



CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Friday, May 20, 2022


COMMITTEE MEETING NOTICE

AD 09

BANSAL, Bharat, Agent
SILVERSPRING SENTRY LLC
1095 Auburn DR
Brookfield, WI 53045

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

Tuesday, June 07, 2022 at 09:45 AM

Regarding: Your Class A Malt & Class A Liquor License Application as agent for "SILVERSPRING SENTRY LLC" for "Sentry Foods" at 6350 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/127717645>. If you wish to call in, please call [+1 \(872\) 240-3212](tel:+18722403212) and use Access Code: 127-717-645.

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 stas5@milwaukee.gov

Date: May 4th,2022
Officer: T. Geniesse

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

Name of Premise: Sentry Foods
Address: 6350 W. Silver Spring Dr
Phone: Pending

Owner: Bharat Bansal 04/22/84 B524-0608-4142-00 Exp 3/23
Owner address: 11373 W Peregrine Way
City State Zip: Greenfield WI 53228
Owner Phone: 414-630-4946
Owner email: bharatbansal@hotmail.com

Manager: Pending
Home Address:
City State Zip:
Phone:
Email:

Preferred contact: Jonathan Jenson

Location currently open: YES NO

Projected open date: June 2022

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

Hours of Operation: Sun: 24 hours Y N
Mon: 7A-7P
Tue: 7A-7P
Wed: 7A-7P
Thu: 7A-7P
Fri: 7A-7P
Sat: 7A-7P

Premise Type: Liquor Store
Convenience Store
Other: Simple Foods Grocery Store

Licenses currently held:

- 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? 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. Other businesses
 - h. Other:
3. Can you see from the outside of the location into the interior Yes No
4. Can you see the employees inside of the location from the outside Yes No
5. Are exterior windows free of signage Yes No
6. Is there a parking lot Yes No
7. Is the parking lot clean? Yes No
8. Is the parking lot well lit? Yes No
9. Are there areas where a person could conceal themselves Yes No
10. Is there exterior lighting? Yes No. Does it appears to be adequate Yes No
11. Exterior Payphone? Yes No
12. Are there No Loitering Signs posted? Yes No
13. Are there exterior security cameras Yes No How Many:
14. Are the address numbers prominently displayed and easy to see Yes No

Camera Survey:

15. Does this location have security cameras? Yes No
16. Are they in working order? Yes No
17. What format are the cameras?
 - 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:
19. Are there exterior cameras Yes No How many:
20. Are there interior cameras Yes No How many:
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? 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? Yes No
24. Does an interior camera face the entrance/exit? Yes No
25. Is there a lockable area that separates employees from customers? Yes No
26. Does the store sell single chore boy? Yes No
27. Does the store sell blunt wraps? Yes No
28. Does the store sell scales? Yes No
29. Does the store sell items that may be used as crack pipes? Yes 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? 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? 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:

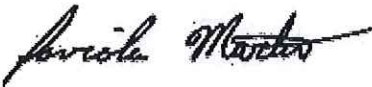
The building is under complete construction. The following is Mr. Bansal's plan: Will have 20 cameras installed, they will be split into interior and exterior. He will have at the minimum of 2 high resolution cameras. Not all employees will know how to operate the camera system. He will post the address in the front of the building as well as no loitering signs. He was provided with a District Four contact guide as well as a standing complainant form. Mr. Bansal will contact D4's CLO office to complete a walk through prior to opening.

Cox, Andrew

From: License
Sent: Tuesday, April 26, 2022 11:00 AM
To: Cox, Andrew
Cc: Roman, Carmen
Subject: FW: Objection to ClassA Liquor &Malt Application at 6350 W. Silverspring dr.

Please add objection

Have a good day,



Faviola Martin
License Division Coordinator
City Clerk - License Division
200 E. Wells St. Rm. 105
Milwaukee, WI 53202
Office: 414-286-2238

REDACTED RECORD



From:
Sent: Monday, April 25, 2022 2:22 PM
To: License <LICENSE@milwaukee.gov>
Subject: Objection to ClassA Liquor &Malt Application at 6350 W. Silverspring dr.

