



CITY OF MILWAUKEE  
OFFICE OF THE CITY CLERK

Tuesday, January 11, 2022

COMMITTEE MEETING NOTICE

AD 05

HAMEED, Yasir, Agent  
Mayor Auto Wholesale LLC  
3975 N 78TH St #2  
Milwaukee, WI 53222

You are requested to attend a virtual hearing to be held on:

**Tuesday, January 25, 2022 at 09:00 AM**

**Regarding:** Your Secondhand Motor Vehicle Dealer's License Application Wholesale Only as agent for "Mayor Auto Wholesale LLC" for "Mayor Auto Wholesale LLC" at 3975 N 78TH St.

This meeting will be held via GoToMeeting. Please see the enclosed best practices document for further instructions. The access code is <https://global.gotomeeting.com/join/522275661>. If you wish to call in, please call [+1 \(872\) 240-3311](tel:+18722403311) and use Access Code: **522-275-661**

There is a possibility that your application may be denied for one or more of the following reasons: Neighborhood Objections to the granting of such a license due to the creation of undesirable neighborhood problems, such as: parking and traffic problems which cause the normal flow of traffic on roadways and alleys to be impeded, loitering, littering, noise, loud music, and conduct which will have an adverse impact on the public health, safety and welfare of the community. Additionally, the over concentration of secondhand motor vehicle dealers in the neighborhood such that the concentration will have an adverse impact on the public health, safety and welfare of the neighborhood. you do not meet the statutory and municipal requirements; the appropriateness of the location to be licensed and whether the location will create undesirable neighborhood problems, whether or not you have been charged with or convicted of any felony, misdemeanor, municipal offense or other offense, the circumstances of which substantially relate to the licensed activity; and any other factors which reasonably relate to the public health, safety and welfare. See attached police report and/or written correspondence regarding this application. Please be advised the public will be able to provide information to the committee in person or in writing. The committee will receive and consider evidence regarding the above mentioned criteria.

**Notice for applicants with warrants or unpaid fines:**

**Proof of warrant satisfaction or payment of fines must be submitted at the hearing on the above date and time. Failure to comply with this requirement may result in a delay of the granting/denial of your application.**

Failure to attend this meeting may result in the denial of your license. Individual applicants and partnership applicants must attend or attend by an attorney. The agent or attorney for corporate or limited liability applicants must attend. If you wish to do so and at your own expense, you may be accompanied by an attorney of your choosing to represent you at this hearing.

You will be given an opportunity to speak on behalf of the application and to respond and challenge any charges or reasons given for the denial. No petitions can be accepted by the committee, unless the people who signed the petition attend the virtual hearing and are willing to testify. You may present witnesses under oath and you may also confront and cross-examine opposing witnesses under oath. If you have difficulty with the English language, you should request an interpreter attend the meeting with you, at your expense, so that you can answer questions and participate in your hearing.

PLEASE NOTE: Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through sign language interpreters or other auxiliary aids. For additional information or to request this service, contact the Council Services Division ADA Coordinator at (414) 286-2998, Fax - (414) 286-3456, TDD - (414) 286-2025.

JIM OWCZARSKI, CITY CLERK

BY: \_\_\_\_\_

Jim Cooney  
License Division Manager

**If you have questions regarding this meeting, please contact the staff assistant, Yadira Melendez at (414) 286-2775 or [stas5@milwaukee.gov](mailto:stas5@milwaukee.gov)**



CITY OF MILWAUKEE  
OFFICE OF THE CITY CLERK

Tuesday, January 11, 2022

COMMITTEE MEETING NOTICE

AD 05

HAMEED, Yasir, Agent  
Mayor Auto Wholesale LLC  
W76N1002 N WAUWATOSA RD  
Cedarburg, WI 53012

You are requested to attend a virtual hearing to be held on:

**Tuesday, January 25, 2022 at 09:00 AM**

**Regarding:** Your Secondhand Motor Vehicle Dealer's License Application Wholesale Only as agent for "Mayor Auto Wholesale LLC" for "Mayor Auto Wholesale LLC" at 3975 N 78TH St #2.

