



CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Monday, July 01, 2024

COMMITTEE MEETING NOTICE

AD 15

ADAS, Mohammad, Agent
Vitamin & Supplements MKE LLC
3432 W Vliet St
Milwaukee, WI 53208

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.

Friday, July 12, 2024 at 09:40 AM

The access code is <https://meet.goto.com/584084517>. Please see the enclosed best practices document for further instructions.

Regarding: Your Secondhand Dealer's and Weights & Measures License Applications as agent for "Vitamin & Supplements MKE LLC" for "Hemp Dispensary" at 3432 W Vliet St.

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 MCC 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
Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: License@milwaukee.gov



CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Monday, July 01, 2024

COMMITTEE MEETING NOTICE

AD 15

ADAS, Mohammad, Agent
Vitamin & Supplements MKE LLC
8001 S 6TH ST #139
Oak Creek, WI 53154

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.

Friday, July 12, 2024 at 09:40 AM

The access code is <https://meet.goto.com/584084517>. Please see the enclosed best practices document for further instructions.

Regarding: Your Secondhand Dealer's and Weights & Measures License Applications as agent for "Vitamin & Supplements MKE LLC" for "Hemp Dispensary" at 3432 W Vliet St.

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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
Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: License@milwaukee.gov



Monday, July 01, 2024



Notice of Public Hearing

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ADAS, Mohammad, Agent
Hemp Dispensary at 3432 W Vliet St
Secondhand Dealer's and Weights & Measures License Applications

Friday, July 12, 2024 at 9:40 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 on 7/12/2024 at 9:40 AM 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 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 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	1422 N 35TH ST	MILWAUKEE, WI 53208-2362
CURRENT OCCUPANT	1423 N 34TH ST	MILWAUKEE, WI 53208-2310
CURRENT OCCUPANT	1423A N 34TH ST	MILWAUKEE, WI 53208-2310
CURRENT OCCUPANT	1425 N 35TH ST	MILWAUKEE, WI 53208-2313
CURRENT OCCUPANT	1426 N 35TH ST	MILWAUKEE, WI 53208-2362
CURRENT OCCUPANT	1427 N 34TH ST	MILWAUKEE, WI 53208-2310
CURRENT OCCUPANT	1428 N 35TH ST	MILWAUKEE, WI 53208-2362
CURRENT OCCUPANT	1429 N 34TH ST	MILWAUKEE, WI 53208-2310
CURRENT OCCUPANT	1429 N 35TH ST	MILWAUKEE, WI 53208-2313
CURRENT OCCUPANT	1434 N 35TH ST	MILWAUKEE, WI 53208-2362
CURRENT OCCUPANT	1439 N 34TH ST	MILWAUKEE, WI 53208-2310
CURRENT OCCUPANT	1439 N 35TH ST	MILWAUKEE, WI 53208-2313
CURRENT OCCUPANT	1439A N 35TH ST	MILWAUKEE, WI 53208-2313
CURRENT OCCUPANT	1444 N 35TH ST	MILWAUKEE, WI 53208-2362
CURRENT OCCUPANT	1444A N 35TH ST	MILWAUKEE, WI 53208-2362
CURRENT OCCUPANT	1445 N 34TH ST	MILWAUKEE, WI 53208-2310
CURRENT OCCUPANT	1447 N 34TH ST	MILWAUKEE, WI 53208-2310
CURRENT OCCUPANT	1449 N 35TH ST	MILWAUKEE, WI 53208-2313
CURRENT OCCUPANT	3412 W VLIET ST	MILWAUKEE, WI 53208-2827
CURRENT OCCUPANT	3414 W VLIET ST	MILWAUKEE, WI 53208-2827
CURRENT OCCUPANT	3420A W VLIET ST3# 1	MILWAUKEE, WI 53208-2833
CURRENT OCCUPANT	3420A W VLIET ST3# 2	MILWAUKEE, WI 53208-2833
CURRENT OCCUPANT	3420A W VLIET ST3# 3	MILWAUKEE, WI 53208-2833
CURRENT OCCUPANT	3420A W VLIET ST3# 4	MILWAUKEE, WI 53208-2833
CURRENT OCCUPANT	3420A W VLIET ST3# 5	MILWAUKEE, WI 53208-2833
CURRENT OCCUPANT	3420A W VLIET ST3# 6	MILWAUKEE, WI 53208-2833
CURRENT OCCUPANT	3430 W VLIET ST3# 1	MILWAUKEE, WI 53208-2827
CURRENT OCCUPANT	3430 W VLIET ST3# 2	MILWAUKEE, WI 53208-2827
CURRENT OCCUPANT	3430 W VLIET ST3# 3	MILWAUKEE, WI 53208-2827
CURRENT OCCUPANT	3519R W CHERRY ST	MILWAUKEE, WI 53208-2324

Blank Notice

Total Records: 30

Radius 250 feet and Center of the Circle: 3432 W Vliet St



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

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:

Second Hand Dealer (Buy Used Gold)

Do you have any experience operating this type of business? No Yes If yes, explain: Have been in Retail For 20 years

2. Business Operations

- a. Proposed Opening Date: 06-01-24
- 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: Retail Vitamin Shop
- 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: Tax office

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: By Door
Outside: 1 Locations: By Door
- 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? 8 and describe the parking security plan: Cameras and lights
- b. Is there a loading zone? No Yes If yes, describe the loading area security plan: _____
- 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? 8 and list locations: 5 Inside
3 Outside
- e. Will searches/identification checks be done upon entry? No Yes If yes, describe _____