You don't often get email from [.earn why this is important](#)

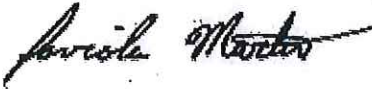
Dear sir. My name is _____, Milwaukee. We are against the Approval of this Application. There is a Liquor store already in Parking lot of this Applicants property. There is a another Liquor store 2 Blocks east. Too much Concentration in this Neighborhood. Please reject this Application. Thank you

Cox, Andrew

From: License
Sent: Monday, April 25, 2022 3:37 PM
To: Cox, Andrew
Subject: FW: Objection to Class A Liquor and malt application at 6350 w silverspring drive Milwaukee 53218

Please add

Have a good day,



Faviola Martin
License Division Coordinator
City Clerk - License Division
200 E. Wells St. Rm. 105
Milwaukee, WI 53202
Office: 414-286-2238

REDACTED RECORD



From: *
Sent: Monday, April 25, 2022 3:13 PM
To: License <LICENSE@milwaukee.gov>
Subject: Objection to Class A Liquor and malt application at 6350 w silverspring drive Milwaukee 53218

You don't often get email from:

[Learn why this is important](#)

Dear sir,

My name is _____ residence at _____

I am opposed to granting a new Liquor license in my neighborhood. We already have liquor license concentrations in our neighborhood.

There are two liquor stores very close to this applicant.

Please do not grant liquor license to this application

Thanking you



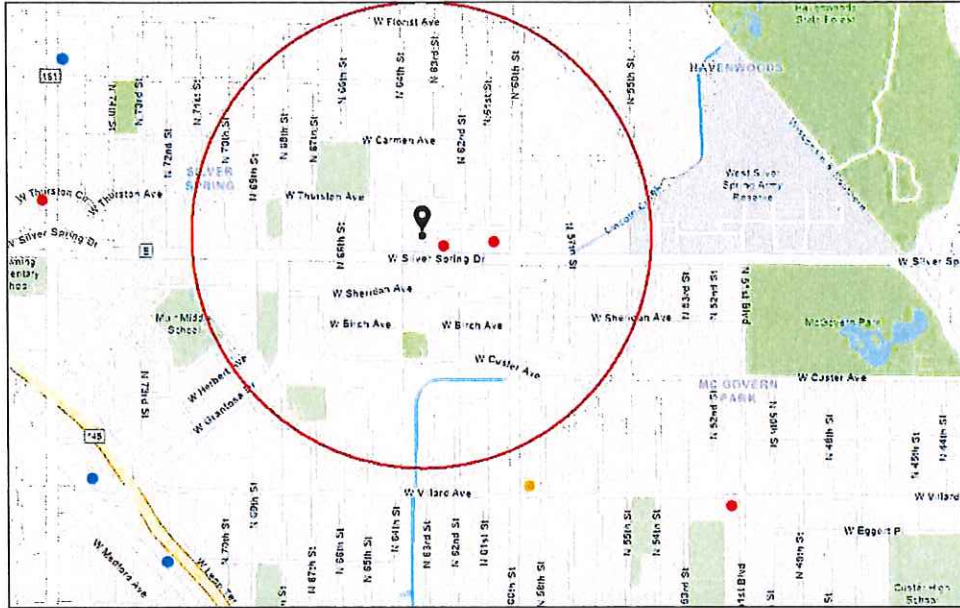
Concentration Map

6350 W Silver Spring Dr.

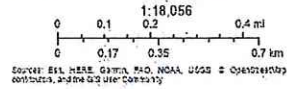
Area of Interest (AOI) Information

Area : 21,862,585.51 ft²

Apr 21 2022 16:30:56 Central Daylight Time



- Alcohol Licenses
- Class B Tavern
- Class A Fermented Malt Beverage
- Class A Liquor and Malt
- City Limits



Summary

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

Alcohol Licenses

#	Legal Entity	Trade Name	Licensee	Address	License Type Name	Total Capacity	Expiration Date	Count
1	JK LIQUOR, INC	JK LIQUOR	PRAFUL P PATEL, Agt	6220 W SILVER SPRING DR	Class A Malt & Class A Liquor License		1/18/2022, 6:00 PM	1
2	SILVER SPRING LIQUOR, INC	SILVER SPRING LIQUOR	JYOTSNABEN K PATEL, Agt	6018 W SILVER SPRING DR	Class A Malt & Class A Liquor License		9/26/2022, 7:00 PM	1

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



Friday, May 20, 2022



Notice of Public Hearing

Blank Notice

BANSAL, Bharat
Sentry Foods at 6350 W SILVER SPRING DR.
Class A Malt & Class A Liquor License Application

Tuesday, June 07, 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 06/07/2022 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.

