

# CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Wednesday, December 04, 2024

#### COMMITTEE MEETING NOTICE

AD 05

SANDHAR, Navjoot S, Agent Sentry Foods 92 Lisbon, Inc. 1220 W Manor Ln River Hills, WI 53217

You are requested to attend a hearing which is to be held in the Council Chambers, Third Floor, City Hall:

#### Tuesday, December 17, 2024 at 08:45 AM

Regarding:

Your Class A Malt & Class A Liquor, Food Dealer and Weights & Measures Licenses Application as agent for "Sentry Foods 92 Lisbon, Inc." for "Sentry Foods" at 9210 W LISBON Av.

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.

# MILWAUKEE POLICE DEPARTMENT LICENSING

# CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

DATE: 10/31/24 LICENSE TYPE: AMALT NEW:  RENEWAL:	No. 373236 Application Date:
License Location: 9210 W Lisbon	
Business Name: Sentry	

Licensee/Applicant: SANDHAR, Navjoot S (Last Name, First Name, MI)

Date of Birth: 09/04/1990

Home Address: 1120 W Manor Lane

City: River Hills State: WI Zip Code: 53217

Home Phone: 414-540-6938

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

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

1. On 11/11/19 the applicant was cited in Milwaukee County for Possession of Marijuana.

Charge: Littering (Amended Charge)

Finding: Guilty Sentence: fine

Date: 11/11/19

Case: 2019FO001673

**DATE:** 10/31/24

LICENSE TYPE: Class B Tavern

# MILWAUKEE POLICE DEPARTMENT LICENSING

# CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

No. 373236

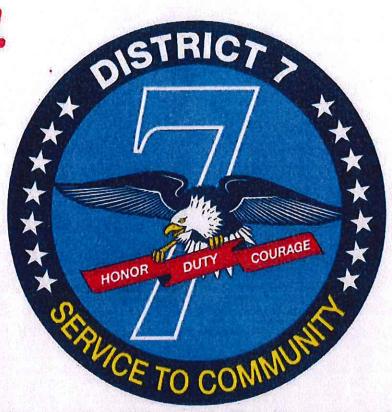
NEW:  RENEWAL	. <b>:</b> ⊠			Application Date:	
	Location: 92 s Name: Sen				
	e/Applicant: Birth: 04/22/8	Bansal, Bharat (Last Name, First Name, MI) 34			
Home A City: Br Home P		5 Auburn Dr	State: WI	<b>Zip Code:</b> 53045	
This repo	ort is written b	y Police Officer Penn	y Monreal, ass	signed to the License Investigation Unit,	
The Milw	vaukee Police	Department's investig	gation regardir	ng this application revealed the following	<b>]:</b>
1.	Lisbon Av. Ir The business	nvestigation revealed	a subject took	e dispatched to a Shoplifter at 9210 W. citems and left the premise without paying and allowed officers to view video	ng.
2.	On 11/05/23	at 7:51a.m., Milwauke	ee Police were	e dispatched to a Battery at 9210 W. Lis	bon

3. On 03/01/24 at 6:17a.m., Milwaukee Police were dispatched to a Robbery at 9210 W. Lisbon Ave. On arrival officers were advised a suspect robbed the store of at least \$5000. The owner arrived on scene and was very uncooperative, stating they didn't care if the suspect was caught and they wanted to open their business as they were losing money.

Av. Investigation revealed two subjects were arguing both inside and outside of the store. One of the subjects attempted to hit the other subject with their car, causing the business to call the police. The business was cooperative with the investigation and allowed officers to

view video surveillance of the incident.

**ORIGINAL** 



## Crime Prevention Through Environmental Design CPTED Survey

Date Received:	Date Returned:
Date Completed: 11/05/24	
Milwaukee PD CAD Number: 7241-105 - 0614	Milwaukee PD Case Number: (241-105-086)
Address/Location: 9210 W. Lisson Aux A	4. lever rece est
CPTED Auditor: Pro. Theodore P. CHANOLE	r
Contact Person(s): MANAGER Mandeep S. KLET	
Telephone/Cell: (242) 617- 214	Office: (414) 461- 5305
Person Requesting Audit and Why:	
History Of Area:	

## **CPTED - Site Audit**

Crime Prevention Through Environmental Design (CPTED) is a proactive crime fighting technique in which the proper design and effective use of the built environment can lead to a reduction in the fear of and incidents of crime and an improvement in quality of life. It is very important to realize CPTED principals reduce the opportunity for crime; however crime prevention / social programs should be implemented to tackle the underlying cause of crime. These steps work in conjunction to create a safe environment to work live or play.

