



CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Thursday, November 02, 2023

COMMITTEE MEETING NOTICE

AD 07

SINGH, Lakhbir, Agent
SEHRA SONS LLC
4412 W CAPITOL DR
Milwaukee, WI 53216

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, November 07, 2023 at 10:40 AM

The access code is <https://meet.goto.com/552541757>. If you wish to call in: +1 (872) 240-3311 and use Access Code: 552-541-757
Please see the enclosed best practices document for further instructions.

Regarding: Your Class A Fermented Malt, Food Dealer and Weights & Measures License Applications as agent for "SEHRA SONS LLC" for "Green Leaf Supermarket" at 4412 W CAPITOL DR.

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

Notice for applicants with warrants or unpaid fines:

Proof of warrant satisfaction or payment of fines must be submitted at the hearing on the above date and time. Failure to comply with this requirement may result in a delay of the granting/denial of your application.

Failure to appear at this meeting may result in the denial of your license. Individual applicants must appear only in person or by an attorney. Corporate or Limited Liability applicants must appear only by the agent designated on the application or by an attorney. Partnership applicants must appear by a partner listed on the application or by an attorney. If you wish to do so and at your own expense, you may be accompanied by an attorney of your choosing to represent you at this hearing.

You will be given an opportunity to speak on behalf of the application and to respond and challenge any charges or reasons given for the denial. No petitions can be accepted by the committee, unless the people who signed the petition are present at the committee hearing and willing to testify. You may present witnesses under oath and you may also confront and cross-examine opposing witnesses under oath. If you have difficulty with the English language, you should bring an interpreter with you, at your expense, so that you can answer questions and participate in your hearing. You may examine the application file at this office during regular business hours prior to the hearing date. Inquiries regarding this matter may be directed to the person whose signature appears below.

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

PLEASE NOTE: Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through sign language interpreters or other auxiliary aids. For additional information or to request this service, contact the Council Services Division ADA Coordinator at (414) 286-2998, Fax - (414) 286-3456, TDD - (414) 286-2025.

JIM OWCZARSKI, CITY CLERK

BY: _____

Jim Cooney
License Division Manager

If you have questions regarding this notice, please contact the License Division at (414) 286-2238.

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



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OFFICE OF THE CITY CLERK

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COMMITTEE MEETING NOTICE

AD 07

SINGH, Lakhbir, Agent
SEHRA SONS LLC
9347 W SPINDLE TOP CT
Franklin, WI 53132

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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: Tuesday, September 5, 2023 1:39 PM
To: Roman, Carmen
Cc: Cooney, Jim; Martin, Faviola
Subject: FW: objection to the issuance of license at the address 4412 west capitol dr milwaukee

Please add objection

Marissa Milano
She/her/hers
License Coordinator
City Clerk-License Division
200 E Wells St #105
www.milwaukee.gov/license

REDACTED RECORD



From: i
Sent: Tuesday, September 5, 2023 1:36 PM
To: License <LICENSE@milwaukee.gov>
Subject: objection to the issuance of license at the address 4412 west capitol dr milwaukee

I am the owner of E
object the issuance class A MALT GREEN LEAF SUPERMARKET address
4412 west capitol dr milwaukee. The reason i am objecting is because its
\$ from i
H will affect revenue and it will force eliminate the employees who are working from
long time from my neighborhood. Please consider my objection, to not issue beer license n.
we will appreciate
phone

Jackson, Annette

From: License
Sent: Tuesday, September 5, 2023 2:23 PM
To: Jackson, Annette
Cc: Cooney, Jim; Martin, Faviola
Subject: FW: Objection for amalt

Please add objection

Marissa Milano
She/her/hers
License Coordinator
City Clerk-License Division
200 E Wells St #105
www.milwaukee.gov/license

REDACTED RECORD

-----Original Message-----

From: Tl
Sent: Tuesday, September 5, 2023 1:58 PM
To: license@milwaukee.gov.
Subject: Objection for amalt

I am living near by 4412 West capital drive object for the issue of amalt licence to green leave super market. I don't want any other liquor store near by my house. Thanku My phone number 7'

AC

Cox, Andrew

From: License
Sent: Tuesday, September 5, 2023 2:23 PM
To: Cox, Andrew
Cc: Cooney, Jim; Martin, Faviola
Subject: FW: Objection for malt liquor license