CURRENT OCCUPANT	5555 N 62ND ST, 315	MILWAUKEE, WI 53218-3171
CURRENT OCCUPANT	5555 N 62ND ST, 316	MILWAUKEE, WI 53218-3170
CURRENT OCCUPANT	5555 N 62ND ST, 317	MILWAUKEE, WI 53218-3171
CURRENT OCCUPANT	5555 N 62ND ST, 318	MILWAUKEE, WI 53218-3171
CURRENT OCCUPANT	5556 N 64TH ST	MILWAUKEE, WI 53218-3061
CURRENT OCCUPANT	5558 N 64TH ST	MILWAUKEE, WI 53218-3061
CURRENT OCCUPANT	5622 N 65TH ST, 1	MILWAUKEE, WI 53218-2328
CURRENT OCCUPANT	5622 N 65TH ST, 2	MILWAUKEE, WI 53218-2328
CURRENT OCCUPANT	5622 N 65TH ST, 4	MILWAUKEE, WI 53218-2328
CURRENT OCCUPANT	5629 N 62ND ST, 1	MILWAUKEE, WI 53218-2334
CURRENT OCCUPANT	5629 N 62ND ST, 2	MILWAUKEE, WI 53218-2334
CURRENT OCCUPANT	5629 N 62ND ST, 3	MILWAUKEE, WI 53218-2334
CURRENT OCCUPANT	5629 N 62ND ST, 4	MILWAUKEE, WI 53218-2334
CURRENT OCCUPANT	5630 N 65TH ST	MILWAUKEE, WI 53218-2326
CURRENT OCCUPANT	5632 N 65TH ST	MILWAUKEE, WI 53218-2326
CURRENT OCCUPANT	5633 N 64TH ST, 1	MILWAUKEE, WI 53218-2320
CURRENT OCCUPANT	5633 N 64TH ST, 2	MILWAUKEE, WI 53218-2320
CURRENT OCCUPANT	5633 N 64TH ST, 3	MILWAUKEE, WI 53218-2320
CURRENT OCCUPANT	5633 N 64TH ST, 4	MILWAUKEE, WI 53218-2320
CURRENT OCCUPANT	5636 N 65TH ST	MILWAUKEE, WI 53218-2326
CURRENT OCCUPANT	5638 N 65TH ST	MILWAUKEE, WI 53218-2326
CURRENT OCCUPANT	5639 N 64TH ST, 1	MILWAUKEE, WI 53218-2321
CURRENT OCCUPANT	5639 N 64TH ST, 2	MILWAUKEE, WI 53218-2321
CURRENT OCCUPANT	5639 N 64TH ST, 3	MILWAUKEE, WI 53218-2321
CURRENT OCCUPANT	5639 N 64TH ST, 4	MILWAUKEE, WI 53218-2321
CURRENT OCCUPANT	5641 N 62ND ST, 1	MILWAUKEE, WI 53218-2337
CURRENT OCCUPANT	5641 N 62ND ST, 2	MILWAUKEE, WI 53218-2337
CURRENT OCCUPANT	5641 N 62ND ST, 3	MILWAUKEE, WI 53218-2337
CURRENT OCCUPANT	5641 N 62ND ST, 4	MILWAUKEE, WI 53218-2337
CURRENT OCCUPANT	5642 N 65TH ST	MILWAUKEE, WI 53218-2326
CURRENT OCCUPANT	5644 N 65TH ST	MILWAUKEE, WI 53218-2326
CURRENT OCCUPANT	5646 N 65TH ST	MILWAUKEE, WI 53218-2326
CURRENT OCCUPANT	5647 N 64TH ST	MILWAUKEE, WI 53218-2319
CURRENT OCCUPANT	5647A N 64TH ST	MILWAUKEE, WI 53218-2319
CURRENT OCCUPANT	5648 N 65TH ST	MILWAUKEE, WI 53218-2326
CURRENT OCCUPANT	5650 N 64TH ST	MILWAUKEE, WI 53218-2318
CURRENT OCCUPANT	5650A N 64TH ST	MILWAUKEE, WI 53218-2318
CURRENT OCCUPANT	5652 N 65TH ST	MILWAUKEE, WI 53218-2326
CURRENT OCCUPANT	5653 N 64TH ST	MILWAUKEE, WI 53218-2319
CURRENT OCCUPANT	5653A N 64TH ST	MILWAUKEE, WI 53218-2319
CURRENT OCCUPANT	5654 N 64TH ST	MILWAUKEE, WI 53218-2318
CURRENT OCCUPANT	5654 N 65TH ST	MILWAUKEE, WI 53218-2326
CURRENT OCCUPANT	5656 N 64TH ST	MILWAUKEE, WI 53218-2318
CURRENT OCCUPANT	5658 N 64TH ST	MILWAUKEE, WI 53218-2318
CURRENT OCCUPANT	5659 N 64TH ST	MILWAUKEE, WI 53218-2319
CURRENT OCCUPANT	5659A N 64TH ST	MILWAUKEE, WI 53218-2319
CURRENT OCCUPANT	5663 N 64TH ST	MILWAUKEE, WI 53218-2319