THIS CPTED SURVEY HAS BEEN CONDUCTED AS A PUBLIC SERVICE OF THE MILWAUKEE POLICE DEPARTMENT. THIS SURVEY IS INTENDED TO ASSIST YOU IN IMPROVING THE OVERALL LEVEL OF SECURITY ONLY. IT IS NOT INTENDED TO IMPLY THE EXISTING SECURITY MEASURES, OR PROPOSED SECURITY MEASURES ARE ABSOLUTE OR PERFECT.

ALL NEW CONSTRUCTION OR RETROFITS SHOULD COMPLY WITH EXISTING BUILDING CODES, ZONING LAWS AND FIRE CODES. PRIOR TO INSTALLATION OR MODIFICATIONS THE PROPER LICENCES AND VARIANCES SHOULD BE OBTAINED AND INSPECTIONS SHOULD BE CONDUCTED BY THE APPROPRIATE AGENCY.

The four key concepts of CPTED are:

- 1. Access Control
- 2. Surveillance
- 3. Territorial Reinforcement
- 4. Lighting

EXTERIOR

AREA	DESCRIPTION	YES	NO	N/A
HEDGES/BUSHES				1992/04/04/09
Higher than 4 feet				X
Close to windows				ĸ
Entrapment areas				X
Near windows or doors				K
TREES				×
Blocking view of bldg, from road				K
Entrapment areas				Ř.
FENCES				
Higher than 4 feet		K		
Private/semi private		K		
Chain link		K		
Landscaping around fences				K
Lock on gates				K
LOT LIGHTING				
Motion detectors				
Fluorescent lighting				
High pressure sodium				
Low pressure sodium				
Metal halide				
STORAGE SHEDS				
Secure lock on door				*
Visible from business				K
PARKING				
Close to main doors		K		
Lighted parking lot		_ K_		
GARBAGE BINS				
Close to door		N K		
Causing entrapment zones				×
AIR CONDITIONER				
Window mounted			Х	
Roof mounted		×		
VENTILATION GRATES				
Secured or locked		K		
Access gained into bldg. From grate			K	

**SECURITY** 

AREA	LOCATION	YES	NO	N/A
ALARM SYSTEM	I Installed	×		
	Monitored with key holders	X		
	Motion detectors	Y X		
	All doors alarmed	Ŕ		
	Stickers on windows and doors		K	
	BUILDING - EXTERIOR			
AREA	DESCRIPTION	YES	NO	N/A
MAIN DOOR	Solid door		K	4.34.4.3
	Glass door with metal frame	X		
	Re-enforced frame for dead bolt	X		
	More than one lock device on door	Î		
	Lighted area	N W		
	Alarm system on door	K		
	Un-obstructed view into business		K	
REAR DOOR	Solid door	K		
	Glass door with metal frame		K	
	Re-enforced frame for dead bolt	X		
	More than one locking device on door	Ŷ		
	Lighted area	X		
	Alarm system on door	× ×		
	Obstructions / entrapment zones near door		K	
OTHER (specify)	EATT VESTIBULE DOLES - NO EXTLEMERANCE ONLY.			
WINDOWS	Lighted areas			
	Steal frames on windows	X		
	Windows open		×	
	-If yes, equipped with locks			X
	Obstructions on ground away from windows		×	
	Alarm system on windows		K	
	Windows located near ground		X	10. 12. 13. 15. 13. 14. 15. 15.
	-If yes, clear from obstructions			K
	Bars on all windows		K	

# SITE SCAN:

OPEN SINT LINES - PARKING LOT NO OBSTRUCTIONS	rentalis de la companya della companya della companya de la companya de la companya della compan
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trapment Zones (alley ways, entrance ways):	
REAR ALIEY / DOCKING AREA - SHARED PUBLIC ALLEY	
vement Predictors (desired lines, existing pathways, bridge	es or tunnels):
N/A	
tivity Generators (parking lots, corner stores, parks, bench	es, bus stops):
LOADING ZONE - MARKED ARTH CONSIDERS	
mmunity Impact (type of buildings around the site, existing	g land use):
mmunity Impact (type of buildings around the site, existing	g land use):

