



CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Wednesday, September 14, 2022

COMMITTEE MEETING NOTICE

AD 01

NAGRA, Gurinder S, Agent
Silver Spring Petro Mart BP, Inc
6980 S 35th St
Franklin, WI 53132

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

Tuesday, September 27, 2022 at 09:45 AM

Regarding: Your Filling Station, Food Dealer and Weights & Measures License Applications as agent for "Silver Spring Petro Mart BP, Inc" for "Silver Spring Petro Mart BP" at 3606 W Silver Spring DR.

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/953593573>. If you wish to call in, please call +1 (872) 240-3412 and use Access Code: 953-593-573.

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 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

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

Roman, Carmen

From: License
Sent: Thursday, September 16, 2021 9:44 AM
To: Roman, Carmen; Crite, Yvette
Cc: Cooney, Jim; Byrd, Yashica
Subject: FW: Objection

Follow Up Flag: Follow up
Flag Status: Flagged

REDACTED RECORD

Hey guys,

I've added this objection to LIRA, whoever is doing North Side dashboard, could you please add to the paper file? ty

Keren Becker
License Specialist III
City Clerk – License Division
O: (414) 286-2238
License@Milwaukee.gov
www.Milwaukee.gov/license



From: License
Sent: Friday, September 10, 2021 12:04 PM
To: License
Subject: Objection

You don't often get email from

Hello, My name [redacted], I am emailing you to object the proposal for 3606 W Silver Spring Dr Petro Mart BP Gas Station to be a 24 hour facility. This proposal will have an adverse impact on the health, safety, and welfare of the beloved neighborhood. We already have two other gas stations and a local convenience store in the area, therefore this gas station is completely unnecessary. It will be absurd to have it operate for 24 hours as well. Having this gas station for 24 hours will increase the traffic on the local neighborhood blocks, high loitering traffic, and unwanted patrons. I am petitioning for this Petro Market gas station have limited/shorter hours instead of the requested 24 hours. Thank you

Becker, Keren

From:
Sent: Saturday, August 21, 2021 10:26 AM
To: License
Subject: Extended hours request for Gurinder S. Nagra, Agt. Silver Spring Peter Mart BP, Inc.
Categories: KB working on

You don't often get email from : [Learn why this is important](#) To Whom It May Concern:

Our names are this is in regards to the request for extended hours by Gurinder S. Nagra for the BP Gas Station at 3606 W Silver Spring Drive.

We are against extended hours because it will increase crime in the area and high speed cars going down the street, higher foot traffic, and loud music. This neighborhood was glad when the bar closed that was located across the street from this gas station. This bar, which was also on 36th and Silver Spring caused high speed traffic, car accidents to parked cars on 36th Street, and drug traffic and use. The neighborhood is quiet now and we would like to keep it that way.

Not sure why this gas station decided to open at this location because there is already a Citgo gas station a block away that stays open for 24 hours on 35th and Silver Spring, and a Marathon on 42nd and Silver Spring that is open until 10 p.m. We feel that there would be police sirens and chaos all night, and that this gas station would attract people to hang around in front, side, and back of premises. Once the customer leaves the attendants will not care what happens outside. They have already made their sale and outside would not be their concern.

Gas stations bring a lot of unwanted traffic and people to the area. We are against extending hours for the BP Gas Station at 3606 W Silver Spring Drive.

Thank you,

Address:

Email:

REDACTED RECORD

REDACTED RECORD

August 19, 2021

Office of the City Clerk

License Division

200 E. Wells Street, Milwaukee WI 53202

Dear License Division:

My name is _____ and this is in regards to Petro Mart gas station located at 36th and Silver Spring for Extended Hours request by Gurinder S. Nagra, Agt Silver Spring Petro Mart BP, Inc

I'm against Petro Mart extended hours because it will increase crime in the area and high speed cars going down the street, higher foot traffic and loud music. This block was grateful when the bar across the street where this gas station is closed. The bar which was also on 36th and Silver Spring caused high speed traffic and car accident to park cars that went down the street on 36th and drug traffic and use. The neighborhood is quiet now and we would like to keep it that way. Not sure why this gas station decided to open at this location because there is already a Citgo gas station a block away that stays open for 24 hours on 35th and Silver Spring and a Marathon on 42nd and Silver Spring that is open until 10pm . We don't need this gas station at all. We were not informed that a gas station was being built in the first place. There should be a law not allowing gas station to be so close together and not 24 hours of operation. It's not safe for the entire underground tank full of fuel to be so close together.