CURRENT OCCUPANT	5663A N 64TH ST	MILWAUKEE, WI 53218-2319
CURRENT OCCUPANT	5671 N 64TH ST	MILWAUKEE, WI 53218-2319
CURRENT OCCUPANT	6211 W THURSTON CT	MILWAUKEE, WI 53218-2348
CURRENT OCCUPANT	6214 W THURSTON CT, 1	MILWAUKEE, WI 53218-2347
CURRENT OCCUPANT	6214 W THURSTON CT, 2	MILWAUKEE, WI 53218-2347
CURRENT OCCUPANT	6214 W THURSTON CT, 3	MILWAUKEE, WI 53218-2347
CURRENT OCCUPANT	6220 W THURSTON CT	MILWAUKEE, WI 53218-2347
CURRENT OCCUPANT	6221 W THURSTON CT	MILWAUKEE, WI 53218-2348
CURRENT OCCUPANT	6221A W THURSTON CT	MILWAUKEE, WI 53218-2348
CURRENT OCCUPANT	6221B W THURSTON CT	MILWAUKEE, WI 53218-2348
CURRENT OCCUPANT	6222 W SILVER SPRING DR	MILWAUKEE, WI 53218-3155
CURRENT OCCUPANT	6222 W THURSTON CT	MILWAUKEE, WI 53218-2347
CURRENT OCCUPANT	6226 W THURSTON CT	MILWAUKEE, WI 53218-2347
CURRENT OCCUPANT	6227 W THURSTON AVE	MILWAUKEE, WI 53218-2343
CURRENT OCCUPANT	6227 W THURSTON CT	MILWAUKEE, WI 53218-2348
CURRENT OCCUPANT	6227 W THURSTON CT, A	MILWAUKEE, WI 53218-2348
CURRENT OCCUPANT	6228 W THURSTON CT	MILWAUKEE, WI 53218-2347
CURRENT OCCUPANT	6229 W SILVER SPRING DR	MILWAUKEE, WI 53218-3156
CURRENT OCCUPANT	6229 W THURSTON AVE	MILWAUKEE, WI 53218-2343
CURRENT OCCUPANT	6230 W THURSTON CT	MILWAUKEE, WI 53218-2347
CURRENT OCCUPANT	6231 W SILVER SPRING DR	MILWAUKEE, WI 53218-3156
CURRENT OCCUPANT	6232 W THURSTON CT	MILWAUKEE, WI 53218-2347
CURRENT OCCUPANT	6233 W SILVER SPRING DR	MILWAUKEE, WI 53218-3156
CURRENT OCCUPANT	6235 W SILVER SPRING DR	MILWAUKEE, WI 53218-3156
CURRENT OCCUPANT	6235 W THURSTON AVE	MILWAUKEE, WI 53218-2343
CURRENT OCCUPANT	6235 W THURSTON CT	MILWAUKEE, WI 53218-2348
CURRENT OCCUPANT	6237 W SILVER SPRING DR	MILWAUKEE, WI 53218-3156
CURRENT OCCUPANT	6237 W THURSTON AVE	MILWAUKEE, WI 53218-2343
CURRENT OCCUPANT	6237 W THURSTON CT	MILWAUKEE, WI 53218-2348
CURRENT OCCUPANT	6239 W SILVER SPRING DR	MILWAUKEE, WI 53218-3156
CURRENT OCCUPANT	6240 W THURSTON CT	MILWAUKEE, WI 53218-2347
CURRENT OCCUPANT	6241 W THURSTON AVE	MILWAUKEE, WI 53218-2343
CURRENT OCCUPANT	6241 W THURSTON CT	MILWAUKEE, WI 53218-2348
CURRENT OCCUPANT	6242 W THURSTON CT	MILWAUKEE, WI 53218-2347
CURRENT OCCUPANT	6243 W SILVER SPRING DR	MILWAUKEE, WI 53218-3156
CURRENT OCCUPANT	6243 W THURSTON AVE	MILWAUKEE, WI 53218-2343
CURRENT OCCUPANT	6243 W THURSTON CT	MILWAUKEE, WI 53218-2348
CURRENT OCCUPANT	6245 W SILVER SPRING DR	MILWAUKEE, WI 53218-3156
CURRENT OCCUPANT	6247 W SILVER SPRING DR	MILWAUKEE, WI 53218-3156
CURRENT OCCUPANT	6249 W SILVER SPRING DR	MILWAUKEE, WI 53218-3156
CURRENT OCCUPANT	6300 W THURSTON CT, 1	MILWAUKEE, WI 53218-2344
CURRENT OCCUPANT	6300 W THURSTON CT, 2	MILWAUKEE, WI 53218-2344
CURRENT OCCUPANT	6300 W THURSTON CT, 3	MILWAUKEE, WI 53218-2344
CURRENT OCCUPANT	6300 W THURSTON CT, 4	MILWAUKEE, WI 53218-2344
CURRENT OCCUPANT	6301 W SILVER SPRING DR	MILWAUKEE, WI 53218-3158
CURRENT OCCUPANT	6301 W THURSTON AVE	MILWAUKEE, WI 53218-2346
CURRENT OCCUPANT	6303 W THURSTON AVE	MILWAUKEE, WI 53218-2346