Please add objection

Marissa Milano
She/her/hers
License Coordinator
City Clerk-License Division
200 E Wells St #105
www.milwaukee.gov/license

REDACTED RECORD

-----Original Message-----

From: >
Sent: Tuesday, September 5, 2023 2:11 PM
To: license@milwaukee.gov.
Subject: Objection for malt liquor license

I am i. Objection a malt license to green leave super market near by my house. There is one already over here. We don't need any other liquor store. Thanku so much My number

FW: Green leaf license

License <LICENSE@milwaukee.gov>

Tue 8/29/2023 10:38 AM

To: Collins, Rolanda <Rolanda.Collins@milwaukee.gov>

Cc: Cooney, Jim <Jim.Cooney@milwaukee.gov>; Martin, Faviola <Faviola.Martin@milwaukee.gov>

Please add objection

Marissa Milano

She/her/hers

License Coordinator

City Clerk-License Division

200 E Wells St #105

www.milwaukee.gov/license



From

Sent: Monday, August 28, 2023 9:07 AM

To: License <LICENSE@milwaukee.gov>

Subject: Green leaf license

REDACTED RECORD

REDACTED RECORD

8/28/2023

To whom may it concern:

We are reaching out to you regarding a permit issue for the following business:

Lakhbir Singh, Agt Serhra Sons LLC
Green Leaf Supermarket
4412 W Capitol Dr
Milwaukee, WI 53216- 1539

We want to bring it to your attention that providing the license to the location listed above will impact the economy within our community. There are multiple stores within less than 2 miles radius such as grocery stores, gas stations & liquor stores.

We would like you to reconsider the request by issuing this license for this location, as it will be challenging for other businesses as they have been established for years. We want our community to be fair and have equal opportunities. We don't want our community to run competitions against each other.

Therefore, our request would be to decline to issue a license/permit for this location. As there are enough stores to provide in-store services for our consumers.

Once, again thank you for looking into this matter and we hope for a fair outcome result for our community.

Thanks, and please feel free to reach out to us if you have any questions.

Sincerely,

Jackson, Annette

From: License
Sent: Monday, August 28, 2023 12:52 PM
To: Jackson, Annette
Cc: Cooney, Jim; Martin, Faviola
Subject: FW: 4412 w Capitol dr

Please add objection

Marissa Milano
She/her/hers
License Coordinator
City Clerk-License Division
200 E Wells St #105
www.milwaukee.gov/license

REDACTED RECORD

-----Original Message-----

From: [REDACTED]
Sent: Monday, August 28, 2023 11:11 AM
To: License <LICENSE@milwaukee.gov>
Subject: 4412 w Capitol dr

Hello my name is [REDACTED]. I'm emailing you regarding the license for a store at the address of 4412 w Capitol dr. The people who have either bought the old dollar tree are trying to make a grocery/liquor store. I'm objecting to this as there is already a liquor store right next to the address listed above. There's also a grocery store two blocks south on Capitol drive and a gas station that's already serving the community a block over. I don't think a license should be granted to this store as there's already too many within walking distance. My email is [REDACTED] if you need to contact me thank you for your time.

AC

Cox, Andrew

From: Cooney, Jim
Sent: Tuesday, August 29, 2023 10:36 AM
To: Cox, Andrew
Cc: Martin, Faviola; Milano, Marissa
Subject: FW: City of Milwaukee License Division

Can you add? I don't think Yvette got to it.

Thank you

-----Original Message-----

From: License <LICENSE@milwaukee.gov>
Sent: Monday, August 28, 2023 4:30 PM
To: Crite, Yvette <Yvette.Crite@milwaukee.gov>
Cc: Cooney, Jim <Jim.Cooney@milwaukee.gov>; Martin, Faviola <Faviola.Martin@milwaukee.gov>
Subject: FW: City of Milwaukee License Division

Please add objection

Marissa Milano
She/her/hers
License Coordinator
City Clerk-License Division
200 E Wells St #105
www.milwaukee.gov/license

REDACTED RECORD

-----Original Message-----

From: [REDACTED]
Sent: Monday, August 28, 2023 4:24 PM
To: License <LICENSE@milwaukee.gov>
Subject: City of Milwaukee License Division

I would like to the license committee the alderman to object the license for the liquor at 4412 W. Capital Drive Milwaukee Wisconsin 53216. There's no need. They're a liquor store next door and another like five block east of capital drive and Sherman Blvd. Then you have Pick N Save liquor store at Mid Town Center. Take the store out in there neighborhood Franklin, Brookfield, Mequon, River hills.

