

CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Wednesday, December 18, 2024

COMMITTEE MEETING NOTICE

AD 09

PATEL, Poojaben, Agent SHREE RAM 7155 LLC 7155 N 76TH St Milwaukee, WI 53223

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, January 07, 2025 at 10:20 AM

The access code is https://meet.goto.com/729946085. Please see the enclosed best practices document for further instructions.

Regarding:

Your Class A Malt & Class A Liquor, Food Dealer and Weights & Measures Licenses Application as agent for "SHREE RAM 7155 LLC" for "Martha's Vineyard" at 7155 N 76TH 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 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.



CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

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AD 09

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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

Date: 11/13/24 Officer: T. Geniesse

City of Milwaukee Police Department 90-5-1.5 Crime Prevention Survey Convenience Store/Liquor Store Inspection

Name of Premise: Ma Address: 7155 N 76 th Phone: 414-973-0018		/ineyard	1		
Owner: Poojaben G P Owner address: 1914 City State Zip: Wauke Owner Phone: 872-80 Owner email: ashja2:	E Broac esha, W 6-3294	dway #8 I 53186	329	667955	9808 Exp. 2/28
Manager: Hinal Vyas Home Address: Unkn City State Zip: Phone: 774-722-5313 Email:		20/95			
Preferred contact: Hir	al Vya	S			
Location currently op	en:	\boxtimes	YES		NO
Projected open date:	Projected open date:				
Day's open: S N] T[] 1	w 🗆	Th □F	□SA	⊠ALL
Hours of Operation:	Sun: Mon: Tue: Wed: Thu: Fri: Sat:	8a-9p 8a-9p 8a-9p 8a-9p		□24 ho	ours ∏Y ⊠N
Premise Type:		uor Stor iveniend er:		:	
Licenses currently held: In Waukesha Class A Alcohol: Yes No Class: #:					

Tobacco:	☐Yes ☐No #:	
Food:	☐Yes ☐No #:	
Extended Hours:	☐Yes ☐No #:	
Secondhand Dealer:	Yes No Type:	#:
Other:	☐Yes ☐No Type:	# :
Other:	Yes No Type:	#:
Exterior Survey:		
1. Is the area around the	location clean? XYes [□No
2. What surrounds the le	ocation? (Check all the ag	pply)
a. 🔲 Park		
b. School		
c. Youth Cen	ter	
d. Church		
e. Tavern(s)	If so, how many	
f. Residentia		
g. 🖾 Other busi	nesses	
h. Other:		
3. Can you see from the	outside of the location i	nto the interior □Yes ⊠No_
4. Can you see the emp	loyees inside of the locat	ion from the outside ∐Yes ⊠No
Are exterior window	s free of signage ⊠Yes [No
6. Is there a parking lot	⊠Yes □No	
7. Is the parking lot clean	an? ⊠Yes ⊡No	
8. Is the parking lot well	ll lit? ⊠Yes ∏No	<u> </u>
9. Are there areas wher	e a person could conceal	themselves Yes No
10. Is there exterior light	ing? ⊠Yes □No. Do	es it appears to be adequate ⊠Yes □No
11. Exterior Payphone?	□Yes ⊠No	
12. Are there No Loitering	ng Signs posted? Yes	No
13. Are there exterior se	curity cameras XYes	No How Many: 3
14. Are the address num	bers prominently display	ed and easy to see ⊠Yes □No
	<u>. </u>	
Camera Survey:		
15. Does this location ha	ive security cameras? 🛛	Yes No
16. Are they in working	order? ⊠Yes □No	
17. What format are the		
a. Color	⊠Yes □No	
b. Digital	⊠Yes □No	
c. VCR	□Yes ⊠No	
d. Recorded	⊠Yes □No	
18. How long is footage	stored for later viewing:	30 days
19. Are there exterior ca		Iow many: 3
20. Are there interior ca		low many: 15 working 18 total
21. Do all employees kn	low how to retrieve recor	ded digital images/footage? Tyes No

Interior Survey:

