



CITY OF MILWAUKEE  
OFFICE OF THE CITY CLERK

Wednesday, May 06, 2026

COMMITTEE MEETING NOTICE

AD 01

SINGH, Jasmeet, Agent  
JAIVIN CAPITAL INC  
5044 W CARDINAL LN  
FRANKLIN, WI 53132

You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall or you may attend virtually using the link below.

**Tuesday, May 19, 2026 at 02:15 PM**

The access code is <https://meet.goto.com/219052765>. Please see the enclosed best practices document for further instructions.

**Regarding:** Your Extended Hours Establishments, Filling Station, Food Dealer and Weights & Measures Licenses Application Requesting To Open 24Hr Everyday as agent for "JAIVIN CAPITAL INC" for "VILLARD MART" at 3709 W VILLARD Av.

There is a possibility that your application may be denied for one or more of the following reasons: The recommendation of the committee regarding the application shall be based on evidence presented at the hearing. Per MCO 85-2.7-4, probative evidence concerning whether or not a new license should be granted may be presented on the following subjects: whether or not the applicant meets the municipal requirements, the appropriateness of the location and premises where the licensed premises is to be located and whether use of the premises for the purposes or activities permitted by the license would tend to facilitate a public or private nuisance or create undesirable neighborhood problems such as disorderly patrons, unreasonably loud noise, litter, and excessive traffic and parking congestion. Probative evidence relating to these matters may be taken from the plan of operation submitted with the license application, if any, but shall not include the content of any music. Evidence regarding the fitness of the location of the premises to be maintained as the principal place of business, including but not limited to whether there is an overconcentration of businesses of the type for which the license is sought; whether the proposal is consistent with any pertinent neighborhood business or development plans, or the location's proximity to areas where children are typically present. The applicant's record in operating similarly licensed premises; and whether or not the applicant has been charged with or convicted of any felony, misdemeanor, municipal offense or other offense, the circumstances of which substantially relate to the activity to be permitted by the license being applied for or any other factor which reasonably relates to the public health, safety or welfare may also be considered. See attached police report or correspondence.

**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 appear at this meeting may result in the denial of your license. Individual applicants must appear only in person or by an attorney. Corporate or Limited Liability applicants must appear only by the agent designated on the application or by an attorney. Partnership applicants must appear by a partner listed on the application or by an attorney. 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 are present at the committee hearing and 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 bring an interpreter with you, at your expense, so that you can answer questions and participate in your hearing.

You may examine the application file at this office during regular business hours prior to the hearing date. Inquiries regarding this matter may be directed to the person whose signature appears below.

Limited parking for persons attending meetings during normal business hours is available at reduced rates (5 hour limit) at the Milwaukee Center on the southwest corner of Kilbourn Avenue and Water Street. You must present a copy of the meeting notice to the parking cashier.

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 notice, please contact the License Division at (414) 286-2238.

200 E. Wells Street, Room 105, City Hall, Milwaukee, WI 53202. [www.milwaukee.gov/license](http://www.milwaukee.gov/license)  
Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: License@milwaukee.gov



Wednesday, May 06, 2026



# Notice of Public Hearing

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SINGH, Jasmeet, Agent  
Villard Mart at 3709 W Villard Av  
Extended Hours Establishments, Filling Station, Food Dealer and Weights & Measures Licenses  
Application Requesting To Open 24Hr Everyday