Date: 9/27/2023
Officer: Alicia Walker &

Dominique Thompson

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

Name of Premise: Green Leaf Supermarket
Address: 4412 W. Capitol Dr.

Phone: 414-810-0090
Owner: Lakhbir Singh
Owner address: 9347 Spindle Top Ct.
City State Zip: Franklin, WI 53132
Owner Phone: 262-613-5172
Owner email: sehra123@yahoo.com

Manager: Gurdev Singh
Home Address:
City State Zip:
Phone: 262-744-5522
Email:

Preferred contact: 262-613-5172

Location currently open: YES NO

Projected open date: End of October 2023

Day's open: S M T W Th F SA X ALL

Hours of Operation: Sun: 8:00AM – 6:00PM 24 hours Y N
Mon: 8:00AM – 8:00PM
Tue: 8:00AM – 8:00PM
Wed: 8:00AM – 8:00PM
Thu: 8:00AM – 8:00PM
Fri: 8:00AM – 8:00PM
Sat: 8:00AM – 8:00PM

Premise Type: Liquor Store (Beer Only)
Convenience Store
Other:

Licenses currently held:

Alcohol: X Yes No Class: #: AMALT 355687
Tobacco: X Yes No #: CIG 355689
Food: X Yes No #: FOOD 355688
Extended Hours: Yes No #:
Secondhand Dealer: Yes No Type: #:
Other: Yes No Type:
Other: X Yes No Type: WEIGHTS & MEASURE #: W&M 355690

Exterior Survey:

1. Is the area around the location clean? X Yes No
2. What surrounds the location? (Check all the apply)
 - a. Park
 - b. School
 - c. Youth Center
 - d. Church
 - e. Tavern(s) If so, how many
 - f. Residential
 - g. X Other businesses
 - h. Other:
3. Can you see from the outside of the location into the interior X Yes No
4. Can you see the employees inside of the location from the outside X Yes No
5. Are exterior windows free of signage Yes No
6. Is there a parking lot X Yes No
7. Is the parking lot clean? X Yes No
8. Is the parking lot well lit? X Yes No
9. Are there areas where a person could conceal themselves Yes X No
10. Is there exterior lighting? X Yes No. Does it appears to be adequate X Yes No
11. Exterior Payphone? Yes X No
12. Are there No Loitering Signs posted? X Yes No
13. Are there exterior security cameras X Yes No How Many: 18
14. Are the address numbers prominently displayed and easy to see X Yes No

Camera Survey:

15. Does this location have security cameras? X Yes No
16. Are they in working order? X Yes No
17. What format are the cameras?
 - a. Color X Yes No
 - b. Digital X Yes No
 - c. VCR Yes X No
 - d. Recorded X Yes No
18. How long is footage stored for later viewing: 28 Days
19. Are there exterior cameras X Yes No How many: 18
20. Are there interior cameras X Yes No How many: 6
21. Do all employees know how to retrieve recorded digital images/footage? Yes No

Interior Survey:

22. Is the storeowner willing to be a standing complainant regarding loitering? X Yes No
a. If yes have them fill out the standing complaint form and give them two of the commercial signs X Yes No
23. Is the interior of the location neat and clean? X Yes No
24. Does an interior camera face the entrance/exit? X Yes No
25. Is there a lockable area that separates employees from customers? X Yes No
26. Does the store sell single chore boy? Yes X No
27. Does the store sell blunt wraps? X Yes No
28. Does the store sell scales? Yes X No
29. Does the store sell items that may be used as crack pipes? Yes X 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? Yes 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? X Yes No
34. Does the owner know how to contact their police district directly? X Yes No
a. Did you provide a district contact guide to the owner? X 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? Yes 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 No
8. Does one camera show a clear, identifiable, full frame image of the face of each person entering and leaving the store? 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. 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 within 120 days of ownership or employment? Yes No

a. Contact Community Outreach and Education at 935-7836 for schedule.