22. Is the storeowner willing to be a standing complainant regarding loitering? ⊠Yes ☐No
a. If yes have them fill out the standing complaint form and give them two of the
commercial signs ☐Yes ☒No
23. Is the interior of the location neat and clean?
24. Does an interior camera face the entrance/exit?
25. Is there a lockable area that separates employees from customers? Yes No
26. Does the store sell single chore boy?
27. Does the store sell blunt wraps? \times Yes \times No
28. Does the store sell scales?
29. Does the store sell items that may be used as crack pipes? \(\subseteq Yes \subseteq No \)
a. Describe item
30. Does the store have an over abundance of sandwich baggies: Yes No
31. Does the owner understand that these items are often used for drug use? XYes \(\subseteq No
32. Do the products in the store appear to be new and rotated often? Yes No
33. Are emergency and non-emergency numbers posted near the phone? Yes No
34. Does the owner know how to contact their police district directly? ∑Yes ☐No
a. Did you provide a district contact guide to the owner? ⊠Yes ☐No
Complete this section if alcohol establishment is a convenience store:
(** Read full ordinance for all details "68-4.3 Convenience Food Stores")
All convenience food stores not exempted under sub. 3 shall:
1. Is the cash register located in a manner so that at the time of a sales transaction, the employee
and customer are both visible from the sidewalk? ☐Yes ☒No **
2. Are the glass entrance and exit doors clear of any signs or advertisements with the exception of a
sign which states that the cash register contains \$50 or less and that the safe is no accessible to
employees? XYes No
3. Does the store maintain one of the following on the licensed premise:
a. A safe that was in use at the convenience food store on August 17, 1994? ☐Yes ☒No
b. A drop-safe or time release safe that weighs at least 500 pounds or which is attached to or
set into the floor in a manner approved by the police department? ⊠Yes ☐No
4. Is lighting provided for the store's parking area during all hours of darkness when employees or
customers are on the premises at a minimum average of 2-foot candles per square foot, unless the
store is not open for business after sunset and before sunrise? Yes No N/A
5. Are at least two high-resolution surveillance security cameras installed? ∑Yes ☐No
6. Are the security cameras in working order? Yes No
7. Does one camera show an overall view of the counter and register area? Yes \(\subseteq No
8. Does one camera show a clear, identifiable, full frame image of the face of each person entering
and leaving the store? X Yes No
9. Are the camera views obstructed by fixtures or displays? ☐Yes ☒No
10. Is the recorded footage stored for at least 30 days? Yes No
11. The all states approach losses the extract of days? MI as Line
11. Do all store employees know how to record footage from the camera system to media capable of
being transferred to police custody? Yes No
12. Are customer entrances/exits made of glass or other transparent material? ∑Yes ☐No
a. Exception: A store that does not have such doors on August 17, 1994 shall not be
required to install such doors until the holder of the store's food dealer license changes.
13. Has the owner and their employees attended the Robbery Prevention Training with in 120 days
of ownership or employment? XYes No
a. Contact Community Outreach and Education at 935-7836 for schedule.

<u>Sub 3. Exemptions</u> . The requirements of this section do not apply to a convenience food store that conforms to either of the following descriptions:				
a-1.	The store is located in an enclosed shopping structure, enclosed commercial building or hospital. A convenience food store is not in an enclosed structure or building if a customer can enter it directly from the outside. Does store conform to a-1 Yes No			
a-2	The store physically separates employees from customers with a solid partition that bars a person from entering the employee area from the customer area, has a secure lock on the employee side of any door between the employee area and the customer, and conducts all transaction through a service window or similar arrangement. Does store conform to a-2 Yes \sum No			
	 a. At the commissioner's discretion, a convenience store may be exempted from any or all of the regulations specified in sub 2. Does this location hold an exemption from the commissioner regarding any of the requirements of Sub 2? ☐ Yes ☑ No 			

ADDITIONAL COMMENTS/RECOMMENDATIONS:

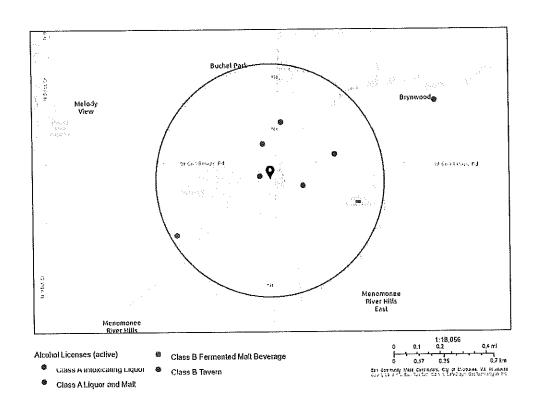


City Concentration Map for 7155 N 76th St

Area of Interest (AOI) Information

Area: 21,862,585.85 ft2

Nov 5 2024 13:57:46 Central Standard Time



Summary

Name	Count Area(ft²) Length(mi)
Alcohol Licenses	7

Alcohol Licenses

#	Legal Entity	Trade Name	Licensee	Address	License Type Name	Total Capacity	Expiration Date	Count
1	Milwaukee Kickers Soccer Club Inc.	Milwaukee Kickers Soccer Club Inc.	Alvaro Garcia- Velez, Agt	7101 W Good Hope RD	Class B Tavern License		12/11/2024, 6:00 PM	1
2	ST BERNADETT E CONGREGATI ON	ST BERNADETT E CONGREGATI ON	William J Zirbes, Agt	8202 W DENVER AV	Class B Fermented Malt Beverage Retailer's License		1/19/2025, 6:00 PM	1
3	ANDYS 7155 LLC	Martha's Vineyard	KAVITA S KHULLAR, Agt	7155 N 76TH ST	Class A Malt & Class A Liquor License		3/5/2025, 6:00 PM	1
4	Mong Teng Food, LLC	Mong Teng Food Market	Mong Teng Yang, Agt	7120 W Good Hope RD	Class A Retailer's Intoxicating Liquor License		7/28/2025, 7:00 PM	1
5	JGT Investments LLC	Prime Social Restaurant & Bar	ODEAN H TAYLOR, Agt	7225 N 76TH ST	Class B Tavern License	375	8/27/2025, 7:00 PM	1
6	MEGA MARTS, LLC	PICK 'N SAVE #418	ANNETTE EUELL- MOSLEY, Agt	7401 W GOOD HOPE RD	Class A Malt & Class A Liquor License		9/19/2025, 7:00 PM	1
7	7330 Development LLC	Legends Lounge	JENNIFER GARCIA, Agt	7330 N 76TH	Class B Tavern License	540	9/24/2025, 7:00 PM	1

Establishments within a 0.5 miles radius centered on area of interest.





Notice of Public Hearing

Blank Notice

PATEL, Poojaben, Agent
Martha's Vineyard at 7155 N 76TH St
Class A Malt & Class A Liquor, Food Dealer and Weights & Measures Licenses Application

Tuesday, January 07, 2025 at 10:20 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 1/7/2025 at 10:20 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 **CURRENT OCCUPANT CURRENT OCCUPANT** CURRENT OCCUPANT **CURRENT OCCUPANT CURRENT OCCUPANT**

MAIL ADDRESS 7111 N 76TH ST 7125 N 76TH ST 7717 W GOOD HOPE RD# 106 7717 W GOOD HOPE RD# 107 7717 W GOOD HOPE RD# 108 7717 W GOOD HOPE RD# 109 7717 W GOOD HOPE RD# 110 7717 W GOOD HOPE RD# 113 7717 W GOOD HOPE RD# 114 7717 W GOOD HOPE RD# 115 7717 W GOOD HOPE RD# 116 7717 W GOOD HOPE RD# 301 7717 W GOOD HOPE RD# 304 7717 W GOOD HOPE RD# 305 7717 W GOOD HOPE RD# 306 7717 W GOOD HOPE RD# 307 7717 W GOOD HOPE RD# 308 7717 W GOOD HOPE RD# 309 7717 W GOOD HOPE RD# 310 7717 W GOOD HOPE RD# 311 7717 W GOOD HOPE RD# 312 7717 W GOOD HOPE RD# 315 7717 W GOOD HOPE RD# 316 7717 W GOOD HOPE RD# 317 7717 W GOOD HOPE RD# 319 7717 W GOOD HOPE RD# 320 7717 W GOOD HOPE RD# 321 7717 W GOOD HOPE RD# 322 7717 W GOOD HOPE RD# 401 7717 W GOOD HOPE RD# 404 7717 W GOOD HOPE RD# 405 7717 W GOOD HOPE RD# 406 7717 W GOOD HOPE RD# 407 7717 W GOOD HOPE RD# 408 7717 W GOOD HOPE RD# 409 7717 W GOOD HOPE RD# 410 7717 W GOOD HOPE RD# 411 7717 W GOOD HOPE RD# 412 7717 W GOOD HOPE RD# 413 7717 W GOOD HOPE RD# 415 7717 W GOOD HOPE RD# 416 7717 W GOOD HOPE RD# 417 7717 W GOOD HOPE RD# 418 7717 W GOOD HOPE RD# 419 7717 W GOOD HOPE RD# 420 7717 W GOOD HOPE RD# 421