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SERVICE COUNTER - KINNER GLOSS						
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# Date: November 5<sup>th</sup> 2024 Officer: Officer. Theodore R. CHANDLER

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

Name of Premise: S	entry Foods		
Address: 9210 W. L	isbon Ave Milwaukee, WI	53222	
<b>Phone:</b> (414)	461-5305		
City State Zip: Meno Owner Phone: (262)	W15514 Hidden Hollow Ct monee Falls, WI 53051		
Manager: Same as O Home Address:	Owner		
City State Zip:			
Phone:			
Email:			
Preferred contact:	Mandeep S. KLER		
Location currently	open: 🛛 YES 🗌	NO	
Projected open dat	e: N/A		
Day's open: S	]M	SA KAL	L
Hours of Operation	n: Sun: 7am-9pm Mon: 7am-9pm Tue: 7am-9pm Wed: 7am-9pm Thu: 7am-9pm Fri: 7am-9pm Sat: 7am-9pm		□24 hours □Y 🔣 N
Premise Type:	☐ Convenience Store ☐ Convenience Store ☐ Other: Grocery Store		

Licenses currently held:
Alcohol: Yes No Class: A #0200633:
Tobacco: Yes No #: 1032403
Food: Yes No #: 0014569
Extended Hours: Yes No #:
Secondhand Dealer: Yes No Type: #:
Other: Yes No Type:
Other: Yes No Type: #:
Who is your alcohol distributor? N/A
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
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g. Other businesses h. Other:
3. Can you see from the outside of the location into the interior KYes No
4. Can you see the employees inside of the location from the outside KYes No
5. Are exterior windows free of signage YYes \( \subseteq \text{No} \)
6. Is there a parking lot   Yes   No
7. Is the parking lot clean? KYes □No
o T. d
8. Is the parking lot well lit? \( \sum \) Yes \( \sum \) 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 \( \text{No} \)
14. Are the address numbers prominently displayed and easy to see No
Camera Survey:
15. Does this location have security cameras? XYes \( \subsetence No
16. Are they in working order? <b>ऻ√</b> Yes □No
17. What format are the cameras?
a. Color Ves No
b. Digital Yes No
c. VCR Yes No
d. Recorded NYes No
18. How long is footage stored for later viewing: unknown - 30 days
19. Are there exterior cameras Yes No How many: Multiple (32 DVR)
20 Are there interior cameras Yes No How many: Multiple (32 DVR)

21. Do all employees know how to retrieve recorded digital images/footage? Yes No - Laborate	٠
Interior Survey:	
22. Is the storeowner willing to be a standing complainant regarding loitering? Yes No - Property of the storeowner willing to be a standing complainant regarding loitering?	<b></b> ()
a. If yes have them fill out the standing complaint form and give them two of the	
commercial signs Yes No	
23. Is the interior of the location neat and clean?	
24. Does an interior camera face the entrance/exit?  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	1
a. Describe item N/A	
30. Does the store have an over abundance of sandwich baggies: Yes No	, a 15 1
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? No	:
a. Did you provide a district contact guide to the owner?   Yes   No	
	114
Complete this section if alcohol establishment is a convenience store:	
(** Read full ordinance for all details "68-55 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 employed	
and customer are both visible from the sidewalk? Yes No **	ofa
2. Are the glass entrance and exit doors clear of any signs or advertisements with the exception	to.
sign which states that the cash register contains \$50 or less and that the safe is no accessible	.0
employees? Yes No	
<ul> <li>3. Does the store maintain one of the following on the licensed premise:</li> <li>a. A safe that was in use at the convenience food store on August 17, 1994? ☐Yes ☐I</li> </ul>	Jo.
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 employee	s or
customers are on the premises at a minimum average of 2-foot candles per square foot, unles	s the
store is not open for business after sunset and before sunrise? \( \subseteq \text{Yes} \subseteq \text{No} \subseteq \text{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 enter	ring
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 (Unknown)	-
11. Do all store employees know how to record footage from the camera system to media capab	le 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. as the owner and their employees attended the Robbery Prevention Training within 120 day ownership or employment? Yes No  a. Contact Community Outreach and Education at 935-7836 for schedule.
		ptions. The requirements of this section do not apply to a convenience food store that 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
100		