**Tuesday, May 19, 2026 at 2:15 PM**

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 on 5/19/2026 at 2:15 PM in Room 301-B, Third Floor, City Hall. 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 via internet 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 appear in person and 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 present at the committee hearing and 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	3616A W VILLARD AVE	MILWAUKEE, WI 53209-4714
CURRENT OCCUPANT	3621 W VILLARD AVE# 207	MILWAUKEE, WI 53209-4777
CURRENT OCCUPANT	3621 W VILLARD AVE# 208	MILWAUKEE, WI 53209-4777
CURRENT OCCUPANT	3621 W VILLARD AVE# 209	MILWAUKEE, WI 53209-4777
CURRENT OCCUPANT	3621 W VILLARD AVE# 210	MILWAUKEE, WI 53209-4777
CURRENT OCCUPANT	3621 W VILLARD AVE# 213	MILWAUKEE, WI 53209-4777
CURRENT OCCUPANT	3621 W VILLARD AVE# 214	MILWAUKEE, WI 53209-4777
CURRENT OCCUPANT	3621 W VILLARD AVE# 215	MILWAUKEE, WI 53209-4777
CURRENT OCCUPANT	3621 W VILLARD AVE# 216	MILWAUKEE, WI 53209-4777
CURRENT OCCUPANT	3621 W VILLARD AVE# 301	MILWAUKEE, WI 53209-4778
CURRENT OCCUPANT	3621 W VILLARD AVE# 302	MILWAUKEE, WI 53209-4778
CURRENT OCCUPANT	3621 W VILLARD AVE# 303	MILWAUKEE, WI 53209-4778
CURRENT OCCUPANT	3621 W VILLARD AVE# 304	MILWAUKEE, WI 53209-4778
CURRENT OCCUPANT	3621 W VILLARD AVE# 305	MILWAUKEE, WI 53209-4778
CURRENT OCCUPANT	3621 W VILLARD AVE# 306	MILWAUKEE, WI 53209-4778
CURRENT OCCUPANT	3621 W VILLARD AVE# 307	MILWAUKEE, WI 53209-4778
CURRENT OCCUPANT	3621 W VILLARD AVE# 308	MILWAUKEE, WI 53209-4778
CURRENT OCCUPANT	3621 W VILLARD AVE# 309	MILWAUKEE, WI 53209-4778
CURRENT OCCUPANT	3621 W VILLARD AVE# 310	MILWAUKEE, WI 53209-4778
CURRENT OCCUPANT	3621 W VILLARD AVE# 312	MILWAUKEE, WI 53209-4778
CURRENT OCCUPANT	3621 W VILLARD AVE# 313	MILWAUKEE, WI 53209-4778
CURRENT OCCUPANT	3621 W VILLARD AVE# 409	MILWAUKEE, WI 53209-4779
CURRENT OCCUPANT	3621 W VILLARD AVE# 410	MILWAUKEE, WI 53209-4779
CURRENT OCCUPANT	3621 W VILLARD AVE# 410	MILWAUKEE, WI 53209-4779
CURRENT OCCUPANT	3621 W VILLARD AVE# 412	MILWAUKEE, WI 53209-4779
CURRENT OCCUPANT	3621 W VILLARD AVE# 413	MILWAUKEE, WI 53209-4779
CURRENT OCCUPANT	3621 W VILLARD AVE# 414	MILWAUKEE, WI 53209-4779
CURRENT OCCUPANT	3621 W VILLARD AVE# 415	MILWAUKEE, WI 53209-4779
CURRENT OCCUPANT	3622A W VILLARD AVE	MILWAUKEE, WI 53209-4714
CURRENT OCCUPANT	3624 W VILLARD AVE	MILWAUKEE, WI 53209-4714
CURRENT OCCUPANT	3628 W VILLARD AVE	MILWAUKEE, WI 53209-4714
CURRENT OCCUPANT	3735 W VILLARD AVE	MILWAUKEE, WI 53209-4715
CURRENT OCCUPANT	3735A W VILLARD AVE	MILWAUKEE, WI 53209-4715
CURRENT OCCUPANT	3801 W VILLARD AVE	MILWAUKEE, WI 53209-4717
CURRENT OCCUPANT	3801A W VILLARD AVE	MILWAUKEE, WI 53209-4717
CURRENT OCCUPANT	5211 N 38TH ST	MILWAUKEE, WI 53209-4735
CURRENT OCCUPANT	5215 N 38TH ST	MILWAUKEE, WI 53209-4735
CURRENT OCCUPANT	5222 N 38TH ST	MILWAUKEE, WI 53209-4767
CURRENT OCCUPANT	5222A N 38TH ST	MILWAUKEE, WI 53209-4767
CURRENT OCCUPANT	5225 N 37TH ST	MILWAUKEE, WI 53209-4727

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Total Records: 40

Radius 250 feet and Center of the Circle: 3709 W Villard Av



# 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:  
Gas Station with Convenience Store.

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

## 2. Business Operations

- a. Proposed Opening Date: June/01/2020
- 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: Filling Station, Extended hours, Cig & Tobacco
- 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: RESTAURANT

## 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: 3 Locations: By Pumps  
Outside: 5 Locations: By the Building Inside & outside
- 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: \_\_\_\_\_