CITY STATE ZIP MILWAUKEE, WI 53223-5007 MILWAUKEE, WI 53223-5007 MILWAUKEE, WI 53223-4305 MILWAUKEE, WI 53223-4507 MILWAUKEE, WI 53223-4517 MILWAUKEE, WI 53223-4519 MILWAUKEE, WI 53223-4519 MILWAUKEE, WI 53223-4517 **CURRENT OCCUPANT CURRENT OCCUPANT** CURRENT OCCUPANT **CURRENT OCCUPANT** CURRENT OCCUPANT **CURRENT OCCUPANT**

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MILWAUKEE, WI 53223-4517 MILWAUKEE, WI 53223-4519 MILWAUKEE, WI 53223-4519

Blank Notice Total Records: 66

Radius 250 and Center of the Circle: 7155 N 76th St

ccl-busplan 5/12/2020

MILWAUKEE

BUSINESS LICENSE PLAN OF OPERATION

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

1. Ty	ype of Business
Applyir	ng 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	e a detailed description of the type of business you plan on operating:
Do you	have any experience operating this type of business? No Wes If yes, explain: DWM Liquor Store in Down
2. B	usiness Operations
a.	Proposed Opening Date: 1101 2024
b.	Is this premise under construction? If No Yes If yes, list estimated completion date:
c,	Is this a franchise? MNo Yes
d.	Is this premises currently licensed? No New If yes, list type of license: (183 A U QUOR FOX)
e.	Is this a franchise? MNo Wes Is this premises currently licensed? No Wes If yes, list type of license: CLASS A LIQUOR FOA, LCG Is the current licensee operating? No Wes If no, list date closed:
f.	Do you have future plans for other businesses, licenses or permits at this location? Provided No 1999
	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:
3. Li	iter & Noise
a.	How are grounds kept clean? Sweep Pressure Wash Pick Up Litter Other:
b.	How often will grounds be cleaned?
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? The Yes If yes, describe:
4. S	moking & Sanitation
a,	Are there designated outdoor smoking areas? V No Ves If yes, describe:
b.	Number of Garbage Cans: Inside: 3 Locations: By CASH RESISTER / CESTROOMS
	Outside: Locations: 34 From Aook Is a crowd control barrier used? No Yes If yes, describe:
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 Wwaste Management Other:

5. Security					
a. Are there onsite parking s	paces? No VYes	If yes, how	many? (8) a	nd describe	the parking security
plan: SEWHTY					
b. Is there a loading zone?	No ☐ Yes If yes, de	escribe the lo	pading area security pla	an:	
		1			
c. Will you have licensed sec					id answer the following:
	oonsibilities?				
Describe equipmen					
List their License No d. Will there be security can	umber (s)		21		
d. Will there be security can	neras? No Yes	If yes, how i	many? 10 and list	t locations:	
	B BAIRON		<i>y</i> **		
e. Will searches/identification			No Yes If yes, descr	ribe	
6. Percentage of Sales		, <u></u>			<u> </u>
Alcohol <u>80</u> %	Food , S Cigarettes, Electronic	<u>}</u> %	Secondhand Merchandi	se	Precious Metals & Gems
Entertainment <u>0</u> %	Vape Devices, Tobacco Products	15 %	%		%
Pawnbroker Activity%	Salvaged Materials % Personal Services (such as tattoo, Other 6 %				A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
7. Businesses/Licenses	on the Premises	s (check a	<u> </u>		
Type 1					
Full Service Restaurant	Cafe/Coffee Shop	∐ Deli or F	ast Food Restaurant	☐ Private	e/Fraternal/Veterans Club
Night Club	☐ Tavern	Cocktail	Lounge	☐ Teen C	Club
Banquet Hall	Sports Facility	☐ Bowling	Alley		
☐ Hotel/Motel : Number of Flo	oors:	Roomin	g House: Number of Flo	oors:	. <u> </u>
. Number of Ro	oms:		Number of Ro	oms:	
Type 2 Liquor Store	Corner Store	Superma	arket	Conver	nience Store
Gas Station	Amusement/Phonog	raph Distribu	tor	Recycli	ng, Salvage or Towing
Used Car Dealer	Personal Service Est		n, tailor, etc.)	☐ Record	ling Studio
What other licenses/permits will	you hold at this location?	(check all that	apply)		
Occupancy Permit	, Cigarette, Tobacco, ☐Ga Electronic Vape Products	s Station	Extended Hours Class	"B" Tavern [Weights & Measures
Secondhand Dealer	Precious Metal & Gem	Other:			
8. Legal Capacity (onl	y if a Type 1 prer	nises in ‡	‡7 above)		
Capacity (Call the	e Milwaukee Developmen	t Center at 41	4-286-8211 if you have qu	uestions.)	