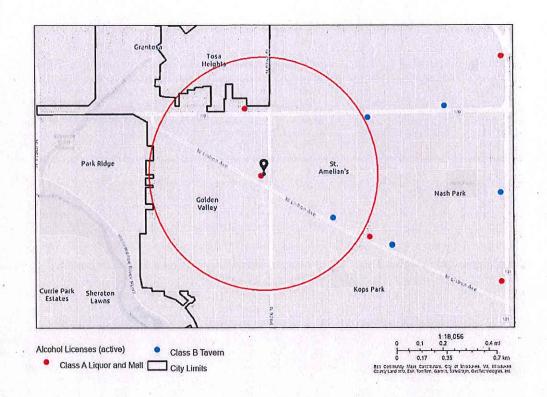
#### **ADDITIONAL COMMENTS/RECOMMENDATIONS:**

- \* Front Main Entrance/Exit Vestibule(s) full access.
- \* Front Main Entrance/Exit doors- one standard lock per door.
- \* Adjust signage on main windows for public view.
- \* Rear Delivery Door- suggest signage of hours of operation and general info.
- \* Rear/Alley power pole, suggest fencing to deter roof-top entry.
- \* Customer Service Counter should be clear of window clutter/signage.
- \* Customer Service Counter should have a solid/secured door with newer locks.

#### Area of Interest (AOI) Information

Area: 21,862,585.76 ft2

Oct 29 2024 11:38:27 Central Daylight Time



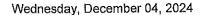
### Summary

Name	Count	Area(ft²)	Length(mi)
Alcohol Licenses	3		

### Alcohol Licenses

#	Legal Entity	Trade Name	Licensee	Address	License Type Name	Total Capacity	Expiration Date	Count
1	Lisbon 92 Supermarket Corp.	Sentry Foods	Mandeep S Kler, Agt	9210 W LISBON AV	Class A Malt & Class A Liquor License		3/24/2025, 7:00 PM	1
2	QUE TOO LLC	CHAMPION CHICKEN	BRANDALYN N C CHEATHAM, Agt	8718 W LISBON AV	Class B Tavern License		3/25/2025, 7:00 PM	1
3	SPDK, IŅC	SUNRISE LIQUOR AND GIFTS	Kamlesh M Patel, Agt	9330 W CAPITOL DR	Class A Malt & Class A Liquor License		9/25/2025, 7:00 PM	1

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







# Notice of Public Hearing

Blank Notice

SANDHAR, Navjoot S, Agent
Sentry Foods at 9210 W LISBON Av
Class A Malt & Class A Liquor, Food Dealer and Weights & Measures Licenses Application

#### Tuesday, December 17, 2024 at 8:45 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 on 12/17/2024 at 8:45 AM in Room 301-B, Third Floor, City Hall. This is a public hearing. Those wishing to view the proceeding are able to do so via the City Channel — Channel 25 on Spectrum Cable — or on the Internet at http://city.milwaukee.gov/citychannel. Those wishing to provide oral testimony via internet are asked to contact the staff assistant, Yadira Melendez at (414) 286-2775 or stasst5@milwaukee.gov for necessary information. Please make such requests no later than one business day prior to the start of the meeting. You are not required to attend the hearing, but please see the information below if you would like to provide testimony. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing.

# Important details for those wishing to provide information for the Licenses Committee to consider when making its recommendation:

- 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	Ν
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MAIL ADDRESS
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3718 N 92ND ST# 1
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3718 N 92ND ST# 3
3718 N 92ND ST# 4
3719 N 92ND ST# 101
3719 N 92ND ST# 201
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3719 N 92ND ST# 203
3721 N 92ND ST
3801 N 92ND ST
3808 N WILLIS PL
3811 N 92ND ST
3817 N 92ND ST
3825 N 92ND ST
3826 N WILLIS PL
3831 N WILLIS PL
3833 N 92ND ST
3839 N 92ND ST
3847 N 93RD ST
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Total Records: 138