## 5. Security

- a. Are there onsite parking spaces?  No  Yes If yes, how many? 12 and describe the parking security plan: \_\_\_\_\_
- b. Is there a loading zone?  No  Yes If yes, describe the loading area security plan: Covered by CAMERAS
- c. Will you have licensed security on premise?  No  Yes If yes, how many? \_\_\_\_\_ and answer the following:  
 What are their responsibilities? \_\_\_\_\_  
 Describe equipment used \_\_\_\_\_  
 List their License Number (s) \_\_\_\_\_
- d. Will there be security cameras?  No  Yes If yes, how many? 18 and list locations: 10 INSIDE 8 outside
- e. Will searches/identification checks be done upon entry?  No  Yes If yes, describe Only to buy Tobacco products CHECK IDS

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

Alcohol _____%	Food <u>60</u> % Cigarettes, Electronic Vape Devices, Tobacco Products <u>40</u> %	Secondhand Merchandise _____%	Precious Metals & Gems _____%
Entertainment _____%	Salvaged Materials _____% (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____%	Other _____% Describe: _____
Pawnbroker Activity _____%			

## 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: \_\_\_\_\_       Rooming House: Number of Floors: \_\_\_\_\_  
 Number of Rooms: \_\_\_\_\_      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, Electronic Vape Products     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):

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: VILLARD AVE & 37<sup>th</sup> 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: Jasmeet Singh Phone Number: 262-389-2997

Building Owner Address: 5044 W Cardinal Ln, Franklin, WI, 53132

## 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	12:00 <sup>AM</sup>	11:59 <sup>PM</sup>	100-200	All Age	
Monday	12:00 <sup>AM</sup>	11:59 <sup>PM</sup>	100-200	All Age	
Tuesday	12:00 <sup>AM</sup>	11:59 <sup>PM</sup>	100-200	All Age	
Wednesday	12:00 <sup>AM</sup>	11:59 <sup>PM</sup>	100-200	All Age	
Thursday	12:00 <sup>AM</sup>	11:59 <sup>PM</sup>	100-200	All Age	
Friday	12:00 <sup>AM</sup>	11:59 <sup>PM</sup>	100-200	All Age	
Saturday	12:00 <sup>AM</sup>	11:59 <sup>PM</sup>	100-200	All Age	

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 Class A: 8:00 am to 9:00 pm Sunday thru Saturday

Permitted Hours of Operation: 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.



# FOOD DEALER LICENSE PLAN OF OPERATION

OFFICE OF THE CITY CLERK, LICENSE DIVISION  
CITY HALL, 200 E. WELLS ST, ROOM 105, MILWAUKEE, WI 53202  
(414) 286-2238 • [license@milwaukee.gov](mailto:license@milwaukee.gov) • [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

Legal Entity Name: JAVIN CAPITAL INC.

Premises Address: 3709 W VILLARD AVE MILWAUKEE, WI-53209.

## SECTION 1 TYPE OF BUSINESS

What will be the majority of your food sales? (check one)

Restaurant Items (meals):  
MEALS include, but are not limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, nachos w/ cheese and meat, French fries, cooked or deep fried vegetables/fruit, cooked cheese curds, corn dogs, egg rolls, salads.

Retail Items (snacks and beverages):  
RETAIL items include, but are not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino, tea, fruit juice, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, kettle corn, cotton candy, funnel cakes, fritters, tortilla chips w/ cheese.

Will it be a convenience store?  Yes  No  
A convenience store contains less than 7,500 square feet of retail space and has, as its primary business, the sale of basic food items and in addition, sells household products or is a filling station that sells basic food items and household products.

Bed & Breakfast  
 Micro Market

All Applicants: Submit a menu or a list of food items that will be sold.

Will any wholesale business be done?  No  Yes If yes, what percentage of food sales will be wholesale?

Less than 25%

25% or More AND:  
 Restaurant items (meals) will be sold – Complete this application and also contact DATCP.

NO restaurant items (meals) will be sold - Do NOT complete this application. Contact DATCP only.

## SECTION 2 FOOD PROCESSING

Will any food processing be done?  No  Yes

Processing is defined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, extracting, fermenting, distilling, pickling, freezing, drying, smoking, or packaging.