Sub 3. Exemptions. 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 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:

They store is still under construction.

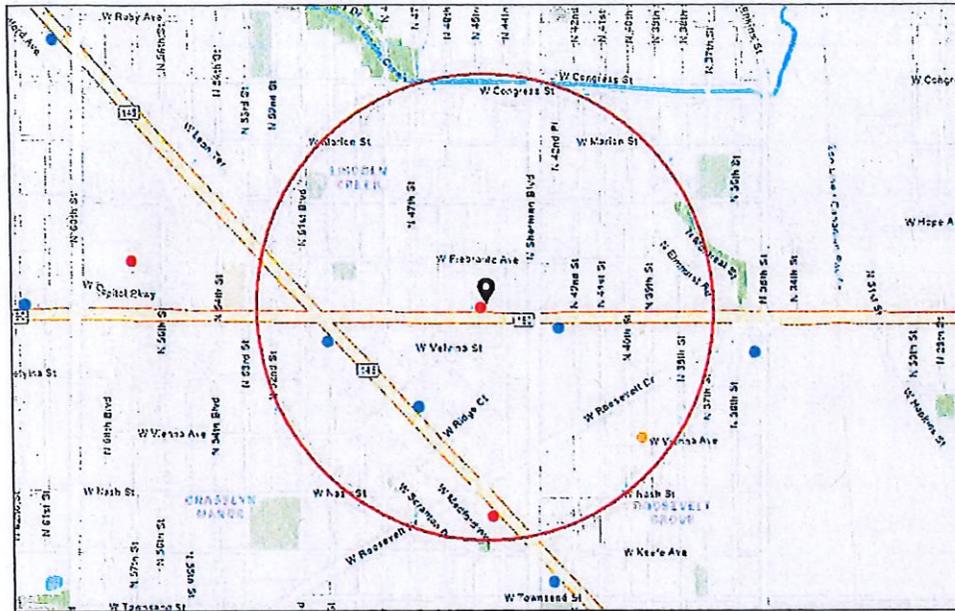


Concentration Map for 4412 W Capitol Dr

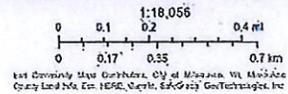
Area of Interest (AOI) Information

Area : 21,862,585.76 ft²

Aug 16 2023 14:19:53 Central Daylight Time



- Alcohol Licenses (active)
- Class A Liquor and Malt
 - Class A Fermented Malt Beverage
 - Class B Tavern



Summary

Name	Count	Area(ft ²)	Length(mi)
Alcohol Licenses	6		

Alcohol Licenses

#	Legal Entity	Trade Name	Licensee	Address	License Type Name	Total Capacity	Expiration Date	Count
1	Sandhar Liquor INC	North End Beverage	Manjit K Sandhar, Agt	4409 W Fond Du Lac AV	Class A Malt & Class A Liquor License		10/31/2023, 7:00 PM	1
2	A TASTE OF SOUL MKE LLC	A TASTE OF SOUL MKE	Timothy R Stotts, Agt	4706 W FOND DU LAC AV	Class B Tavern License		1/2/2024, 6:00 PM	1
3	Whiskey Still, LLC	BNB Cap Tap	Bill G Farrow, Agt	4221 W Capitol DR	Class B Tavern License	79	2/5/2024, 6:00 PM	1
4	UPPA YARD LLC	Uppa Yard	Sherine G Edwards, Agt	4943&4947 W FOND DU LAC AV	Class B Tavern License		4/16/2024, 7:00 PM	1
5	ANGEL BRAR LLC	VIENNA MINI MART	Pinky Gill, Agt	3801 N 39TH ST	Class A Fermented Malt Beverage Retailer's License		6/1/2024, 7:00 PM	1
6	DN Group LLC	Best Buy Liquor	RUPINDER K RANDHAWA, Agt	4426 W Capitol DR	Class A Malt & Class A Liquor License		10/23/2023, 7:00 PM	1

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



Thursday, November 02, 2023



Notice of Public Hearing

Blank Notice

SINGH, Lakhbir, Agent
Green Leaf Supermarket at 4412 W CAPITOL DR
Class A Fermented Malt, Food Dealer and Weights & Measures License Applications