6. Percentage of Sales (must total 100%)

Alcohol <u>0</u> %	Food <u>0</u> % Cigarettes, Electronic Vape Devices, Tobacco Products <u>0</u> %	Secondhand Merchandise <u>30</u> %	Precious Metals & Gems <u>20</u> %
Entertainment <u>0</u> %	Salvaged Materials <u>0</u> % (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) <u>0</u> %	Other <u>50</u> % Describe: <u>Vitamins/Hemp</u>
Pawnbroker Activity <u>0</u> %			

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):
 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: 354th St
- d. Describe Building: Free Standing Building Strip Mail Other: _____
- e. Describe Premises Structure: Single Story Multi-Story - # of Stories 2 Other: _____
- f. Describe Surrounding Area: Commercial Residential Industrial Other: _____
- g. Building Owner Name: Omar Ahmad Phone Number: 708-997-0202
 Building Owner Address: 8101 W. 123rd St Unit C, Palos Park, IL 60464

10. Hours of Operation & Customers

Will customers be entering the premises? No Yes

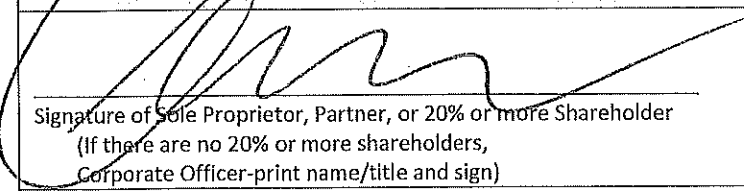
Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	12 AM	11:59 PM			
Monday	12 AM	11:59 PM			
Tuesday	12 AM	11:59 PM			
Wednesday	12 AM	11:59 PM			
Thursday	12 AM	11:59 PM			
Friday	12 AM	11:59 PM			
Saturday	12 AM	11:59 PM			

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.



**SECONDHAND DEALER LICENSE
SUPPLEMENTAL PLAN OF OPERATION**

ccl-shdplan 10/17/19

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

Legal Entity Name: Vitamin & Supplements MKE LLC

Premises Address: 3432 W. Vliet St

What type of business will you operate? (Select all that apply)

- Secondhand Dealer Secondhand Dealer-Bicycles Only Secondhand Dealer Mall
- Pawnbroker Precious Metal & Gem Dealer

Residency

Has the agent, sole proprietor, or both partners lived in Wisconsin for at least 90 days prior to filing this application?

- Yes No If no, you are not eligible to apply for this license at this time per MCO 92-27-3.

Merchandise & Sales

List all items you will be selling:

We will be buying Used Gold

What percent of your anticipated annual sales will involve precious metals and gems? ~~0~~ %

What percent of your anticipated annual sales will involve gold? ~~0~~ %

Will you use a barcode scanner or scale for items to be sold by weight (price per pound, ounce, gram, etc.)?

- No Yes If yes, a Weights & Measures License is also required.

List any additional locations where you may temporarily conduct business: ~~0~~

How will transactions occur, if applicable? Door-to-door Conventions Other:

Security

What are your plans to provide security for business records? Records must be kept at the premises address.

- Kept in safe Kept in locked cabinet Digital records Other: _____

What are your plans to ensure that business is not conducted with minors?

- Check ID Other: _____

Signature

I confirm that all information is true and correct. I understand I am required by law to inform the City Clerk of changes to this information within ten days.

Mohammad Adas/owner

Print Name and Title of Individual, Partner, Member, Officer, or Agent of Corporation/LLC

Sign

**SUBMIT THIS FORM ALONG WITH THE
BUSINESS LICENSE APPLICATION & BUSINESS LICENSE PLAN OF OPERATION**



**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 • www.milwaukee.gov/license

Office Use Only:
 App# 34411
 Filed 4.18.24
 Initials TR
 Paid _____
 Lic # _____

Legal Entity Name: Vitamin & Supplement MKE LLC (Hemp Dispensary)
 Premise Address: 3432 W. Vliet St

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)
Liquid Measuring Devices				
<input type="checkbox"/> Retail Petroleum Meters	12 months	\$60		
<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		
Scales				
<input checked="" type="checkbox"/> Measuring any weight amount	24 months	\$55		
Scanners				
<input checked="" type="checkbox"/> Up to 3 scanners	24 months	\$130 total*	<input checked="" 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 _____	
Other Devices				
<input type="checkbox"/> Length Measuring Device	24 months	\$60		
<input type="checkbox"/> Timing Device	24 months	\$30		

Total Fee Due

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.

 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 Plan of Operation, and appropriate fee. Forms can be obtained online at www.milwaukee.gov/licenses.



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 license@milwaukee.gov

Legal Entity Name: Vitamin & Supplements MKE LLC (Hemp Dispensary)

Premise Address: 3432 W. Viet St

Type of Business

Provide a brief description of the establishment/business:

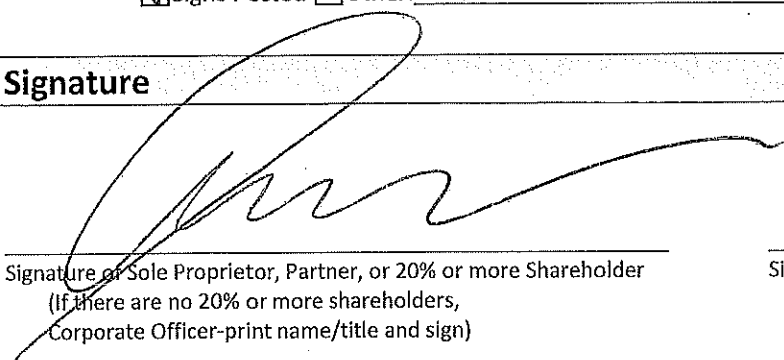
We will be selling Vitamins, Supplements, Hemp Products and also we will buy Used Gold.

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.