

**City  
of  
Milwaukee**

ccl-109 (09/23/08)

# APPLICATION AMENDMENT

OFFICE OF THE CITY CLERK LICENSE DIVISION  
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202  
(414) 286-2238 EMAIL: [LICENSE@MILWAUKEE.GOV](mailto:LICENSE@MILWAUKEE.GOV)

Date: 3-2-09

## To the License Division of the City of Milwaukee:

I, AMARJIT S. SANDHAR, wish to amend my answer(s) on the application for  
(your full legal name - print or type)

a 24 HRS license at 2173 N. 35 ST  
(type of license) (premise address)

## by adding or amending the following information:

1. Answer to Question(s) # B should be: YES (NEW CAMERA INSTALLED)  
VCR CAMERA NOT HAVE TAPS, NEW ORDINANCE REQUIRE DVR CAMERA
2. Agent should be: \_\_\_\_\_ Also complete 3, 4 & 5
3. Date of birth should be: \_\_\_\_\_
4. Home address should be: \_\_\_\_\_
5. Home phone number should be: \_\_\_\_\_
6. Corporation/LLC name should be: \_\_\_\_\_
7. Business name should be: \_\_\_\_\_
8. Business address should be: \_\_\_\_\_
9. Business phone number should be: \_\_\_\_\_
10. Premises description should be: \_\_\_\_\_
11. Location where vehicle will be parked should be: \_\_\_\_\_
12. Age Distinction should be (for Class B Taverns only): \_\_\_\_\_
13. Other: \_\_\_\_\_

Subscribed and sworn to before me

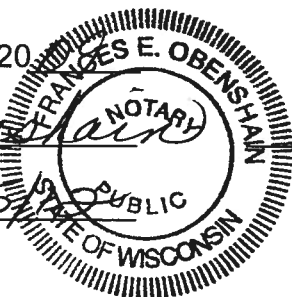
this 2nd day of March 2009

Frances E. Obenshain

Notary Public - State of Wisconsin

My Commission expires 08/05/12

Notary Seal must be affixed



Amarjit S. Sandhar

Signature

(individual/partner/agent/officer/member)

DL# 5536-0175-501104

exp 1/11/16

## Office Use Only:

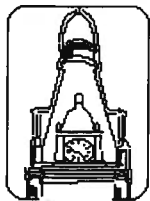
License Number: 24hrs 1304 Date received \_\_\_\_\_ Initials \_\_\_\_\_

Date entered in system \_\_\_\_\_ Initials \_\_\_\_\_

Date copy sent to LIU \_\_\_\_\_ Initials \_\_\_\_\_

Relisting for police report needed? ☐ Yes ☐ No If yes, date given to LC \_\_\_\_\_ Initials \_\_\_\_\_

Date LC faxed to NS \_\_\_\_\_ Initials \_\_\_\_\_



**City  
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# EXTENDED HOURS ESTABLISHMENT LICENSE RENEWAL APPLICATION - CORPORATION/LLC

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](mailto:LICENSE@MILWAUKEE.GOV)  
[WWW.MILWAUKEE.GOV/LICENSE](http://WWW.MILWAUKEE.GOV/LICENSE)

ccl-264c (1/09)

[!] **Late Fee:** A \$35 late fee is applied to any renewal application filed after filing deadline.

24HRS 1053

AMARJIT S SANDHAR, AGENT  
SANDHAR CORPORATION  
2173 N 35TH ST  
MILWAUKEE, WI 53208

[!] If type of legal entity has changed, then you must file a new application form (ccl-264b).

## ► IDENTIFY TYPE OF ENTITY HOLDING LICENSE.

Check (✓) one and complete the application in its entirety.

☐ INDIVIDUAL ☐ PARTNERSHIP ☒ CORPORATION OR LLC

[!] If the name of the corporation or LLC has changed, then you must file a new license application form (ccl-264b).