Tuesday, November 07, 2023 at 10:40 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 11/7/2023 at 10:40 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 phone or 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	3974 N 44TH ST	MILWAUKEE, WI 53216-2421
CURRENT OCCUPANT	3975 N 44TH ST	MILWAUKEE, WI 53216-2470
CURRENT OCCUPANT	4022 N 45TH ST	MILWAUKEE, WI 53216-1519
CURRENT OCCUPANT	4023 N 45TH ST	MILWAUKEE, WI 53216-1518
CURRENT OCCUPANT	4024 N 44TH ST	MILWAUKEE, WI 53216-1502
CURRENT OCCUPANT	4025 N 44TH ST	MILWAUKEE, WI 53216-1501
CURRENT OCCUPANT	4025 N SHERMAN BLVD# 1	MILWAUKEE, WI 53216-1514
CURRENT OCCUPANT	4025 N SHERMAN BLVD# 2	MILWAUKEE, WI 53216-1514
CURRENT OCCUPANT	4025 N SHERMAN BLVD# 3	MILWAUKEE, WI 53216-1514
CURRENT OCCUPANT	4025 N SHERMAN BLVD# 4	MILWAUKEE, WI 53216-1514
CURRENT OCCUPANT	4029 N 45TH ST	MILWAUKEE, WI 53216-1518
CURRENT OCCUPANT	4030 N 44TH ST	MILWAUKEE, WI 53216-1502
CURRENT OCCUPANT	4031 N 44TH ST	MILWAUKEE, WI 53216-1501
CURRENT OCCUPANT	4034 N 45TH ST	MILWAUKEE, WI 53216-1519
CURRENT OCCUPANT	4035 N 45TH ST	MILWAUKEE, WI 53216-1518
CURRENT OCCUPANT	4036 N 44TH ST	MILWAUKEE, WI 53216-1502
CURRENT OCCUPANT	4039 N 44TH ST	MILWAUKEE, WI 53216-1501
CURRENT OCCUPANT	4040 N 45TH ST	MILWAUKEE, WI 53216-1519
CURRENT OCCUPANT	4041 N 45TH ST	MILWAUKEE, WI 53216-1518
CURRENT OCCUPANT	4044 N 44TH ST	MILWAUKEE, WI 53216-1502
CURRENT OCCUPANT	4046 N 45TH ST	MILWAUKEE, WI 53216-1519
CURRENT OCCUPANT	4050 N 45TH ST	MILWAUKEE, WI 53216-1519
CURRENT OCCUPANT	4051 N 44TH ST	MILWAUKEE, WI 53216-1501
CURRENT OCCUPANT	4317 W CAPITOL DR	MILWAUKEE, WI 53216-1538
CURRENT OCCUPANT	4319 W CAPITOL DR	MILWAUKEE, WI 53216-1538
CURRENT OCCUPANT	4325 W CAPITOL DR	MILWAUKEE, WI 53216-1538
CURRENT OCCUPANT	4327 W CAPITOL DR	MILWAUKEE, WI 53216-1538
CURRENT OCCUPANT	4333 W CAPITOL DR	MILWAUKEE, WI 53216-1538
CURRENT OCCUPANT	4403 W CAPITOL DR	MILWAUKEE, WI 53216-1540
CURRENT OCCUPANT	4413 W CAPITOL DR	MILWAUKEE, WI 53216-1540
CURRENT OCCUPANT	4413A W CAPITOL DR	MILWAUKEE, WI 53216-1540
CURRENT OCCUPANT	4421 W CAPITOL DR	MILWAUKEE, WI 53216-1540
CURRENT OCCUPANT	4424 W CAPITOL DR	MILWAUKEE, WI 53216-1541
CURRENT OCCUPANT	4427 W CAPITOL DR	MILWAUKEE, WI 53216-1540
CURRENT OCCUPANT	4435 W CAPITOL DR# 1	MILWAUKEE, WI 53216-1557
CURRENT OCCUPANT	4435 W CAPITOL DR# 2	MILWAUKEE, WI 53216-1557
CURRENT OCCUPANT	4435 W CAPITOL DR# 3	MILWAUKEE, WI 53216-1557
CURRENT OCCUPANT	4435 W CAPITOL DR# 4	MILWAUKEE, WI 53216-1557
CURRENT OCCUPANT	4443 W CAPITOL DR	MILWAUKEE, WI 53216-1540
CURRENT OCCUPANT	4449 W CAPITOL DR	MILWAUKEE, WI 53216-1540
CURRENT OCCUPANT	4500 W CAPITOL DR	MILWAUKEE, WI 53216-1543
CURRENT OCCUPANT	4502 W CAPITOL DR	MILWAUKEE, WI 53216-1543
CURRENT OCCUPANT	4503 W CAPITOL DR	MILWAUKEE, WI 53216-1542
CURRENT OCCUPANT	4509 W CAPITOL DR	MILWAUKEE, WI 53216-1542
CURRENT OCCUPANT	4510 W CAPITOL DR# 1	MILWAUKEE, WI 53216-1543
CURRENT OCCUPANT	4510 W CAPITOL DR# 2	MILWAUKEE, WI 53216-1543

