="" type="checkbox"/> Tavern <input checked="" type="checkbox"/> Sports Facility <input type="checkbox"/> Hotel <input checked="" type="checkbox"/> Banquet Hall <input type="checkbox"/> Supermarket <input type="checkbox"/> Private/Fraternal/Veterans' Club <input type="checkbox"/> Other:			
<b>4. Hours of Operation and Age Restriction</b>			
Are there any changes to the current hours of operation or age restriction? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Describe:			
<p><b>Please Note:</b> If you will be open earlier or later than the hours listed on your current license for even one event or holiday (for example, St. Patrick's Day, Brewers Opening Day, etc.) during the license period, this must be reported and printed on your license. Your hours of operation and age restriction are listed on your current license.</p>			
<b>5. Floor Plan and Capacity</b>			
Are you requesting any changes to your capacity or floor plan*? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe: _____ and submit a new floor plan with this renewal application. A sample plan can be found online at <a href="http://www.milwaukee.gov/licenses">www.milwaukee.gov/licenses</a> under License Forms and Related Information.			
Alcohol/Food Establishments: A "Permanent Extension of Premises Application" is required if you are adding any square footage to the licensed premises.			
<b>6. Sidewalk Dining: Fee:</b>			
Are there any changes to the sidewalk dining site plan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, submit an updated site plan with this application.			
<b>7. Food License: FREST 13954 Fee: \$1,250.00</b>		<b>8. Weights and Measures: Fee:</b>	
Your current food license includes the following food operations: DHS - COMPLEX, Sales \$200,001 - \$2,000,000, Tavern Restaurant Are there any changes to your food operations as listed above? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if Yes, explain _____		Number/Type of Devices: Are there any changes to the number or types of devices? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, contact our office for further instructions.	

**1. CURRENT APPROVED ENTERTAINMENT**

The following types of entertainment have been approved for your current Public Entertainment Premises license:

Disc Jockey, Patron Contests, Karaoke, Patrons Dancing, Instrumental Musicians, Bands

**2. ADDING ENTERTAINMENT**

If applicable, check any entertainment you wish to add: **ONLY CHECK ENTERTAINMENT TYPE(S) YOU ARE ADDING. YOUR CURRENT APPROVED ENTERTAINMENT IS LISTED ABOVE.**

- |   |  |  |   |
|---|--|--|---|
| <input checked="" type="checkbox"/> Instrumental Musicians                                | <input checked="" type="checkbox"/> Bands                      | <input type="checkbox"/> Battle of the Bands                   | <input type="checkbox"/> Comedy Acts  |
| <input checked="" type="checkbox"/> Disc Jockey   | <input type="checkbox"/> Magic Shows                           | <input type="checkbox"/> Poetry Readings                       | <input type="checkbox"/> Dancing by Performers                                |
| <input type="checkbox"/> Jukebox  | <input type="checkbox"/> Wrestling                             | <input type="checkbox"/> Patron Contests                       | <input checked="" type="checkbox"/> Patrons Dancing                           |
| <input type="checkbox"/> Adult Entertainment/<br>Strippers/Erotic Dance                   | <input checked="" type="checkbox"/> Karaoke                    | <input type="checkbox"/> Bowling Alley<br>How many? _____      | <input type="checkbox"/> Pool Tables<br>How many? _____                       |
| <input type="checkbox"/> Motion Pictures (movies by admission)<br>How many screens? _____ | <input type="checkbox"/> Amusement Machines<br>How many? _____ | <input type="checkbox"/> Concerts<br>Approx. # per year? _____ | <input type="checkbox"/> Theatrical Performances<br>Approx. # per year? _____ |
| <input type="checkbox"/> Other: _____   |  |  |   |

No entertainment changes can take place until approved by Common Council and a new license has been issued and posted on the premises.

**3. REMOVING ENTERTAINMENT**

If applicable, list any entertainment you wish to remove:

*none*

**4. PROMOTERS/SOUND AMPLIFICATION**

Will promoters ever be used for any of the entertainment?  No  Yes If Yes, Describe:

At any time will sound amplification be used?  No  Yes If Yes, Describe:

**5. SIGNATURE**

I understand that after the license has been issued, a change to the plan of operation will require a written request to change and approval from the Common Council.

I agree to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application.

I understand that I shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; and shall not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.

I have knowledge of the City Ordinances currently regulating public entertainment, and understand that the license may be subject to suspension, non-renewal or revocation, if I violate any rule, law or regulation of the city of Milwaukee and State of Wisconsin.

(Signature of Sole Proprietor, a Partner, or if a Corporation or LLC, the Agent must sign)