## (1) ► IDENTIFY NAME OF CORPORATION OR LLC.

Full Name of Corporation or Limited Liability Company:  
**SANDHAR CORPORATION**

## (2) ► IDENTIFY AGENT OF CORPORATION OR LLC.

Full Legal Name (Last, First & Middle Initial):

**SANDHAR, AMARJIT. S.**

Home Address (include City, State & Zip Code):

**1220-W MANOR LN, RIVERHILLS-WI-53217**

Home Phone Number: **(414) 507-6938**

Date of Birth:

**01-11-1955**

Stockholder ☒

% of Stock: **100%**

## (3) ► PRESIDENT OR LLC MEMBER 1.

Full Name (Last, First & Middle Initial):

**SANDHAR, AMARJIT. S.**

Home Street Address:

**1220-W MANOR LN**

Home City, State, Zip Code:

**RIVERHILLS-WI-53217**

Home Phone Number: **(414) 507-6938**

Date of Birth:

**01-11-1955**

Stockholder: ☒ Percentage of Stock: **100%**

## (4) ► VICE PRESIDENT OR LLC MEMBER 2.

Full Name (Last, First & Middle Initial):

**SANDHAR AMARJIT. S.**

Home Street Address:

**1220-W MANOR LN**

Home City, State, Zip Code:

**RIVERHILLS-WI-53217**

Home Phone Number: **(414) 507-6938**

Date of Birth:

**01-11-1955**

Stockholder: ☒ Percentage of Stock: **100%**

## (5) ► SECRETARY OR LLC MEMBER 3.

Full Name (Last, First & Middle Initial):

Home Address:

Home City, State, Zip Code:

Home Phone Number: **(Same as Agent)**

Date of Birth:

Stockholder: ☐ Percentage of Stock: **%**

Full Name (Last, First & Middle Initial):

Home Address:

Home City, State, Zip Code:

Home Phone Number: **(Same as Agent)**

Date of Birth:

Stockholder: ☐ Percentage of Stock: **%**

Continued on Page 2 ►►

Office Use Only: Initials: **JS**

Filed: **MAR - 3 2009**

AD: **15**

☐ Class B Establishment

License #: **1304**

Granted: **APR 14 2009**

Issued: **APR 14 2009**

Changes in hours of operation ☐ Yes ☐ No (Note changes on receipt)

C Cont.	<b>(7) ► IDENTIFY ANY ADDITIONAL STOCKHOLDERS OWNING 20 % OR MORE STOCK, ATTACH ADDITIONAL PAGES IF NECESSARY.</b>		
	Full Legal Name (Last, First & Middle Initial):		Home Address (include City, State & Zip Code):
	Home Phone Number: ( <del>none</del> ) -	Date of Birth: <del>none</del>	Stockholder <input type="checkbox"/> % of Stock: %

D	<b>► IDENTIFY CONVICTIONS OF APPLICANTS.</b>		
	Has any person listed in Sections B to C on this application been convicted within the last year of violating any federal laws, state statutes or city ordinances? Check (✓) one: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If Yes, then list below the names of the persons convicted, dates of convictions, violations, and penalties imposed. <u>NO T REMEMBER</u>		
Attached additional sheets, if necessary.			

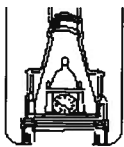
E	<b>(1) ► IDENTIFY BUSINESS TRADE NAME AND ADDRESS.</b>	
	Business Trade Name: <b>MARATHON #5</b>	Business Phone Number: <b>(414) - 447-0342</b>
	Business Address (include City, State, Zip code): <b>2173 N 35TH ST MILWAUKEE, WI 53208</b>	
	<b>(2) ► IDENTIFY OPTIONAL MAILING ADDRESS.</b>	
Mailing Address (include City, State, Zip code): <b>SAME AS SECTION E</b>		

F	<b>(1) ► DECLARATIONS, ACKNOWLEDGEMENTS AND DISCLOSURES.</b>	
	1. The undersigned agrees to inform the City Clerk within 5 days of any substantial changes in the information supplied in this application.	
	2. 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.	
	3. The undersigned understands that the filing of an application does not entitle applicants to licenses, and that granting of licenses is in the sole discretion of the Common Council.	
	4. 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 this license.	
5. The undersigned, being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.		