Radius 300 feet and Center of the Circle: 9210 W Lisbon Av

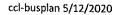


#### **APPLICATION AMENDMENT**

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

Date: 10/30/24

	Way joet Sandhar, wish to amend my answer(s) on the application for a
Cla	(fdl legal name)  255 A Liquer license at 9210 W L13 ban Ave, Milwaulker, WI 533226 (type of license) license at premises address, If applicable)
by a	dding or amending the following information (complete only those sections being amended):
1.	Answer to Question(s) #should be:
2.	Agent should be (full legal name):Also complete 3, 4, 5 & 6
3.	Date of birth should be:
4.	Home address should be (include city/state/zip):
5.	Phone number should be (include area code):
6.	Driver's License Number/State ID Number should be:
7.	Corporation/LLC name should be (full legal name):
8.	Business name should be:
9.	Premises address should be (include city/state/zip):
10.	Business phone number should be (include area code):
11.	Mailing address should be (include city/state/zip):
12.	Email address should be:
13.	Recycling/Salvaging/Towing: Location where vehicle will be parked should be (include city/state/zip):
	Class B Tavern: Age Distinction should be:Other: Change dives the lot is cleaved from Dally to every 3 hours.
	(Check with the License Division before submitting "Other" amendments using this form.)
	Signature of Licensee (Individual, Partner, or Agent of Corp/LLC)
Offi	ice Use Only: Application #: 343334 Date: 10-30-24 Initials: RC To LC:





### **BUSINESS LICENSE PLAN OF OPERATION**

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

1. T	ype of Business
Applyi	ing 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)
Provid	le a detailed description of the type of business you plan on operating:
	Supermarket: providing produce, meats, breads, fish, beer,
	u have any experience operating this type of business? 🔲 No 🔳 Yes 🔝 If yes, explain: Own Convenience Store and Liquor Store
2. B	Business Operations
a.	Proposed Opening Date: 11/1/2024
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: cig/tob, class a liquor/malt, food dealer, w
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?
	If yes, explain:
g.	Have you previously held an Extended Hours License in Milwaukee? No Yes
	If yes, list address(es): 4137 W Fondulac Ave, Milwaukee, WI 53216
h.	Are other businesses operating in the same building? No Yes If yes, describe:
	tter & 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. Sr	moking & Sanitation
a.	Are there designated outdoor smoking areas? 🔳 No 🗌 Yes If yes, describe:
b.	Number of Garbage Cans: Inside: 10 Locations: entrance, doors, cashiers, break rooms
	Outside: Locations: entrance, exits, in parking lot
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:

	and the second of the second o					
5. Security					ti ang panggapangan at kampanggapangan da	
a. Are there onsite park	ing spaces? 🗌 No 🔳 Ye	s If yes, how	/ many? <u>50</u>	and describ	e the parking security	
plan; security camer	as					
b. Is there a loading zone? No Yes If yes, describe the loading area security plan: Security cameras					y cameras	
c. Will you have licensed	d security on premise?	■ No □ Ye	es If ves how many?		nd answorthe following	
	Will you have licensed security on premise? No Yes If yes, how many? and answer the following:  What are their responsibilities?					
1	Describe equipment used					
List their Licens	se Number (s)		Maria Control	***************************************		
d. Will there be security	cameras? No Yes	If ves, how	many? 40 and lis	t locations		
30 cameras inside (	main floor, offices, stora	ige rooms, b	pasement), 10 camera	as outside		
e. Will searches/identifi						
6. Percentage of Sal	es (must total 100	n/l				
	% Food <u>70</u>	<u>%</u>				
	Cigarettes, Electronic Vape Devices, 5		Secondhand Merchand	ise	Precious Metals & Gems	
Entertainment9	Tobacco Products	%	%		%	
Pawnbroker Activity% Salvaged Materials (such as scrap metal)		%	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.)%		Other 15 % Describe: household good	
7. Businesses/Licens	ses on the Premise	s (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 C	Teen Club	
Banquet Hall	Sports Facility	Bowling Alley				
Hotel/Motel: Number of	f Floors:	Rooming	g House: Number of Flo	ors:		
Number o	f Rooms:		Number of Ro	oms:		
Type 2		·				
Liquor Store	Corner Store	Superma Superma		Conven	ience Store	
Gas Station	Amusement/Phonog	graph Distribut	raph Distributor		Recycling, Salvage or Towing	
Used Car Dealer Personal Service Estables (such as tattoo busines			ablishment ess, hair salon, tailor, etc.)		ng Studio	
What other licenses/permits w	vill you hold at this location?	(check all that	apply)			
Occupancy Permit Cigarette, Tobacco, Gas Station Fytended Hours Class "P" Tayon Walaka & Management						
Electronic Vape Products  Secondhand Dealer Precious Metal & Gem other: food dealer, weights and measures, class a liquor/malt						
8. Legal Capacity (only if a Type 1 premises in #7 above)						
	the Milwaukee Developmen			estions.)		