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JIM OWCZARSKI, CITY CLERK

BY: \_\_\_\_\_

Jim Cooney  
License Division Manager

**If you have questions regarding this meeting, please contact the staff assistant, Yadira Melendez at (414) 286-2775 or [stasst5@milwaukee.gov](mailto:stasst5@milwaukee.gov)**





Tuesday, January 11, 2022



# Notice of Public Hearing

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HAMEED, Yasir  
Mayor Auto Wholesale LLC at 3975 N 78TH St #2.  
Secondhand Motor Vehicle Dealer's License Application Wholesale Only

**Tuesday, January 25, 2022 at 09:00 AM**

To whom it may concern:

The above application has been made by the above named applicant(s). This requires approval from the Licenses Committee and the Common Council of the City of Milwaukee. The hearing before the Licenses Committee will take place virtually on 01/25/2022 at 09:00 AM. This is a public hearing. Those wishing to view the proceeding are able to do so via the City Channel – Channel 25 on Spectrum Cable – or on the Internet at <http://city.milwaukee.gov/citychannel>. Those wishing to provide oral testimony will be asked to do so by phone or internet and are asked to contact the staff assistant, Yadira Melendez at (414) 286-2775 or [stasst5@milwaukee.gov](mailto:stasst5@milwaukee.gov) for necessary information. Please make such requests no later than one business day prior to the start of the meeting. You are not required to attend the hearing, but please see the information below if you would like to provide testimony. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing.

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## Important details for those wishing to provide information for the Licenses Committee to consider when making its recommendation:

1. The license application is scheduled to be heard at the above time. Due to other hearings running longer than scheduled, you may have to wait some time to provide your testimony.
2. You must testify as to matters that you have personally experienced or seen. (You cannot provide testimony for your neighbor, parent or anyone else; this is considered hearsay and cannot be considered by the committee.)
3. No letters or petitions can be accepted by the committee (unless the person who wrote the letter or the persons who signed the petition are willing to testify).
4. Persons opposed to the license application are given the opportunity to testify first; supporters may testify after the opponents have finished.
5. When you are called to testify, you will be sworn in and asked to give your name, and address. (If your first and/or last names are uncommon please spell them.)
6. You may then provide testimony.
  - a. Include only information relating to the above license application.
  - b. Include only information you have personally witnessed or seen.
  - c. Provide concise and relevant information detailing how this business has affected or may affect the peaceful enjoyment of your neighborhood.
  - d. If by the time you have the opportunity to testify, the information you wish to share has already been provided to the committee, you may state that you agree with the previous testimony. Redundant or repetitive testimony will not assist the committee in making its recommendation.
7. After giving your testimony, the members of the Licenses Committee and the licensee may ask questions regarding the testimony you have given or other factors relating to the license application.
8. Business Competition is not a valid basis for denial or non-renewal of a license.

**Please Note: If you have submitted an objection to the above application your objection cannot be considered by the committee unless you personally testify at the hearing.**

OCCUPANT	MAIL ADDRESS	CITY STATE ZIP
CURRENT OCCUPANT	3925 N 79TH ST	MILWAUKEE, WI 53222-2915
CURRENT OCCUPANT	3928 N 78TH ST	MILWAUKEE, WI 53222-3098
CURRENT OCCUPANT	3928 N 79TH ST	MILWAUKEE, WI 53222-2916
CURRENT OCCUPANT	3929 N 78TH ST	MILWAUKEE, WI 53222-3031
CURRENT OCCUPANT	3933 N 79TH ST	MILWAUKEE, WI 53222-2915
CURRENT OCCUPANT	3934 N 79TH ST	MILWAUKEE, WI 53222-2916
CURRENT OCCUPANT	3935 N 78TH ST	MILWAUKEE, WI 53222-3031
CURRENT OCCUPANT	3936 N 78TH ST	MILWAUKEE, WI 53222-3098
CURRENT OCCUPANT	3939 N 79TH ST	MILWAUKEE, WI 53222-2915
CURRENT OCCUPANT	3940 N 80TH ST	MILWAUKEE, WI 53222-2924
CURRENT OCCUPANT	3942 N 78TH ST	MILWAUKEE, WI 53222-3098
CURRENT OCCUPANT	3943 N 77TH ST	MILWAUKEE, WI 53222-3027
CURRENT OCCUPANT	3943 N 78TH ST	MILWAUKEE, WI 53222-3031
CURRENT OCCUPANT	3943 N 79TH ST	MILWAUKEE, WI 53222-2915
CURRENT OCCUPANT	3944 N 79TH ST	MILWAUKEE, WI 53222-2916
CURRENT OCCUPANT	3947 N 78TH ST	MILWAUKEE, WI 53222-3031
CURRENT OCCUPANT	3948 N 80TH ST	MILWAUKEE, WI 53222-2924
CURRENT OCCUPANT	3949 N 77TH ST	MILWAUKEE, WI 53222-3027
CURRENT OCCUPANT	3949 N 79TH ST	MILWAUKEE, WI 53222-2915
CURRENT OCCUPANT	3950 N 78TH ST	MILWAUKEE, WI 53222-3098
CURRENT OCCUPANT	3950 N 79TH ST	MILWAUKEE, WI 53222-2916
CURRENT OCCUPANT	3954 N 78TH ST	MILWAUKEE, WI 53222-3098
CURRENT OCCUPANT	3954 N 80TH ST	MILWAUKEE, WI 53222-2924
CURRENT OCCUPANT	3955 N 77TH ST	MILWAUKEE, WI 53222-3027
CURRENT OCCUPANT	3955 N 78TH ST	MILWAUKEE, WI 53222-3031
CURRENT OCCUPANT	3955 N 79TH ST	MILWAUKEE, WI 53222-2915