More reasons why that is the neighborhood would be getting woke up all times of the night and possible chaos all the time which would cause police sirens. I have to work in the morning and my family and the neighborhood needs to rest. My family feels safe at night when I come home or just sitting in my backyard right now. I would not feel safe with extended hours at the Petro Mart. This gas station would attract other people to hang out around in front, side and back and once the customer leave they don't care what happens outside. They have already made their sale and outside would not be their concern.

Gas stations bring a lot of unwanted traffic and people to the area already and I would not be for extending hours at the Petro Market gas station on 36th and Silver Spring. I would prefer shorter hours.

Thank you

August 19, 2021

Office of the City Clerk

License Division

200 E. Wells Street, Milwaukee WI 53202

REDACTED RECORD

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Gas stations bring a lot of unwanted traffic and people to the area already and I would not be for extending hours at the Petro Market gas station on 36th and Silver Spring. I would prefer shorter hours.

Thank you

MILWAUKEE POLICE DEPARTMENT

LICENSING

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

DATE: 08/10/2021
LICENSE TYPE: FILLING
NEW:
RENEWAL:

No. 327877
Application Date: 08/09/2021

License Location: 3606 W Silver Spring dr
Business Name: Silver Spring Petro Mart

Licensee/Applicant: Nagra, Gurinder S
(Last Name, First Name, MI)
Date of Birth: 07/30/1970

Home Address: 6980 S. 35th Street
City: Franklin **State:** WI **Zip Code:** 53132
Home Phone: (414) 467-2795

This report is written by Police Officer David NOVAK, assigned to the License Investigation Unit, Days.

The Milwaukee Police Department's investigation regarding this application revealed the following:

1. On 01/26/2016 the applicant was cited in the City of Milwaukee at 4839 N. Green Bay Av for Building Code Violations.

Charge: Building Code Violations
Finding: Guilty
Sentence: Fined \$980.00
Date: 01/05/2017
Case: 16033149

2. On 06/16/2016 the applicant was cited in the City of Milwaukee at 4110 W. Martin Dr for Building Code Violations.

Charge: Building Code Violations
Finding: Guilty
Sentence: Fined \$280.00
Date: 01/17/2017
Case: 16051366

3. On 08/02/17 the applicant was cited in the City of Milwaukee at 4839 N. Green Bay Avenue for Building Code Violations.

Charge: Building Code Violations
Finding: Guilty
Sentence: \$330.00 fine
Date: 01/25/18
Case: 17074331

4. On 08/22/17 the applicant was cited in the City of Milwaukee at 2667 N. 5th Street for Responsible Person on Premise Required.

Charge: Responsible Person on Premise Required
Finding: Guilty
Sentence: \$190.00 fine
Date: 02/22/18
Case: 17042400

5. On 08/26/17 the applicant was cited in the City of Milwaukee at 2667 N. 5th Street for Sale of Cigarettes to Minor/Underage.

Charge: Sale of Cigarettes to Minor/Underage
Finding: Guilty
Sentence: \$280.00 fine
Date: 06/27/18
Case: 17051220

6. On 12/03/18 the applicant was cited in the City of Milwaukee at 3876 N. Port Washington Road for Responsible Person on Premise Required.