## SECTION 3 FOOD REQUIRING TEMPERATURE CONTROL

Will any food that requires temperature control be sold?  No  Yes  
(includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)

If yes, list the types of food items: MILK, CHEESE, ICE CREAM

**SECTION 4 DETAILS OF OPERATION**

Will you have seating on site for dining?  No  Yes

Will you be doing any catering?  No  Yes

Will you be doing any delivery?  No  Yes

Will you have outdoor activities?  No  Yes - Check all that apply:  Bar  Cooking/Grilling

Dining

Will you have a drive thru window?  No  Yes - Are hours different from inside?  No  Yes

If Yes, provide drive thru hours:

Will scales or barcode scanners be used?  No  Yes - You must also apply for a Weights & Measures License.

**SECTION 5 ADDITIONAL SITES**

Where will food be prepared and/or sold?

At a single site  At multiple sites: How many? \_\_\_\_\_ (for example, a hotel with several dining rooms or bars)

If multiple sites, attach a Food Dealer Additional Site Addendum (ccl-foodadd) for each additional site.

**SECTION 6 CONSTRUCTION OR CHANGES**

Are you planning any construction, remodeling or equipment changes?

No If No, SKIP to Section 8

Yes If Yes, check all that apply:  New construction of a building  Renovation or remodeling

Construction changes to existing building  Equipment changes only

Provide a brief description of the changes: \_\_\_\_\_

Start date: \_\_\_\_\_

Name, Address & Phone Number of Architect: \_\_\_\_\_

\_\_\_\_\_

Name, Address & Phone Number of Contractor: \_\_\_\_\_

\_\_\_\_\_

**SECTION 7 ALCOHOL BEVERAGES**

Are you applying for an alcohol beverage license?

No If No, SKIP to Section 9

Yes If YES, if your food license is approved prior to the alcohol license, when do you want the food license issued?

Immediately  At the same time as the alcohol license

**SECTION 8 ACKNOWLEDGEMENTS & SIGNATURE**

You must initial each item confirming your understanding:

JS I understand the Health Department must conduct an inspection and advise the License Division of their approval before the license may be issued.

JS I understand I must obtain an occupancy permit from the Department of Neighborhood Services and an inspection may be required. Neighborhood Services must advise the License Division of their approval before the license may be issued.

JS I understand the district alderperson will review and either support or object to my application. If he/she objects, I may appeal and be scheduled to appear before the Licenses Committee. The Licenses Committee will then make a recommendation to the Common Council. The Common Council must grant the license before it may be issued.

JS I understand proof of payment for all license fees must be on file in the License Division before the license may be issued and the license must be issued and posted in my establishment prior to opening for business.

JS I will not operate my food business until the license has been issued and posted in the establishment.

Signature of Sole Proprietor, Partner, or 20% Shareholder: Jaomet Jim

Signature of Additional Partner: \_\_\_\_\_



# WEIGHTS & MEASURES PLAN OF OPERATION

ccl-wmplan 1/9/18

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

Legal Entity Name: JAIVIN CAPITAL INC.

Premise Address: 3709, W VILLARD AVE, MILWAUKEE, WI-53209

## Type of Business

Provide a brief description of the establishment/business: GAS STATION WITH CONVENIENT STORE.

*Other licenses may be required depending on the type of business you are operating.*

## 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: \_\_\_\_\_

## 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 of additional partner or 20% or more shareholder

*This form must be submitted with the Business License Application, Weights & Measures License Supplemental Application, and appropriate fee. Forms can be obtained online at [www.milwaukee.gov/licenses](http://www.milwaukee.gov/licenses).*



# WEIGHTS & MEASURES LICENSE SUPPLEMENTAL APPLICATION

OFFICE OF THE CITY CLERK, LICENSE DIVISION  
CITY HALL, 200 E. WELLS ST, ROOM 105, MILWAUKEE, WI 53202  
(414) 286-2238 • [license@milwaukee.gov](mailto:license@milwaukee.gov) • [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

**Office Use Only:**

App# \_\_\_\_\_  
Filed \_\_\_\_\_  
Initials \_\_\_\_\_  
Paid \_\_\_\_\_  
Lic # \_\_\_\_\_

Legal Entity Name: JAVIN CAPITAL INC.

Premise Address: 3709, W VILLARD AVE, MILWAUKEE, WI-53209.