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Total Records: 26

Radius 250.0 feet and Center of Circle: 3975 N 78th St



Tuesday, January 11, 2022

## Licenses Committee Notice of Hearing

7833 Capitol LLC  
PO BOX 511262  
New Berlin, WI 53151

The Licenses Committee will consider the following license application:

Secondhand Motor Vehicle Dealer's License Application Wholesale Only  
HAMEED, Yasir, Agent  
Mayor Auto Wholesale LLC at 3975 N 78TH St #2

Date: 1/25/2022

Time: 09:00 AM

Location: The hearing before the Licenses Committee will take place virtually on Tuesday, November 30, 2021. This is a public hearing. Those wishing to view the proceeding are able to do so via the City Channel – Channel 25 on Spectrum Cable – or on the Internet at <http://city.milwaukee.gov/citychannel>. Those wishing to provide oral testimony will be asked to do so by phone or internet and are asked to contact the staff assistant, Yadira Melendez at (414) 286-2775 or [stasst5@milwaukee.gov](mailto:stasst5@milwaukee.gov) for necessary information. Please make such requests no later than one business day prior to the start of the meeting. You are not required to attend the hearing, but please see the information below if you would like to provide testimony.

Please note this application may be recommended for denial based on fitness of the location due to concentration of Secondhand Motor Vehicle Dealer's License Application Wholesale Only in the area. If the application is denied for this reason, no other application for a Secondhand Motor Vehicle Dealer's License Application Wholesale Only license for this location shall be recommended for approval by the Licenses Committee within three years of the date of denial unless the applicant has demonstrated a change of circumstances since the prior denial.

If you have any questions, please call (414) 286-2238.





**SECONDHAND MOTOR VEHICLE DEALER LICENSE  
SUPPLEMENTAL PLAN OF OPERATION**

ccf-ucurplan 7/16/18

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)

Legal Entity Name: <u>Mayor Auto Wholesale LLC</u>			
Premises Address: <u>3975 N 78th St, Ste 2, Milwaukee, WI 53222</u>			
<b>SECTION 1 LICENSE TYPE</b>			
What type of license are you applying for? (check one) <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Wholesale			
<b>SECTION 2</b>			
Will you also be dealing in secondhand vehicle parts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If wholesale, is the premises address a residential (home) address? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, you must obtain a Home Occupational Statement from the Department of Neighborhood Services (414) 286-3874. No vehicles can be parked and no customers are allowed at the premises. The following questions in Section 2 do not apply to wholesale from a residential address. Go to Section 3.			
Number of parking spaces available to customers/employees <u>1</u>			
Number of parking spaces that will be used for display/storage of Secondhand Motor Vehicles <u>1</u>			
Do you understand that all vehicles associated with the business must be stored on the licensed premise? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
What are your plans to ensure this requirement is met (check all that apply)? <input type="checkbox"/> Employee Training			
<input checked="" type="checkbox"/> Supervisor Monitoring <input type="checkbox"/> Fenced Lot <input checked="" type="checkbox"/> Keys Kept in Locked Box <input checked="" type="checkbox"/> Other: <u>Keys kept with owner of car in lock box</u>			
Do you understand all maintenance/repair work to these vehicles must be confined to the licensed premise? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
What are your plans to ensure this requirement is met (check all that apply)? <input type="checkbox"/> Employee Training			
<input checked="" type="checkbox"/> Supervisor Monitoring <input checked="" type="checkbox"/> Designated Repair Area <input type="checkbox"/> Other: _____			
Do you understand all keys to used motor vehicles offered for sale must be kept in a secure lockbox inside the dealership building at all times when the dealership is not open for business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
What are your plans to ensure this requirement is met (check all that apply)? <input type="checkbox"/> Employee Training			
<input checked="" type="checkbox"/> Supervisor Monitoring <input type="checkbox"/> Other: _____			
<b>SECTION 3 DISCLOSURE</b>			
Has any person on the application ever had a license relating to the activities licensed in Milwaukee Code of Ordinances Chapter 92 denied, not renewed, suspended, or revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, provide the circumstances and jurisdiction in which the event occurred (including a record of any actions from the State Department of Transportation and Financial Institutions relating to suspensions, revocations, forfeitures and warnings imposed by these departments relating to the operation of any automotive sales business by the applicant):			
<b>SECTION 4 SIGNATURES</b>			
<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none; vertical-align: top;">   Sold Proprietor, Partner, or 20% or more Shareholder (If there are no 20% or more shareholders, Corporate Officer-print name/title and sign) </td> <td style="width:50%; border:none; vertical-align: top;"> Additional partner or 20% or more shareholder </td> </tr> </table>		 Sold Proprietor, Partner, or 20% or more Shareholder (If there are no 20% or more shareholders, Corporate Officer-print name/title and sign)	Additional partner or 20% or more shareholder
 Sold Proprietor, Partner, or 20% or more Shareholder (If there are no 20% or more shareholders, Corporate Officer-print name/title and sign)	Additional partner or 20% or more shareholder		



## BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 5/12/2020

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

### 1. Type of Business

Applying for:  Extended Hours (12AM to 5AM) - If a food establishment, check all that apply:  Delivery  Drive Thru  Dining Room  
 Self Service Laundry  Massage Establishment  Filling Station  
 Other (supplemental application for specific license also required)

Provide a detailed description of the type of business you plan on operating: SECONDHAND AUTO WHOLESALE

Do you have any experience operating this type of business?  No  Yes If yes, explain: 2 YEARS

### 2. Business Operations

- a. Proposed Opening Date: 12/01/2021
- b. Is this premise under construction?  No  Yes If yes, list estimated completion date: \_\_\_\_\_
- c. Is this a franchise?  No  Yes
- d. Is this premises currently licensed?  No  Yes If yes, list type of license: \_\_\_\_\_
- e. Is the current licensee operating?  No  Yes If no, list date closed: \_\_\_\_\_
- f. Do you have future plans for other businesses, licenses or permits at this location?  No  Yes  
If yes, explain: \_\_\_\_\_
- g. Have you previously held an Extended Hours License in Milwaukee?  No  Yes  
If yes, list address(es): \_\_\_\_\_
- h. Are other businesses operating in the same building?  No  Yes If yes, describe: OFFICE BUILDING MANY OTHER E

### 3. Litter & Noise

- a. How are grounds kept clean?  Sweep  Pressure Wash  Pick Up Litter  Other: \_\_\_\_\_
- b. How often will grounds be cleaned?  Daily  Weekly  As Needed  Monthly  Other: \_\_\_\_\_
- c. Grounds cleaned by:  Licensee  Building Owner  Employees  Hired Maintenance  Other: \_\_\_\_\_
- d. How are noise issues prevented and/or addressed?  Security  Manager approaches customer(s)  Call Police  
 Signs Posted  Other: \_\_\_\_\_
- e. Will a sound amplification system be used?  No  Yes If yes, describe: \_\_\_\_\_

### 4. Smoking & Sanitation

- a. Are there designated outdoor smoking areas?  No  Yes If yes, describe: \_\_\_\_\_
- b. Number of Garbage Cans: Inside: 1 Locations: OFFICE  
Outside: 1 Locations: IN THE BACK
- c. Is a crowd control barrier used?  No  Yes If yes, describe: \_\_\_\_\_
- d. How many restrooms are on the premises? 1
- e. Name of solid waste contractor:  Advanced Disposal  Waste Management  Other: \_\_\_\_\_

### 5. Security

- a. Are there onsite parking spaces?  No  Yes If yes, how many? 2 and describe the parking security plan: OWNER OBSERVING PARKING
- b. Is there a loading zone?  No  Yes If yes, describe the loading area security plan: \_\_\_\_\_
- c. Will you have security personnel on premise?  No  Yes If yes, how many? \_\_\_\_\_ and answer the following:  
 What are their responsibilities? \_\_\_\_\_  
 Is security equipment used?  No  Yes If yes, describe \_\_\_\_\_  
 List their licensing, certification, or training credentials \_\_\_\_\_
- d. Will there be security cameras?  No  Yes If yes, how many? \_\_\_\_\_ and list locations: \_\_\_\_\_
- e. Will searches/identification checks be done upon entry?  No  Yes If yes, describe \_\_\_\_\_