CURRENT OCCUPANT	6307 W THURSTON AVE	MILWAUKEE, WI 53218-2346
CURRENT OCCUPANT	6309 W THURSTON AVE	MILWAUKEE, WI 53218-2346
CURRENT OCCUPANT	6311 W SILVER SPRING DR	MILWAUKEE, WI 53218-3158
CURRENT OCCUPANT	6313 W SILVER SPRING DR	MILWAUKEE, WI 53218-3158
CURRENT OCCUPANT	6315 W SILVER SPRING DR	MILWAUKEE, WI 53218-3158
CURRENT OCCUPANT	6315 W THURSTON AVE	MILWAUKEE, WI 53218-2346
CURRENT OCCUPANT	6317 W SILVER SPRING DR	MILWAUKEE, WI 53218-3158
CURRENT OCCUPANT	6317 W THURSTON AVE	MILWAUKEE, WI 53218-2346
CURRENT OCCUPANT	6319 W SILVER SPRING DR	MILWAUKEE, WI 53218-3158
CURRENT OCCUPANT	6321 W THURSTON AVE	MILWAUKEE, WI 53218-2346
CURRENT OCCUPANT	6323 W THURSTON AVE	MILWAUKEE, WI 53218-2346
CURRENT OCCUPANT	6329 W THURSTON AVE	MILWAUKEE, WI 53218-2346
CURRENT OCCUPANT	6331 W THURSTON AVE	MILWAUKEE, WI 53218-2346
CURRENT OCCUPANT	6337 W THURSTON AVE	MILWAUKEE, WI 53218-2346
CURRENT OCCUPANT	6339 W THURSTON AVE	MILWAUKEE, WI 53218-2346

Blank Notice

Total Records: 155

Radius 250.0 feet and Center of Circle: 6350 W Silver Spring Rd



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: GROCERY STORE

Do you have any experience operating this type of business? No Yes If yes, explain: MANAGED AND OPERATED GROCERY STORES OVER 10 YEARS

