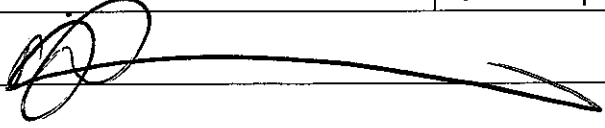
	CITY OF SHEBOYGAN APPLICATION FOR CONDITIONAL USE	Fee: \$250.00 Review Date: _____ Zoning: _____
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Read all instructions before completing. If additional space is needed, attach additional pages.

SECTION 1: Applicant/ Permittee Information			
Applicant Name (Ind., Org. or Entity) SHEBOYGAN REAL ESTATE ENTERPRISES LLC	Authorized Representative Roman Draughon	Title Owner Operator	
Mailing Address 1702A S 17th St	City Sheboygan	State WI	ZIP Code 53081
Email Address thulurage@gmail.com		Phone Number (incl. area code) 920-377-0851	
SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)			
Applicant Name (Ind., Org. or Entity)	Contact Person	Title	
Mailing Address	City	State	ZIP Code
Email Address		Phone Number (incl. area code)	
SECTION 3: Project or Site Location			
Project Address/Description 1702 S. 17th St. Sheboygan, WI 53081		Parcel No. 59281414820	
SECTION 4: Proposed Conditional Use			
Name of Proposed/Existing Business:	Limelight Pub		
Existing Zoning:	Neighborhood Commercial District		
Present Use of Parcel:	Tavern/Pub		
Proposed Use of Parcel:	Tavern/Pub		
Present Use of Adjacent Properties:	Residential		
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) Roman Draughon	Title Owner/Operator	Phone Number 920-377-0851	
Signature of Applicant 		Date Signed 04/8/24	

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.