**Device Type(s)**

- Check all device types for which you need a license.
  - For each device type checked, indicate how many you have in the Number of Devices column (b).
  - Calculate the Total Fee Per Device Type by multiplying the Fee Per Device Type (a) by the Number of Devices (b).
  - Add all Total Fee Per Device Type amounts together and that will be your Total Fee Due.
- \* **Exception:** The Scanner fee is not per device. Check the box for the appropriate range.  
If you have 1-3 scanners, the total due is \$130. If you have 4 or more scanners, the total due is \$250.  
Check the Number of Devices (b).

Device Type	License Period	Fee Per Device Type (a)	Number of Devices (b)	Total Fee Per Device Type (a x b)
<b>Liquid Measuring Devices</b>				
<input checked="" type="checkbox"/> Retail Petroleum Meters	12 months	\$60	12	
<input type="checkbox"/> 0 to 30 gallons per minute	24 months	\$60		
<input type="checkbox"/> 31 to 200 gallons per minute	24 months	\$250		
<input type="checkbox"/> Over 200 gallons per minute	24 months	\$250		
<b>Scales</b>				
<input type="checkbox"/> Measuring any weight amount	24 months	\$55		
<b>Scanners</b>				
		Fee for scanners is by range	Check how many scanners you have	
<input type="checkbox"/> Up to 3 scanners	24 months	\$130 total*	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
<input type="checkbox"/> Four or more scanners	24 months	\$250 total*	<input type="checkbox"/> 4 <input type="checkbox"/> Other__	
<b>Other Devices</b>				
<input type="checkbox"/> Length Measuring Device	24 months	\$60		
<input type="checkbox"/> Timing Device	24 months	\$30		

Total Fee Due 720<sup>00</sup>

**Signature**

I hereby agree that I will comply with the applicable sections of the Wisconsin State Statutes, Administrative Code and the Milwaukee Code of Ordinances regarding the operation of weighing and measuring devices.

I understand that all devices must be operated within the specifications, tolerances and other technical requirements set forth in the National Institute of Standards and Technology Handbook 44. I understand that the license for which I am applying must be posted on the premises or in my vehicle prior to opening for business or operating the device.

I understand that these device licenses are not transferable (with the exception of scanners). If the device is replaced or needs to be resealed, I must apply for and receive a new license so that an inspection of the device can be performed prior to its use.

I acknowledge that as a condition of being issued this license, I must allow the Health Department into the establishment to test the device to validate its specifications/tolerances. If my devices are found out of compliance, I may be charged inspection fees.

I have read, understand, and will adhere to all the above acknowledgments.

*Joanell Sign*

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



**FILLING STATION LICENSE AND  
WEIGHTS & MEASURES (RETAIL PETROLEUM METERS)  
LICENSE SUPPLEMENTAL APPLICATION**

OFFICE OF THE CITY CLERK, LICENSE DIVISION  
CITY HALL, 200 E. WELLS ST, ROOM 105, MILWAUKEE, WI 53202  
(414) 286-2238 • [license@milwaukee.gov](mailto:license@milwaukee.gov) • [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

Legal Entity Name: JAIYIN CAPITAL INC.  
Premise Address: 3709 W VILLARD AVE MILWAUKEE, WI- 53209

Filling Station License Fee \$ 350

Weights & Measures License Fee  
Number of Retail Petroleum Meters\* 12 x \$60 per meter = \$ 720.

\*For each nozzle, count the number of grades (not including midgrade if mixed in the pump), add the number of all grades together and that is your number of retail petroleum meters.

Will electronic scanners be used to determine/record the price of items?  No  Yes  
Will scales be used to price items based on their weight?  No  Yes  
If yes to either or both questions, a separate Weights & Measures License Application must be submitted for these devices.

**Acknowledgements and Signature**

I confirm that all information is true and correct. I understand any changes to the information in this application must be reported to the City Clerk License Division within 10 days. I have knowledge of the City of Milwaukee ordinances currently regulating the licenses applied for and understand that the licenses may be subject to suspension, non-renewal, or revocation if I violate these regulations.