2. Business Operations

- a. Proposed Opening Date: 04/01/2022
- 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: _____
- 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: 10 Locations: entrance door, cashiers, break room
Outside: 2 Locations: entrance / exit doors
- c. Is a crowd control barrier used? No Yes If yes, describe: _____
- d. How many restrooms are on the premises? 2
- e. Name of solid waste contractor: Advanced Disposal Waste Management Other: _____

5. Security

- a. Are there onsite parking spaces? No Yes If yes, how many? 50 and describe the parking security plan: SECURITY CAMERAS
- b. Is there a loading zone? No Yes If yes, describe the loading area security plan: SECURITY CAMERAS
- 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? 40 and list locations: _____
30 inside - through out the facility & 10 outside at each corner
- 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>70</u> %	Secondhand Merchandise _____ %	Precious Metals & Gems _____ %
Entertainment _____ %	Cigarettes <u>5</u> %		
Pawnbroker Activity _____ %	Salvaged Materials _____ % (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____ %	Other <u>15</u> % Describe: <u>household items</u>

7. Businesses/licenses on the Premises (check all that apply):

- Type 1**
- Full Service Restaurant Cafe/Coffee Shop Deli or Fast Food Restaurant Private/Fraternal/Veterans Club
- Night Club Tavern Cocktail Lounge Teen Club
- Banquet Hall Sports Facility Bowling Alley
- Hotel/Motel: Number of Floors: _____ Rooming House: Number of Floors: _____
 Number of Rooms: _____ Number of Rooms: _____

- Type 2**
- Liquor Store Corner Store Supermarket Convenience Store
- Gas Station Amusement/Phonograph Distributor Recycling, Salvage or Towing
- Used Car Dealer Personal Service Establishment (such as tattoo business, hair salon, tailor, etc.) Recording Studio
- What other licenses/permits will you hold at this location? (check all that apply)
- Occupancy Permit Cigarette & Tobacco Gas Station Extended Hours Class "B" Tavern Weights & Measures
- Secondhand Dealer Precious Metal & Gem Other: _____

8. Legal Capacity (only if a Type 1 premises in #7 above)

Capacity _____ (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)

9. Premises Description

- a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage):
 1st Floor 2nd Floor Basement Storage Patio Beer Garden Sidewalk Café Deck Rooftop
 Other: Describe: _____
- b. Describe Location: Major Thoroughfare Secondary Street Other: _____
- c. Nearest Major Cross Street: Silver Spring & 60th Street
- 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: AhnCo LLC Phone Number: _____
 Building Owner Address: 6350 W. Silver Spring Dr. Milwaukee, WI 53045

10. Hours of Operation & Customers

Will customers be entering the premises? No Yes Alcohol hours will be 8am-9pm

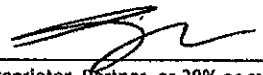
Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (if none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	6 am	9 pm	1000	+18	
Monday	6 am	9 pm	1000	+18	
Tuesday	6 am	9 pm	1000	+18	
Wednesday	6 am	9 pm	1000	+18	
Thursday	6 am	9 pm	1000	+18	
Friday	6 am	9 pm	1000	+18	
Saturday	6 am	9 pm	1000	+18	

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: **SILVERSPRING SENTRY LLC**

Premise Address: **6350 W SILVER SPRING DRIVE, MILWAUKEE, WI 53218**

Proximity of Premises to Church, School, Daycare Center or Hospital

Is the building within 300 feet of any church, school, daycare center or hospital? No Yes

"Service Bar Only" Designation

If applying for Class B or C license, are you applying for "Service Bar Only"? No 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? No 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? No 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? No 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?

