



Village of
Elm Grove

VILLAGE OF ELM GROVE APPLICATION FOR PLAN OF OPERATION AND CHANGE OF USE/AMENDMENT TO EXISTING OPERATION

**** This document is a matter of public record and may be viewed upon request**
\$50.00 APPLICATION FEE DUE AT TIME OF SUBMISSION**

Business Information:

Name of Proposed Business: **Elm Grove Burger, LLC**

Business Federal Tax Identification Number: **88-4250283**

Address of Proposed Business: **15280 W Bluemound Rd, Elm Grove, WI 53122**

Unit #:

Property Tax Key: **EGV 1111024001**

Business Owner Information:

Name: **Ricky Brice**

Mailing Address: **PO Box 591, Rhinelander, WI 54501**

Unit #:

Business Phone #:

Cell Phone #: **[REDACTED]**

Email Address: **[REDACTED]**

Property Owner/Registered Agent Information:

Name: **Shecterle Commercial Properties 7 LLC**

Mailing Address: **PO Box 1205, Brookfield, WI 53008-1205**

Unit #:

Business Phone #:

Cell Phone #:

Email Address:

Business Use Information (attach additional sheets if necessary):

1. Explanation of Proposed Business (e.g. use of building/property):

There is an existing Culver's drive-thru restaurant located at the property. The client intends to convert the single lane drive-thru to a double lane drive-thru. The proposed work includes slight curb and gutter modifications, pavement restoration, and the addition of menu board & OCS system + electrical conduit.

2. Total Number of Employees/Number of Employees on Largest Work Shift:

Total Number of Employees: 68 (both full and part time)

Total Number of Employees on Largest Work Shift: 25

3. Hours of Operation (for each day of the week):

Mon: 10 AM - 10 PM Tues: 10 AM - 10 PM Wed: 10 AM - 10 PM Thurs: 10 AM - 10 PM Fri: 10 AM - 10 PM Sat: 10 AM - 10 PM Sun: 10 AM - 10 PM

Business Use Information (Continued):

4. Customer Load:

Daily Average: 800

Daily Peak: 150

5. Will you be submitting for signage? (If yes, your proposal must meet Building Board specifications—see Zoning Administrator)

Yes

No

6. Will there be a dumpster located on the property? (If yes, it must be screened from the street and all neighboring properties, per Village Ordinance—see Zoning Administrator)

Yes

No

7. Expected Date of Occupancy:

N/A - Existing Restaurant

Site Plan Information: Provide representation of the following: ingress; egress; parking arrangement; landscaping; loading docks/stalls; refuse/recycling receptacle storage; equipment/materials storage; accessory structures.

(If a site plan has been previously filed with the Village, please indicate below and reference the date of submittal.)

Floor Plan Information: Provide identification of offices, conference rooms, display areas and storage areas. List all other occupants within the building, their business and parking requirements (may be provided by building owner).

Building Permits: Repairs, alterations, or mechanical work to any structure or tenant space may require permits. Please contact the Village Building Inspector Mike Hadley for questions. Email: mhadley@safebuilt.com / Phone: (262) 212-8615.

Approval of the Plan of Operation and Site Plan Review will NOT be granted without receipt of this completed form at least 20 business days prior to a regularly scheduled Plan Commission meeting (first Monday of each month).

Applicant Name (Print): Ricky Brice

Applicant Signature: *Ricky Brice*

Date: 2/10/26

Property Owner/Registered Agent Name (Print): Ricky Brice

Property Owner/Registered Agent Signature: *Ricky Brice*

Date: 2/10/26

Signature of this document denotes review of and agreement to the content of this form and the requirements of Section 335-85.

FOR INTERNAL OFFICE USE ONLY:

Form and Payment Received:	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Initial: <u>ES</u>	Date:	Copies provided to: <input checked="" type="checkbox"/> Building Inspector <input checked="" type="checkbox"/> Assessor <input checked="" type="checkbox"/> Village Clerk <input checked="" type="checkbox"/> Fire Inspector <input checked="" type="checkbox"/> Fire Chief <input checked="" type="checkbox"/> Police
Form Complete:	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Initial: <u>ES</u>	Date:	
Photo ID Verification:	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Initial: <u>ES</u>	Date:	
Lease Verification w/ Property Owner:	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Initial: <u>ES</u>	Date:	
Zoning Administrator Review:	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Initial: <u>ES</u>	Date:	

CONDITIONS OF APPROVAL:

APPROVED DENIED

*THIS FORM IS NOT VALID UNLESS STAMPED AND SIGNED BY THE VILLAGE

AUTHORIZED SIGNATURE