CURRENT OCCUPANT 4510 W CAPITOL DR# 3 MILWAUKEE, WI 53216-1543
CURRENT OCCUPANT 4510 W CAPITOL DR# 4 MILWAUKEE, WI 53216-1543

Blank Notice

Total Records: 48

Radius 250.0 feet and Center of the Circle: 4412 W Capitol Dr



BUSINESS LICENSE PLAN OF OPERATION

cci-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: Grocery Store

Do you have any experience operating this type of business? No Yes If yes, explain: I worked before in Grocery

2. Business Operations

- a. Proposed Opening Date: 7/18/2023
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: Occupancy and food dealer
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: _____

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: 4 Locations: Front
Outside: 2 Locations: In the Back
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: EIGLE DISPOSAL

5. Security

- a. Are there onsite parking spaces? No Yes If yes, how many? 8 and describe the parking security plan: Cameras
- b. Is there a loading zone? No Yes If yes, describe the loading area security plan: _____
- c. Will you have security personnel on premise? No Yes If yes, how many? _____ and answer the following:
 What are their responsibilities? _____
 Is security equipment used? No Yes If yes, describe _____
 List their licensing, certification, or training credentials _____
- d. Will there be security cameras? No Yes If yes, how many? 20 and list locations: outside, parking, office and back door.
- e. Will searches/identification checks be done upon entry? No Yes If yes, describe _____

6. Percentage of Sales (must total 100%)

Alcohol <u>10</u> %	Food <u>85</u> %	Secondhand Merchandise _____ %	Precious Metals & Gems _____ %
Entertainment _____ %	Cigarettes <u>5</u> %	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____ %	Other _____ %
Pawnbroker Activity _____ %	Salvaged Materials _____ % (such as scrap metal)		Describe: _____

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 60 (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: 4412 W CAPITOL DR
- 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: Lakshbir Singh Phone Number: 262-613-5173
 Building Owner Address: 9347 W Spinnacle Top CT Franklin WI 53132

10. Hours of Operation & Customers

Will customers be entering the premises? No Yes

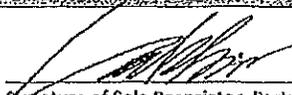
Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class/B/Tavern Applicant Only: Age Restriction (If none write 'None')
	Open Time (Include a.m. or p.m.)	Close Time (Include a.m. or p.m.)			
Sunday	08:00 Am	06:00 pm	100	All	N/A
Monday	08:00 Am	09:00 pm	150	All	N/A
Tuesday	08:00 Am	09:00 pm	150	All	N/A
Wednesday	08:00 Am	09:00 pm	150	All	N/A
Thursday	08:00 Am	09:00 pm	150	All	N/A
Friday	08:00 Am	09:00 pm	150	All	N/A
Saturday	08:00 Am	09:00 pm	150	All	N/A

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.