Charge: Responsible Person on Premise Required
Finding: Guilty
Sentence: Fined \$189.00
Date: 04/11/2019
Case: 18085794



Wednesday, September 14, 2022



Notice of Public Hearing

Blank Notice

NAGRA, Gurinder S
Silver Spring Petro Mart BP at 3606 W Silver Spring DR
Filling Station, Food Dealer and Weights & Measures License Applications

Tuesday, September 27, 2022 at 09:45 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 09/27/2022 at 09:45 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.



APPLICATION AMENDMENT

ccl-amend 9/10/18

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

Date: 8-25-2022

To the License Division of the City of Milwaukee: SILVER SPRING PETRO MART BP INC (AGENT GURINDER S. NAGRA)

File 327878 CIG 327880 FOOD 327880 WLM 327881 license at 3606 W. SILVER SPRING DRIVE WLM 327882 (premises address, if applicable) MILWAUKEE WI 53209

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: Change of hours 5AM to 10PM SUN - SAT

(Check with the License Division before submitting "Other" amendments using this form.)

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

Office Use Only: Application #: File 327878, FOOD 327880 Date: 8/25/22 Initials: CE To LC: WLM 327881, WEA 327882
LC Email: []MPD []NS []HD Initials:

OCCUPANT	MAIL ADDRESS	CITY STATE ZIP
CURRENT OCCUPANT	3510A W SILVER SPRING DR	MILWAUKEE, WI 53209-4036
CURRENT OCCUPANT	3512 W SILVER SPRING DR	MILWAUKEE, WI 53209-4036
CURRENT OCCUPANT	3518A W SILVER SPRING DR	MILWAUKEE, WI 53209-4036
CURRENT OCCUPANT	3526A W SILVER SPRING DR	MILWAUKEE, WI 53209-4036
CURRENT OCCUPANT	5554 N 37TH ST	MILWAUKEE, WI 53209-4734
CURRENT OCCUPANT	5556 N 36TH ST	MILWAUKEE, WI 53209-4760
CURRENT OCCUPANT	5556A N 36TH ST	MILWAUKEE, WI 53209-4760
CURRENT OCCUPANT	5560 N 36TH ST	MILWAUKEE, WI 53209-4760
CURRENT OCCUPANT	5560A N 36TH ST	MILWAUKEE, WI 53209-4760
CURRENT OCCUPANT	5566 N 37TH ST	MILWAUKEE, WI 53209-4734
CURRENT OCCUPANT	5567 N 36TH ST	MILWAUKEE, WI 53209-4759
CURRENT OCCUPANT	5567 N 37TH ST	MILWAUKEE, WI 53209-4733
CURRENT OCCUPANT	5567A N 37TH ST	MILWAUKEE, WI 53209-4733
CURRENT OCCUPANT	5568 N 36TH ST	MILWAUKEE, WI 53209-4760
CURRENT OCCUPANT	5619 N 35TH ST	MILWAUKEE, WI 53209-4031
CURRENT OCCUPANT	5619 N 36TH ST	MILWAUKEE, WI 53209-4005
CURRENT OCCUPANT	5620 N 36TH ST	MILWAUKEE, WI 53209-4006
CURRENT OCCUPANT	5622 N 36TH ST	MILWAUKEE, WI 53209-4006
CURRENT OCCUPANT	5622A N 36TH ST	MILWAUKEE, WI 53209-4006
CURRENT OCCUPANT	5625 N 36TH ST	MILWAUKEE, WI 53209-4005
CURRENT OCCUPANT	5626 N 37TH ST	MILWAUKEE, WI 53209-4014
CURRENT OCCUPANT	5626A N 37TH ST	MILWAUKEE, WI 53209-4014
CURRENT OCCUPANT	5628 N 36TH ST	MILWAUKEE, WI 53209-4006
CURRENT OCCUPANT	5629 N 35TH ST	MILWAUKEE, WI 53209-4031
CURRENT OCCUPANT	5629 N 37TH ST	MILWAUKEE, WI 53209-4013
CURRENT OCCUPANT	5631 N 36TH ST	MILWAUKEE, WI 53209-4005
CURRENT OCCUPANT	5632 N 36TH ST	MILWAUKEE, WI 53209-4006
CURRENT OCCUPANT	5632A N 36TH ST	MILWAUKEE, WI 53209-4006
CURRENT OCCUPANT	5634 N 37TH ST	MILWAUKEE, WI 53209-4014
CURRENT OCCUPANT	5635 N 36TH ST	MILWAUKEE, WI 53209-4005
CURRENT OCCUPANT	5635 N 37TH ST	MILWAUKEE, WI 53209-4013
CURRENT OCCUPANT	5640 N 36TH ST	MILWAUKEE, WI 53209-4006
CURRENT OCCUPANT	5640 N 37TH ST	MILWAUKEE, WI 53209-4014
CURRENT OCCUPANT	5643 N 36TH ST	MILWAUKEE, WI 53209-4005
CURRENT OCCUPANT	5644 N 36TH ST	MILWAUKEE, WI 53209-4006
CURRENT OCCUPANT	5647 N 36TH ST	MILWAUKEE, WI 53209-4005
CURRENT OCCUPANT	5650 N 37TH ST	MILWAUKEE, WI 53209-4014