### 6. Percentage of Sales (must total 100%)

Alcohol _____%	Food _____%	Secondhand Merchandise 100 _____%	Precious Metals & Gems _____%
Entertainment _____%	Cigarettes _____%	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____%	Other _____%
Pawnbroker Activity _____%	Salvaged Materials _____% (such as scrap metal)		Describe: _____

### 7. Businesses/Licenses on the Premises (check all that apply):

#### Type 1

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Full Service Restaurant  | <input type="checkbox"/> Cafe/Coffee Shop   | <input type="checkbox"/> Deli or Fast Food Restaurant | <input type="checkbox"/> Private/Fraternal/Veterans Club |
| <input type="checkbox"/> Night Club   | <input type="checkbox"/> Tavern   | <input type="checkbox"/> Cocktail Lounge              | <input type="checkbox"/> Teen Club                       |
| <input type="checkbox"/> Banquet Hall   | <input type="checkbox"/> Sports Facility  | <input type="checkbox"/> Bowling Alley                |  |
| <input type="checkbox"/> Hotel/Motel: Number of Floors: _____<br>Number of Rooms: _____ | <input type="checkbox"/> Rooming House: Number of Floors: _____<br>Number of Rooms: _____ |   |  |

#### Type 2

- |  |  |                                      |   |
|--|--|--------------------------------------|---|
| <input type="checkbox"/> Liquor Store    | <input type="checkbox"/> Corner Store  | <input type="checkbox"/> Supermarket | <input type="checkbox"/> Convenience Store            |
| <input type="checkbox"/> Gas Station     | <input type="checkbox"/> Amusement/Phonograph Distributor  |                                      | <input type="checkbox"/> Recycling, Salvage or Towing |
| <input type="checkbox"/> Used Car Dealer | <input type="checkbox"/> Personal Service Establishment<br>(such as tattoo business, hair salon, tailor, etc.) |                                      | <input type="checkbox"/> Recording Studio             |

What other licenses/permits will you hold at this location? (check all that apply)

- Occupancy Permit  Cigarette & Tobacco  Gas Station  Extended Hours  Class "B" Tavern  Weights & Measures  
 Secondhand Dealer  Precious Metal & Gem  Other: \_\_\_\_\_

### 8. Legal Capacity (only if a Type 1 premises in #7 above)

Capacity 0 (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)



## 9. Premises Description

- a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage):  
 1<sup>st</sup> Floor  2<sup>nd</sup> Floor  Basement Storage  Patio  Beer Garden  Sidewalk Café  Deck  Rooftop  
 Other: Describe: \_\_\_\_\_
- b. Describe Location:  Major Thoroughfare  Secondary Street  Other: \_\_\_\_\_
- c. Nearest Major Cross Street: CAPITAL
- d. Describe Building:  Free Standing Building  Strip Mall  Other: \_\_\_\_\_
- e. Describe Premises Structure:  Single Story  Multi-Story - # of Stories \_\_\_\_\_  Other: \_\_\_\_\_
- f. Describe Surrounding Area:  Commercial  Residential  Industrial  Other: \_\_\_\_\_
- g. Building Owner Name: TODD TROTTER 3833 Capital Phone Number: 4147594575  
 Building Owner Address: PO Box 511262, New Berlin, WI 53151

## 10. Hours of Operation & Customers

Will customers be entering the premises?  No  Yes

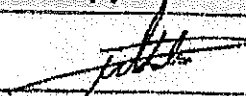
Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	/	/			
Monday	10 AM	NOON	0	0	0
Tuesday	/	/			
Wednesday	/	/			
Thursday	/	/			
Friday	/	/			
Saturday	/	/			

An Extended Hours Establishment License is required for any convenience store, filling station, personal service establishment (such as tattoo, body piercing, salon, tailor, tanning, etc.), recording studio or restaurant which is open between the hours of 12:00 a.m. and 5:00 a.m.

Alcohol Establishments Permitted Hours of Operation: Class A: 8:00 am to 9:00 pm Sunday thru Saturday  
 Class B: 6:00 am to 2:00 am Sunday thru Thursday, 6:00 am to 2:30 am Friday & Saturday

Entertainment Outdoor Closing Hours: 10:00pm Sunday-Thursday; 12:00am Friday & Saturday; unless a different time, either earlier or later, is established by the Common Council in its approval of the licensee's plan of operation.

## 11. Signature(s)

  
 Signature of Sole Proprietor, Partner, or 20% or more Shareholder  
 (If there are no 20% or more shareholders, Corporate Officer-print name/title and sign)

\_\_\_\_\_  
 Signature of additional partner or 20% or more shareholder

See Application Information for a complete list of all required application forms.