*James Jin*

Signature of Sole Proprietor, Partner, or 20% or more Shareholder  
(If no 20% or more Shareholder, Corporate Officer must sign and provide title)

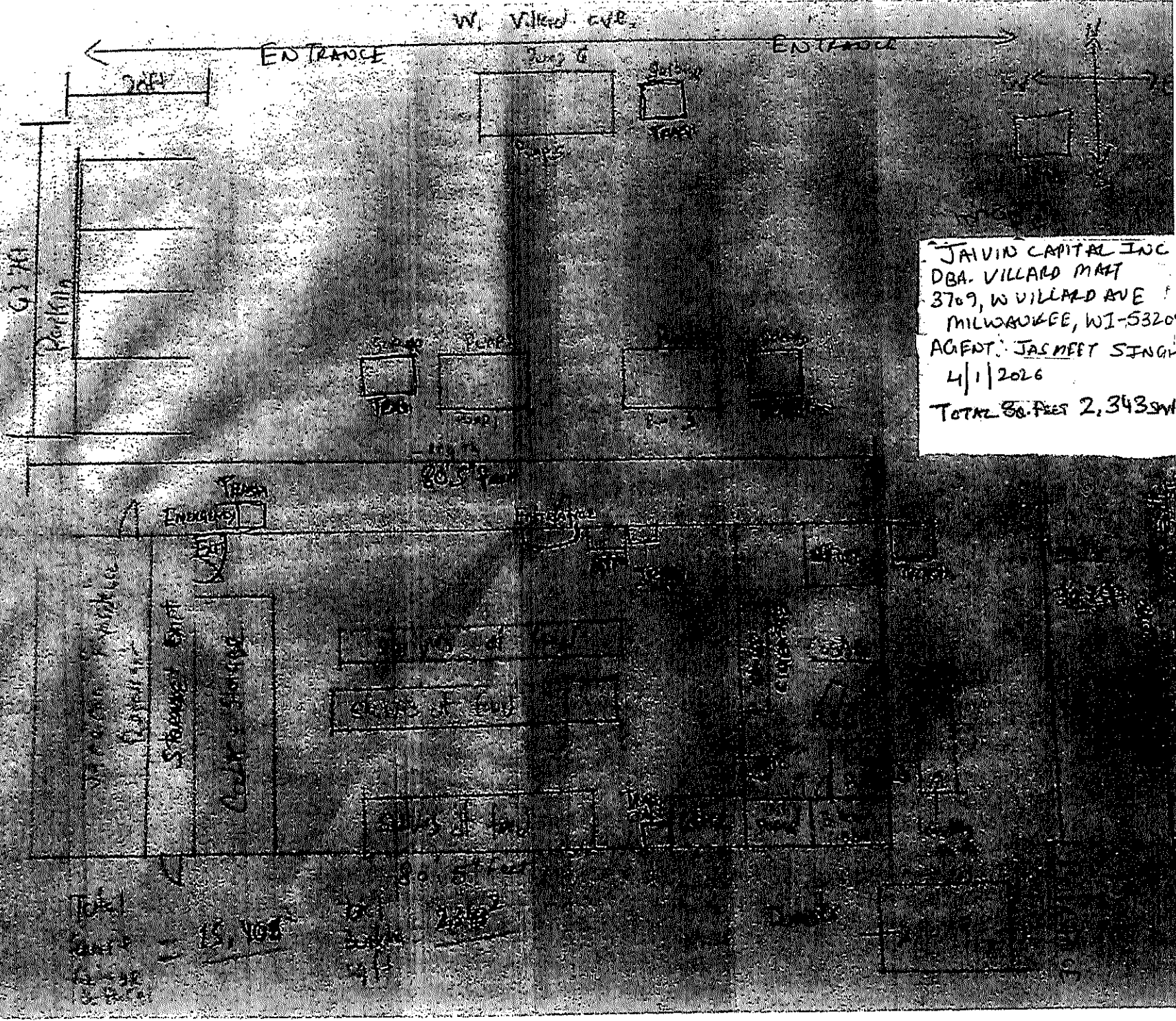
Signature of Additional Partner or 20% or more Shareholder

Submit this form with the following:

- Business License Application
- Business Plan of Operation
- Floor plan
- License fees

Forms can be obtained online at [www.milwaukee.gov/licenses](http://www.milwaukee.gov/licenses)

Office Use Only:			
App#	_____	Filed	_____
Paid	_____	MPD	_____
HD	_____	DNS	_____
		Initials	_____
		CC	_____
		Lic #	_____



JAVIN CAPITAL INC  
 DBA. VILLARD MART  
 3709, W VILLARD AVE  
 MILWAUKEE, WI-53209  
 AGENT: JASMEET SINGH  
 4/1/2026  
 TOTAL SQ. FEET 2,343 SQ