



**CITY OF SHEBOYGAN**

**APPLICATION FOR  
CONDITIONAL USE**

Fee: \$250.00 \_\_\_\_\_

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

Zoning: \_\_\_\_\_

Read all instructions before completing. If additional space is needed, attach additional pages.

**SECTION 1: Applicant/ Permittee Information**

Applicant Name (Ind., Org. or Entity) Claw Lounge LLC	Authorized Representative Mai See Yang	Title Member	
Mailing Address 232 Auburn Dr.	City Sheboygan Falls	State WI	ZIP Code 53085
Email Address [REDACTED]	Phone Number (incl. area code) [REDACTED]		

**SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)**

Applicant Name (Ind., Org. or Entity) Chamberlain World Trade LLC	Contact Person Kyle Kaufman	Title owner	
Mailing Address 1099 Creeks Cross Ct.	City Kohler	State WI	ZIP Code <del>53001</del> 53044
Email Address [REDACTED]	Phone Number (incl. area code) [REDACTED]		

**SECTION 3: Project or Site Location**

Project Address/Description 931 N. 8th St Sheboygan, WI 53081	Parcel No.
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**SECTION 4: Proposed Conditional Use**

Name of Proposed/Existing Business:	Claw Lounge LLC
Existing Zoning:	Central commercial
Present Use of Parcel:	
Proposed Use of Parcel:	indoor commercial entertainment
Present Use of Adjacent Properties:	QPS

**SECTION 5: Certification and Permission**

**Certification:** I hereby certify that I am the owner or authorized representative of the owner of the property which is the subject of this Permit Application. I certify that the information contained in this form and attachments is true and accurate. I certify that the project will be in compliance with all permit conditions. I understand that failure to comply with any or all of the provisions of the permit may result in permit revocation and a fine and/or forfeiture under the provisions of applicable laws.

**Permission:** I hereby give the City permission to enter and inspect the property at reasonable times, to evaluate this notice and application, and to determine compliance with any resulting permit coverage.

Name of Owner/Authorized Representative (please print) Kyle Kaufman	Title Owner	Phone Number (920) 287-1045
Signature of Applicant [Signature]	Date Signed 5/4/26	

Complete application is to be filed with the Department of City Development, 828 Center Avenue, Suite 208. To be placed on the agenda of the City Plan Commission, application must be filed three weeks prior to date of meeting – check with City Development on application submittal deadline date. Applications will not be processed if all required attachments and filing fee of \$250 (payable to the City of Sheboygan) are not submitted along with a complete and legible application. Application filing fee is non-refundable.