9. Premises D	escription						
a. Idertify all area(s) of the premises that will be used in operating this business (include areas used only for storage): ☑1 st Floor □2 nd Floor □Basement Storage □Patio □Beer Garden □Sidewalk Café □Deck □Rooftop							
□Other: Descr	Other: Describe:						
	on: Major Thoroughfare		her:				
c. Nearest Major	Cross Street: 76	& good Hope I	2D				
d. Describe Buildi	ng: 🗹 Free Standing Buildin	g 🗌 Strip Mall 🔲 Other:		,			
e. Describe Premi	ses Structure: 🗹 Single Sto	ry 🔲 Multi-Story - # of Stor	ries 🔲 Other:				
f. Describe Surro	unding Area: 🚺 Commercia	1 🗹 Residential 🔲 Industr	ial 🗌 Other:				
g. Building Owner	Name: <u>WR. AN</u>	BY KHULLAR	Phone Number:	4 406	021		
Building Owne	r Address: 8200	W Brown D	COL PD.	<u>POROUN M</u>	SOZZZ163 (350)		
10. Hours of C	peration & Custor	ners		<u> </u>			
Will customers be ent	ering the premises? 🔲 No	V Yes					
Day of the Week	Proposed Hour	s of Operation:	Estimated Number of Customers	Potential Age Range	Class B Tavern Applicant Only:		
Day of the Week	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)	expected each day	of Customers	Age Restriction (If none, write 'None')		
Sunday	8100 AM	9 Luo Pm	3 200	124			
Monday	0.01			1			
Tuesday	WYA 03 1 3	910 00	Jun	184			
Wednesday	8:00 AM	91.0 FN)	200	184	X		
Thursday	8:0 AM	91.60 By	200	(5)			
Friday	8:10 AM	9:0Pm	Zero	18+			
Saturday	81,20 AM	9:00 Fm	Zw	187			
An Extended Hours Es piercing, salon, tailor,	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 Signature of additional partner or 20% or more shareholder							
Signature of 20te 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.



ALCOHOL BEVERAGE & PUBLIC ENTERTAINMENT PREMISES SUPPLEMENTAL APPLICATION

Office of the City Clerk License Division 200 E. Wells St. Room 105, Milwaukee, WI 53202

(414) 286-2238 e-mail address: license@milwaukee.gov www.milwaukee.gov/license

Legal	Entity Name: SHREE RAM 7155 LLC
Prem	ise Address: 7155 N 76TH ST MIW ADDDE WI S3223
Prox	timity of Premises to Church, School, Daycare Center or Hospital
Is th	e building within 300 feet of any church, school, daycare center or hospital? Yes
"Ser	vice Bar Only" Designation
	plying for Class B or C license, are you applying for "Service Bar Only"?
	ice Bar Only means customers cannot sit at the bar. Alcohol is served to employees who serve patrons seated at tables. Itools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.
Busi	ness Information
a)	Are you taking out this application for anyone that may not be eligible for a license? No Yes
b)	If yes, list their name and address:
	If no, list the name and address of the person(s) who will:
	Class B Applicants: If the agent, a partner or the individual licensee will not be conducting the day-to-day operations of the business,
c)	the person(s) listed above must obtain a Class B Managers license. Does anyone else have money invested or any other interest in this business? Ves
,	If yes, explain:
d)	Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business?
	্রিপতি 🔲 Yes If yes, list name and address:
Pro	perty Information (New & Transfer Applicants Only)
a)	Do you own or lease the building?
b)	Who owns the fixtures (for example, coolers, etc.)?
c)	Are you purchasing the stock and/or fixtures? No Wes If yes, amount paid \$ 100,000
d)	Total amount paid for business \$
e)	Total amount paid for goodwill of the business \$
	Goodwill comprises the reputation and customer relationships of an existing business. If the price you pay for the business exceeds the fair market value of all of the rest of the assets of the business, the excess may be considered goodwill.
f)	Have you made arrangements with the seller for payment of personal property taxes?
Lea	se Information (New & Transfer Applicants who are leasing the premises only)
a)	Date lease begins
b)	Monthly rental \$ 3500
c)	Do you have an option to renew the lease? \(\bigcap \text{No \(\bigcap Yes}\) Does your lease allow for assignment to another party without the consent of the owner? \(\bigcap \text{No } \Bigcap Yes\)
(d) (e)	For what length of time have you been guaranteed occupancy (number of years)?
-	
1	

