



**CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK**

Friday, May 20, 2022


COMMITTEE MEETING NOTICE

AD 09

JONES, Sheila C, Agent
A 2 Z AUTO LLC
5625 W Wahner Av
Brown Deer, WI 53223

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

Tuesday, June 07, 2022 at 09:35 AM

Regarding: Your Secondhand Motor Vehicle Dealer's License Application as agent for "A 2 Z AUTO LLC" for "A 2 Z AUTO" at 6922 W GOOD HOPE Rd. 

This meeting will be held via GoToMeeting. Please see the enclosed best practices document for further instructions. The access code is <https://meet.goto.com/127717645>. If you wish to call in, please call [+1 \(872\) 240-3212](tel:+18722403212) and use Access Code: 127-717-645.

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 stasst5@milwaukee.gov



Friday, May 20, 2022



Notice of Public Hearing

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JONES, Sheila C
A 2 Z AUTO at 6922 W GOOD HOPE Rd
Secondhand Motor Vehicle Dealer's License Application

Tuesday, June 07, 2022 at 09:35 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 06/07/2022 at 09:35 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 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.

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	7020 W GOOD HOPE RD	MILWAUKEE, WI 53223-4609

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Total Records: 1

Radius 500.0 feet and Center of Circle: 6922 W Good Hope Rd



APPLICATION AMENDMENT

Office of the City Clerk License Division
200 E. Wells Street, Room 105, Milwaukee, WI 53202 (414) 286-2238

Date: 1-12-2022

To the License Division of the City of Milwaukee:

I, Arthur Burks, wish to amend my answer(s) on the application for a

SECOND HAND Motor Vehicle license at 6922 W. Good Hope Rd
(type of license) (premises address, if applicable)

by adding or amending the following information (complete only those sections being amended):

- 1. Answer to Question(s) # _____ should be: _____
- 2. Agent should be (full legal name): _____ Also complete 3, 4, 5 & 6
- 3. Date of birth should be: _____
- 4. Home address should be (include city/state/zip): _____
- 5. Phone number should be (include area code): _____
- 6. Driver's License Number/State ID Number should be: _____
- 7. Corporation/LLC name should be (full legal name): _____
- 8. Business name should be: _____
- 9. Premises address should be (include city/state/zip): _____
- 10. Business phone number should be (include area code): _____
- 11. Mailing address should be (include city/state/zip): _____
- 12. Email address should be: _____
- 13. Recycling/Salvaging/Towing; Location where vehicle will be parked should be (include city/state/zip): _____

14. Class B Tavern: Age Distinction should be: _____

15. Other: Provide a Detailed description of the type of Business you plan on operating to sale Used (Vehicles) Cars
(Check with the License Division before submitting "Other" amendments using this form.)

Arthur Burks
Signature of Licensee (Individual, Partner, or Agent of Corp/LLC)

Office Use Only: Application #: 332717 Date: 01.12.22 Initials: _____ To LC: _____
LC Email: MPD NS HD Initials: _____



BUSINESS LICENSE PLAN OF OPERATION

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

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:

TO SALE & SERVICE USED (VEHICLES) CARS

Do you have any experience operating this type of business? No Yes If yes, explain: 15 YEARS

2. Business Operations

- a. Proposed Opening Date: 2-1-2022
- 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: USED CAR SALES
- 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
- g. Have you previously held an Extended Hours License in Milwaukee? No Yes
- h. Are other businesses operating in the same building? No Yes If yes, describe: _____

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: Back
Outside: 1 Locations: front
- c. Is a crowd control barrier used? No Yes If yes, describe: _____
- d. How many restrooms are on the premises? 2
- e. Name of solid waste contractor: Advanced Disposal Waste Management Other: TBD

5. Security

a. Are there onsite parking spaces? No Yes If yes, how many? 12 and describe the parking security plan: LIGHTING GATE AND CAMERA

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 CAMERA

List their licensing, certification, or training credentials _____

d. Will there be security cameras? No Yes If yes, how many? 2 and list locations: premises

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 _____%	Precious Metals & Gems _____%
Entertainment _____%	Cigarettes _____%	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____%	Other <u>100</u> % Describe: <u>USED PARS</u>
Pawnbroker Activity _____%	Salvaged Materials (such as scrap metal) _____%		

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

Type 1

Full Service Restaurant

Cafe/Coffee Shop

Deli or Fast Food Restaurant

Private/Fraternal/Veterans Club

Night Club

Tavern

Cocktail Lounge

Teen Club

Banquet Hall

Sports Facility

Bowling Alley

Hotel/Motel : Number of Floors: _____
 Number of Rooms: _____

Rooming House: Number of Floors: _____
 Number of Rooms: _____

Type 2

Liquor Store

Corner Store

Supermarket

Convenience Store

Gas Station

Amusement/Phonograph Distributor

Recycling, Salvage or Towing

Used Car Dealer

Personal Service Establishment
 (such as tattoo business, hair salon, tailor, etc.)

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 _____ (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):
 1st Floor 2nd 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: GOOD HOPE AND NORTH 76TH ST.
- 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: ARUNA LAL Phone Number: 414-688-6118
 Business Owner Address: 1342 W. STILLWATER CIRCLE, MEBQUON NJ. 53092

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		CLOSED	2-8		
Monday	9am	6pm			
Tuesday	9am	6pm			
Wednesday	9am	6pm			
Thursday	9am	6pm			
Friday	9am	6pm			
Saturday	9am	4pm			

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]
 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]
 Signature of additional partner or 20% or more shareholder

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



SECONDHAND MOTOR VEHICLE DEALER LICENSE SUPPLEMENTAL PLAN OF OPERATION

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

Legal Entity Name: A 2 Z Auto LLC
Premises Address: 6922 W. Good Hope Rd.

SECTION 1 LICENSE TYPE

What type of license are you applying for? (check one) Retail Wholesale

SECTION 2

Will you also be dealing in secondhand vehicle parts? Yes No

If wholesale, is the premises address a residential (home) address? Yes 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 12

Number of parking spaces that will be used for display/storage of Secondhand Motor Vehicles 4

Do you understand that all vehicles associated with the business must be stored on the licensed premise? Yes No

What are your plans to ensure this requirement is met (check all that apply)? Employee Training
 Supervisor Monitoring Fenced Lot Keys Kept in Locked Box Other: _____

Do you understand all maintenance/repair work to these vehicles must be confined to the licensed premise? Yes No

What are your plans to ensure this requirement is met (check all that apply)? Employee Training
 Supervisor Monitoring Designated Repair Area 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? Yes No

What are your plans to ensure this requirement is met (check all that apply)? Employee Training
 Supervisor Monitoring Other: _____

SECTION 3 DISCLOSURE

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? No 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):

SECTION 4 SIGNATURES

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

[Signature]
Additional partner or 20% or more shareholder