No Yes If yes, list name and address: _____

Property Information (New & Transfer Applicants Only)

a) Do you own or lease the building? Own Lease

b) Who owns the fixtures (for example, coolers, etc.)? APPLICANT-SILVERSPRING SENTRY LLC

c) Are you purchasing the stock and/or fixtures? No Yes If yes, amount paid \$ _____

d) Total amount paid for business \$ N/A

e) Total amount paid for goodwill of the business \$ N/A

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? No Yes

Lease Information (New & Transfer Applicants who are leasing the premises only)

a) Date lease begins Jan 20 2022 Ends Jan 20 2032

b) Monthly rental \$ 3783.00

c) Do you have an option to renew the lease? No Yes

d) Does your lease allow for assignment to another party without the consent of the owner? No Yes

e) For what length of time have you been guaranteed occupancy (number of years)? 10 year

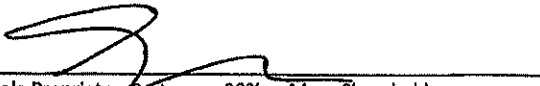
Lease Information (Continued)

- 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 occupancy 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-fondplan 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: **SILVERSPRING SENTRY LLC**

Premises Address: **6350 W SILVER SPRING DRIVE, MILWAUKEE, WI 53218**

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 foot 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, MEAT, CHEESE**

SECTION 4 DETAILS OF OPERATION

Will you have seating on site for dining? No Yes

Will you be doing any catering? No Yes

Will you be doing any delivery? No Yes

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

Will you have a drive thru window? No Yes - Are hours different from inside? No Yes
 If Yes, provide drive thru hours: _____

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

SECTION 5 ADDITIONAL SITES

Where will food be prepared and/or sold?
 At a single site At multiple sites: How many? _____ (for example, a hotel with several dining rooms or bars)
 If multiple sites, attach a Food Dealer Additional Site Addendum (ccl-foodadd) for each additional site.

SECTION 6 CONSTRUCTION OR CHANGES

Are you planning any construction, remodeling or equipment changes?
 No If No, SKIP to Section 8
 Yes If Yes, check all that apply: New construction of a building Renovation or remodeling
 Construction changes to existing building Equipment changes only

Provide a brief description of the changes: _____

Start date: _____

Name, Address & Phone Number of Architect: _____

Name, Address & Phone Number of Contractor: _____

SECTION 7 ALCOHOL BEVERAGES

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

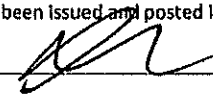
BB I understand the Health Department must conduct an inspection and advise the License Division of their approval before the license may be issued.

BB 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.

BB 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.

BB 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.

BB 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-wmplan 1/9/18

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

Legal Entity Name: <u>Silverspring Sentry LLC</u>	
Premise Address: <u>6350 W. Silver Spring Drive, Milwaukee, WI 53218</u>	
Type of Business	
Provide a brief description of the establishment/business: <p style="text-align: center;"><u>Grocery Store</u></p> <p><i>Other licenses may be required depending on the type of business you are operating.</i></p>	
Litter & Noise	
a. How are grounds kept clean? <input checked="" type="checkbox"/> Sweep <input checked="" type="checkbox"/> Pressure Wash <input checked="" type="checkbox"/> Pick Up Litter <input type="checkbox"/> Other: _____	
b. How often will grounds be cleaned? <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> As Needed <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	
c. Grounds cleaned by: <input checked="" type="checkbox"/> Licensee <input checked="" type="checkbox"/> Building Owner <input checked="" type="checkbox"/> Employees <input type="checkbox"/> Hired Maintenance <input type="checkbox"/> Other: _____	
d. How are noise issues prevented and/or addressed? <input checked="" type="checkbox"/> Security <input checked="" type="checkbox"/> Manager approaches customer(s) <input type="checkbox"/> Call Police <input checked="" type="checkbox"/> Signs Posted <input type="checkbox"/> 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
<p><i>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.</i></p>	



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: **SILVERSPRING SENTRY LLC**

Premise Address: **6350 W. SILVER SPRING DRIVE MILWAUKEE, WI 53045**

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	10	550
Scanners				
<input checked="" type="checkbox"/> Up to 3 scanners	24 months	\$130 total*	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
<input checked="" type="checkbox"/> Four or more scanners	24 months	\$250 total*	<input type="checkbox"/> 4 <input type="checkbox"/> Other 5	
Other Devices				
<input type="checkbox"/> Length Measuring Device	24 months	\$60		
<input type="checkbox"/> Timing Device	24 months	\$30		

Total Fee Due

Signature

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

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

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

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

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

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

Signature of additional partner or 20% or more shareholder

This form must be submitted with the Business License Application, Weights & Measures Plan of Operation, and appropriate fee. Forms can be obtained online at www.milwaukee.gov/licenses.