Lea	se Information (Continued)
f)	In addition to paying the monthly rental, will you have to pay anything additional to the owner of the building to guarantee performance of the lease? \(\subseteq \text{No} \subseteq \text{Yes} \) If yes, explain \(\subseteq \text{Constitution} \)
g)	Does the present owner or occupant object to the granting of your license?
Cha	inge of Agent Applicants Only
Ha	ve there been any changes to the floor plan since the last application was submitted? No Yes
	o, a new floor plan is not required. If yes, submit a new floor plan and explain the change(s):
·	
Sigi	nature
X	MJS-
	ature of Sole Proprietor, Partner or 20% or More Shareholder
(If no	20% or more Shareholder, Corporate Officer - print name/title and sign)
L	
	Note: All information contained in this application is subject to approval by the Common Council.
	Deviating from approved plan of operation will subject licensee to citations, and/or suspension or non-renewal of the license. Contact the License Division for information on how to request changes.
	Contact the license Division for information on now to request changes.
	New and transfer of premises applicants must submit the following:
	Detailed floor plan
	If a restaurant, copy of the menu



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: SHOEE RAM 7-155 WE
Premises Address: 7155 N 767H & MIWAURE WI 53233
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?
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, shellifish, meat, poultry)
If yes, list the types of food items: MIUL, CHEESE, LICE CLERY

ccl-foodplan 2/28/19

SECTION 4 DETAILS OF OPERATION					
Will you have seating on site for dining? I No Yes					
Will you be doing any catering?					
Will you be doing any delivery?					
Will you have outdoor activities? Yes - Check all that apply: Bar Cooking/Grilling Dining					
Will you have a drive thru window?					
JeYes, 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 7					
Yes If Yes, check all that apply: New construction of a building Renovation or remodeling					
Construction changes to existing building					
Provide a brief description of the changes:					
Start date:					
Name, Address & Phone Number of Architect:					
No. 1 Addition 9 Dhawa Musekan of Contractors					
Name, Address & Phone Number of Contractor:					
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					
☐ immediately ☐ MAT the same time as the alcohol license					
SECTION 8 ACKNOWLEDGEMENTS & SIGNATURE					
You must initial each item confirming your understanding:					
P I understand the Health Department must conduct an inspection and advise the License Division of their approval					
before the license may be issued.					
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.					
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.					
1 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.					
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:					
Circultura of additional Partners & O. W. Land					
Signature of Additional Partner:					



MILWAUKEE

WEIGHTS & MEASURES PLAN OF OPERATION

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

Legal Entity Name: SHEER RAM THIS LLL
Premise Address: ALST N FETH ST MIMAULOGO WI SZ 223
Type of Business
Provide a brief description of the establishment/business:
Other licenses may be required depending on the type of business you are operating.
Litter & Noise
a. How are grounds kept clean?
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)
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 .



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 U	se Only:
	App#	<u></u>
1	Filed	Annual Control of the
	Initials	
	Paid	
	Lic#	

Legal Entity Name: <	SHOW	KAM 7122	lle			
Premise Address:	7155	12 WHOF U	Mundulate	WI	53225	

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). Total Egg Day

Eac Dos

	Device Type	License Period	Fee Per Device Type (a)	Number of Devices (b)	Device Type (a x b)
Liqu	id Meåsuring Devices				
	Retail Petroleum Meters	12 months	\$60		
	0 to 30 gallons per minute	24 months	\$60		
	31 to 200 gallons per minute	24 months	\$250		
	Over 200 gallons per minute	24 months	\$250		
Scal	es				
	Measuring any weight amount	24 months	\$55		
Scar	iners		Fee for scanners is by range	Check how many scanners you have	
14	Up to 3 scanners	24 months	\$130 total*	12 1 12 □3	130
	Four or more scanners	24 months	\$230 total	□4 □Othei	
Oth	er Devices	Barraya (Barraya) (Barraya) (Barraya) Barraya (Barraya) (Barraya) (Barraya) (Barraya)			and the rest of the supply constants.
	Length Measuring Device	24 months	\$60		
	Timing Device	24 months	\$30		
				Total Fee Due	130.

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.

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.