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: <u>SEHRA SONS LLC</u>	
Premise Address: <u>4412 W. Capitol Dr. Milwaukee WI 53216</u>	
Proximity of Premises to Church, School, Daycare Center or Hospital	
Is the building within 300 feet of any church, school, daycare center or hospital? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
"Service Bar Only" Designation	
If applying for Class B or C license, are you applying for "Service Bar Only"? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Service Bar Only means customers cannot sit at the bar. Alcohol is served to employees who serve patrons seated at tables. No stools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.	
Business Information	
a) Are you taking out this application for anyone that may not be eligible for a license? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, list their name and address: _____	
b) Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the business? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
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, the person(s) listed above must obtain a Class B Managers license.	
c) Does anyone else have money invested or any other interest in this business? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list name and address: _____	
Property Information (New & Transfer Applicants Only)	
a) Do you own or lease the building? <input type="checkbox"/> Own <input checked="" type="checkbox"/> Lease	
b) Who owns the fixtures (for example, coolers, etc.)? <u>Licensee</u>	
c) Are you purchasing the stock and/or fixtures? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes if yes, amount paid \$ <u>501000</u>	
d) Total amount paid for business \$ <u>501000</u>	
e) Total amount paid for goodwill of the business \$ <u>0</u>	
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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Lease Information (New & Transfer Applicants who are leasing the premises only)	
a) Date lease begins <u>08/01/2023</u> Ends <u>07/31/2028</u>	
b) Monthly rental \$ <u>5500</u>	
c) Do you have an option to renew the lease? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
d) Does your lease allow for assignment to another party without the consent of the owner? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
e) For what length of time have you been guaranteed occupancy (number of years)? <u>5</u>	

Lease 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? No Yes If yes, explain _____
- g) Does the present owner or occupant object to the granting of your license? No Yes
If yes, explain _____

Change of Agent Applicants Only

Have there been any changes to the floor plan since the last application was submitted? No Yes
If no, a new floor plan is not required. If yes, submit a new floor plan and explain the change(s):

Signature



Signature of Sole Proprietor, Partner or 20% or More Shareholder.
(If no 20% or more Shareholder, Corporate Officer - print name/title and sign)

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.

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

ccl-foodplan 2/28/19

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: Sehra Subs llc

Premises Address: 4412 W Capitol Dr Milwaukee WI 53216

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 and fish

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 7
 Yes If Yes, check all that apply: New construction of a building Renovation or remodeling
 Construction changes to existing building Equipment changes only
 Provide a brief description of the changes: _____
 Start date: _____
 Name, Address & Phone Number of Architect: _____
 Name, Address & Phone Number of Contractor: _____

SECTION 7 ALCOHOL BEVERAGES

Are you applying for an alcohol beverage license?
 No If No, SKIP to Section 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:
LS I understand the Health Department must conduct an inspection and advise the License Division of their approval before the license may be issued.
LS 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.
LS 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.
LS 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.
LS 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 of Additional Partner: _____



WEIGHTS & MEASURES PLAN OF OPERATION

ccl-wmpln 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: SEARAT SONS LLC

Premise Address: 4412 W. CAPITOL DR. MILWAUKEE WI 53216

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? 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.



**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: SEARA SONS LLC

Premise Address: 4112 W. CAPITOL DR.

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	<u>ONE</u>	<u>1</u>
Scanners				
		Fee for scanners is by range	Check how many scanners you have	
<input checked="" type="checkbox"/> Up to 3 scanners	24 months	\$130 total*	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<u>3</u>
<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 185

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.

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



Best Buy Liquor

90'0" 20'0"

BEER COOLER COOLER

DRINKS
ICE PACK ICE
ATM

REGISTER

TABACCO COUNTER
OFFICE

ENTRANCE DOOR

FROZEN
SHELF
SHELF
SHELF

SHELF
DUMPSTER

COOLER
COOLER
SHELF

STORE COOLER STORE COOLER

STORE FREEZER

BATH ROOM
MOP SINK
TRASH CAN

STAIRS
LOADING DOCK
200'

EXIT DOOR

52'-11" 19'-11"

ALLEY

Lakshbir Singh 8-16-2023

TOTAL SQ. FT. 8568

FEET

CAPITOL DR.

DRIVEWAY

136'-8"

PARKING

PARKING

DRIVEWAY

DRIVEWAY

5'-0"

GREEN LEAF SUPERMARKET
DBA: SEHRA SONS LLC

SEHRA SONS LLC

DBA: GREEN LEAF SUPERMARKET

4412 W CAPITAL DR

MILWAUKEE WI 53216

Total SQUARE Feet:

44'0" St