Blank Notice

Total Records: 37

Radius 250.0 feet and Center of Circle: 3606 W Silver Spring Dr



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: GASOLINE STATION WITH C-STORE

Do you have any experience operating this type of business? No Yes If yes, explain: I currently operate similar business.

2. Business Operations

- a. Proposed Opening Date: 08/01/2021
- b. Is this premise under construction? No Yes If yes, list estimated completion date: 07/15/2021
- 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): 6811 N Teutonia Ave, Milwaukee, WI 53209
- 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: 2 Locations: By Restrooms and checkout counter
Outside: 5 Locations: By Front Door and Pumps
- 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? 5 and describe the parking security plan: Security Camera system monitor parking lot 24/7
- 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? 1 and answer the following:
 What are their responsibilities? Monitor customers coming in and out of the store
 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? 16 and list locations: _____
Security Camera system will be monitoring inside and store surroundings.
- 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>20</u> %	Secondhand Merchandise <u>0</u> %	Precious Metals & Gems <u>0</u> %
Entertainment <u>0</u> %	Cigarettes <u>40</u> %	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) <u>0</u> %	Other <u>40</u> % Describe: <u>Gas + Lottery</u>
Pawnbroker Activity <u>0</u> %	Salvaged Materials <u>0</u> % (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: _____ 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 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 none (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: TEUTONIA & SILVER SPRING DRIVE
- 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: 3606 W Silver Spring LLC Phone Number: 414-467-2795
 Building Owner Address: 6980 S 35th Street, Franklin WI 53132

10. Hours of Operation & Customers

Will customers be entering the premises? No Yes

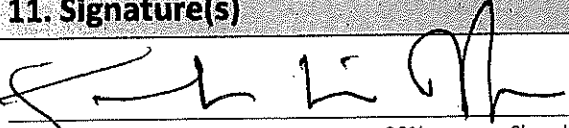
Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	24 hrs		250	all	
Monday	24 hrs		250	all	
Tuesday	24 hrs		250	all	
Wednesday	24hrs		250	all	
Thursday	24hrs		250	all	
Friday	24hrs		250	all	
Saturday	24hrs		250	all	

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 • www.milwaukee.gov/license

Legal Entity Name: **SILVER SPRING PETRO MART BP INC**

Premises Address: **3606 W SILVER SPRING DR, 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 5,000 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, Prepackaged Meat, Poultry

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: OCT 2019

Name, Address & Phone Number of Architect: BMR DESIGN GROUP
414-324-2818 503 W LINCOLN AVE. MIL. WI 53207

Name, Address & Phone Number of Contractor: FAHIM 4839 N. GREENBAY AVE
414-688-2747 MILWAUKEE 53209

SECTION 7 ALCOHOL BEVERAGES

Are you applying for an alcohol beverage license?
 No If No, SKIP to Section 8
 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:

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

gn 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.

gn 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.

gn 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.

gn 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: [Signature]

Signature of Additional Partner: _____



**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 • www.milwaukee.gov/license

Legal Entity Name: SILVER SPRING PETRO MART BP INC

Premise Address: 3606 W SILVER SPRING DR, MILWAUKEE, WI 53209

Filling Station License Fee \$ 275

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.