4/21/22

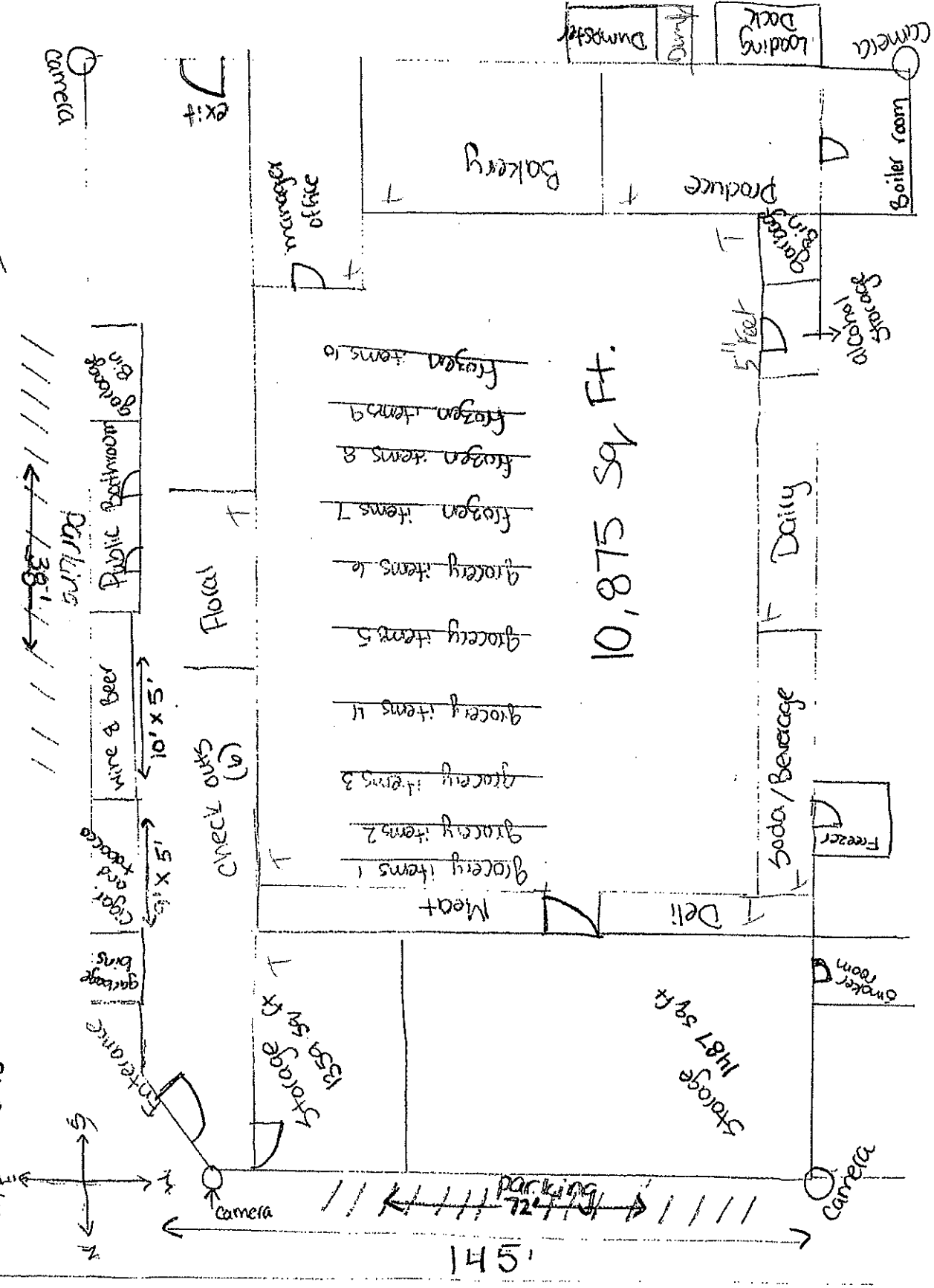
Silver Spring Sentry LLC

Sentry Food

6350 W. Silver Spring Dr,
Milwaukee, WI 53218

N 64th Street

Bhavat Bansal, Agent SL



10,875 sq. Ft.

145'

W Silver Spring Drive