<b>(2) ► NOTARIZED SIGNATURE OF APPLICANT.</b>	
SUBSCRIBED AND SWORN TO BEFORE ME THIS	
<u>19</u> day of <u>Feb</u> , 20 <u>20</u>	► <u>[Signature]</u> Signature of Officer/Member/Agent
<u>[Signature]</u> Notary Public, State of Wisconsin	► _____ Print Name
My commission expires <u>7/20/29</u>	<u>AMARJIT S SANDHRA</u>
[!] Notary seal must be affixed.	

**[!] Reminder:**

1. Enclose a check or money order for the license fee in the amount of \$200 made payable to: City of Milwaukee.
2. Incomplete applications and applications submitted without the \$200 license fee or required notarized signatures will be returned.
3. Any person listed on the renewal applications as a NEW agent, officer, member, or 20% shareholder must be fingerprinted.



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# PLAN OF OPERATION, EXTENDED HOURS ESTABLISHMENT

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

## ▶ IDENTIFY NAME OF LEGAL ENTITY AND ADDRESS.

Legal Entity: **SANDHAR CORPORATION**

Business Address (include City, State, Zip code):

**2173 N 35TH ST  
MILWAUKEE, WI 53208**

## ▶ IDENTIFY OTHER LICENSES HELD, OCCUPANCY LIMIT, AND PARKING SPACES.

(1) What other types of licenses or permits do you, or will you, hold at this location? Check (✓) all that apply.

☒ Occupancy Permit ☒ Gas Station ☒ Cigarette ☒ Food ☐ Class "B" Tavern ☒ Other: List ▶ \_\_\_\_\_

[!] Restaurants Only.

(2) Legal Occupancy Limit/Capacity ▶ \_\_\_\_\_

[!] Restaurants or Personal Service Establishments Only.

(3) Number of Off-Street Parking Places ▶ \_\_\_\_\_

## ▶ IDENTIFY HOURS OF OPERATION AND NUMBER OF CUSTOMERS EXPECTED.

For Each Day of the Week...	(1) List Current Hours of Operation (Ex. 8:00 a.m. to 1:30 a.m.; or 24 Hours)	(2) List Proposed Hours of Operation (Ex. 8:00 a.m. to 1:30 a.m.; or 24 Hours)	(3) List Number of Customers Expected
Sunday	5 AM To 4 AM	5 AM To 4 AM	7W -
Monday			7W -
Tuesday			2W -
Wednesday			8W -
Thursday			9W -
Friday			1W -
Saturday			1W -

## ▶ IDENTIFY PLANS FOR SECURITY, LITTER AND NOISE.

Describe your plans for providing security at the premises:

WE HAVE CAMERA INSTALLED ON THE PROPERTY  
WE HAVE ONE SECURITY PERSON WHO WATCH CAMERAS INSIDE

Check (✓) all answers that apply for each question listed below.

(1) Who is responsible for keeping the grounds clean of litter and debris? ☒ Licensee ☐ Building Owner

☐ Employees ☐ Hired Maintenance ☐ Other: List ▶ \_\_\_\_\_

(2) How will the responsible party keep the grounds clean of litter and debris? ☒ Sweep ☐ Pressure Wash

☒ Pick Up Litter ☒ Garbage Cans Outside ☐ Other: List ▶ \_\_\_\_\_

(3) How often will the grounds be cleaned of litter and debris? ☒ Daily ☐ Weekly ☐ Other: List ▶ Two Times

(4) In what manner will issues related to noise be addressed? ☒ Security ☒ Call police ☐ Signs posted

☒ Manager approaches customer(s) ☐ Other: List ▶ ALL OF THE ABOVE

## ▶ NOTARIZED SIGNATURE OF APPLICANT.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

19 day of Feb 2009

[Signature]  
Notary Public Signature

My Commission expires: 5/1/09

Applicant's Name: ▶ AMARJIT S SINGH  
(Please Print)

Applicant's Signature: ▶ [Signature]

Office Use Only: Initials JS License # 13041  
If changes occur during license period, then also list: Filed \_\_\_\_\_ Granted \_\_\_\_\_ Issued \_\_\_\_\_