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

Office Use Only:

App#	_____	Filed	_____	Initials	_____
Paid	_____	MPD	_____	CC	_____
HD	_____	DNS	_____	Lic #	_____



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# _____
Filed _____
Initials _____
Paid _____
Lic # _____

Legal Entity Name: SILVER SPRING PETRO MARKS B&B INC
Premise Address: 2606 W. SILVER SPRING DRIVE 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)
Liquid Measuring Devices				
<input type="checkbox"/> Retail Petroleum Meters	12 months	\$60	12	720
<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 type="checkbox"/> Measuring any weight amount	24 months	\$55		
Scanners				
		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 checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	130
<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 850

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)

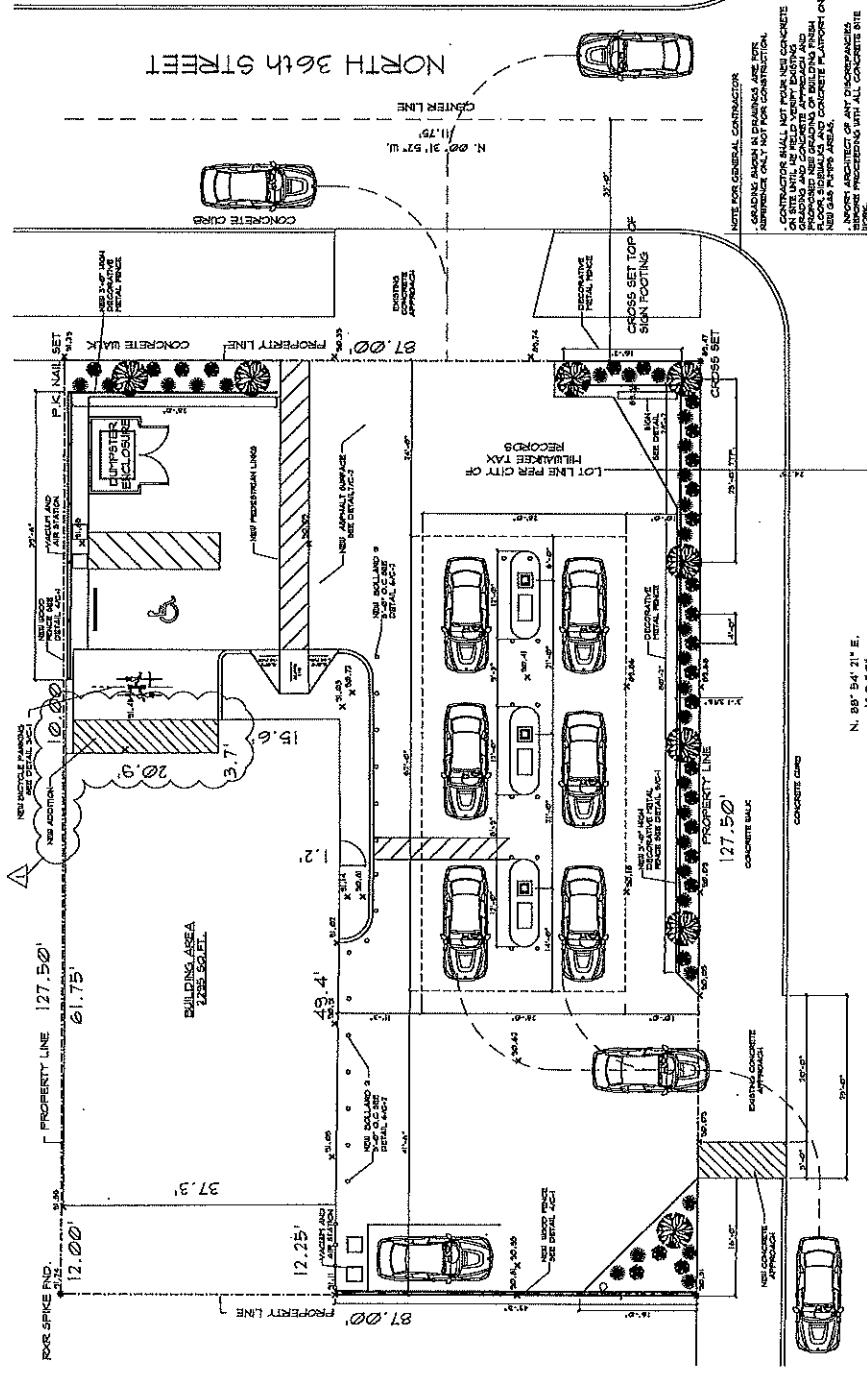
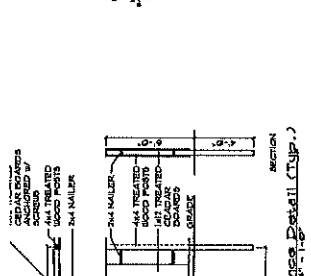
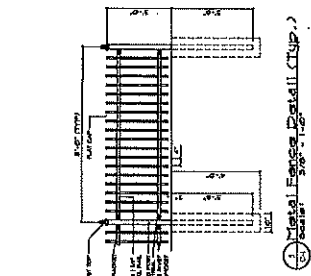
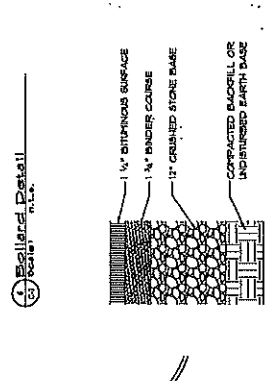
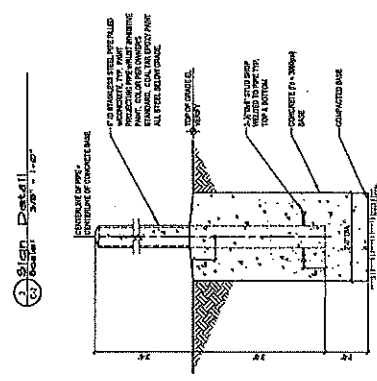
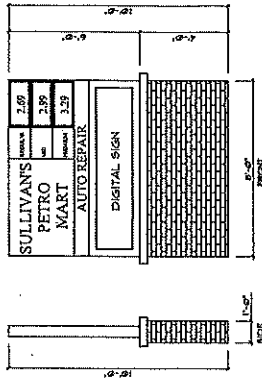
Signature of additional partner or 20% or more shareholder

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.

REVISIONS	DATE
NEW ADDITION	7/29/21

CHECKED BY L.B.
 DRAWN BY R.A.
 SCALE as noted
 SHEET NO. C-2
 SHEET TITLE

SYMBOL	CITY	DATE	DESCRIPTION	BY	CHKD.
(Symbol)	24	08/04/21	CONCRETE CURB	R.A.	L.B.
(Symbol)	25	08/04/21	WOOD FENCE	R.A.	L.B.
(Symbol)	26	08/04/21	BIKE RACKS	R.A.	L.B.
(Symbol)	27	08/04/21	WOOD FENCE	R.A.	L.B.
(Symbol)	28	08/04/21	WOOD FENCE	R.A.	L.B.



S.E. COR. S.W. 1/4 SEC. 25-8-21

FLOOR AREA = 2295 SQ.FT.

Existing Site Plan
 Scale: 1/8" = 1'-0"

WEST SILVER SPRING ROAD

N. 88' 5 1/2" E.
 160.0 50'

SOUTH LINE S.W. 1/4 SEC. 25-8-21