9. Premises D	Pescription	5.67 23 p 1 s a sign				
a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage):						
	■1 <sup>st</sup> Floor □2 <sup>nd</sup> Floor ■Basement Storage □Patio □Beer Garden □Sidewalk Café □Deck □Rooftop □Other: Describe:					
c. Nearest Major	O'Deal Character at 1 to 1					
d. Describe Build	d. Describe Building: Free Standing Building Strip Mall Other:					
e. Describe Prem						
	f. Describe Surrounding Area: Commercial Residential Industrial Other:					
	r <sub>Name:</sub> <u>Richard Allen</u> r <sub>Address:</sub> 9210 W Lisbor	Ave Milwaukee WI 5	Phone Number: 802-3	79-0050		
				SO CONTROL SONO DATA DATA DATA DATA DA		
-10. Hours of C	peration & Custo	erektorum manarat etikunte og tærekt da rage et morre frånskrigte	enter de la companya de la companya La companya de la co			
Will customers be ent	ering the premises? No	Yes Alcoh	ol hous 80	am - App	n daily	
	Proposed Hour	s of Operation;	Estimated Number	Potential	Class B Tavern	
Day of the Week	Open Time	Close Time	of Customers expected each day	Age Range of	Applicant Only: Age Restriction	
(include a.m. or p		(include a.m. or p.m.)		Customers	(If none, write 'None')	
Sunday	6 a.m.	10 p.m.	1,000	0-150		
Monday	6 a.m.	10 p.m.	1,000	0-150	-	
Tuesday	6 a.m.	10 p.m.	1,000	0-150		
Wednesday	6 a.m.	10 p.m.	1,000	0-150		
Thursday	6 a.m.	10 p.m.	1,000	0-150		
Friday	6 a.m.	10 p.m.	1,000	0-150		
Saturday	6 a.m.	10 p.m.	1,000	0-150		
An Extended Hours Est piercing, salon, tailor,	tablishment License is require tanning, etc.), recording stud	ed for any convenience store lio or restaurant which is one	e, filling station, personal	service establish	ment (such as tattoo, body	
Alcohol Establishment	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)						
(If there are no 20	rietor, Parther, or 20% or mo % or more shareholders, print name/title and sign)	re Shareholder S	Signature of additional pa	artner or 20% or	more shareholder	
Corporate Officer-print name/title and sign)						



# 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

Leg	al Entity Name:Sentry Foods 92 Lis	bon, Inc.				
Premise Address: 9210 W Lisbon Ave, Milwaukee, WI 53222						
8	Proximity of Premises to Church, School, Daycare Center or Hospital					
ls t	he building within 300 feet of any church, school, dayo	are center or hospital?				
"Se	rvice Bar Only" Designation					
Sei	applying for Class B or C license, are you applying for "S rvice Bar Only means customers cannot sit at the bar. A stools, chairs or other articles of furniture shall be place	Alcohol is served to employees who serve natrons seated at tables				
Bus	iness Information					
a)	Are you taking out this application for anyone that m If yes, list their name and address:					
(b)	If no, list the name and address of the person(s) who	e conducting the day-to-day operations of the business? No V Yes				
c)	Class B Applicants: If the agent, a partner or the in the person(s) listed above must obtain a Class B Mar Does anyone else have money invested or any other If yes, explain:					
d)	Have you made an agreement with anyone to repay  No Yes If yes, list name and address: State	any loan or any other payments based upon income from the business? Bank Of Chilton, 14040 W Capitol Dr, Brookfield, WI 53005				
Pro	perty Information (New & Transfe	r Applicants Only)				
a)	Do you own or lease the building?	☑Own ☐Lease				
b)	Who owns the fixtures (for example, coolers, etc.)?	Building (Sandhar Investments LLC)				
c)	Are you purchasing the stock and/or fixtures?	No  ✓ Yes If yes, amount paid \$400,000				
d)	Total amount paid for business	\$ <u>1,700,000</u>				
e)	Total amount paid for goodwill of the business	<u>ş</u> tbd				
	Goodwill comprises the reputation and customer rel fair market value of all of the rest of the assets of the	ationships of an existing business. If the price you pay for the business exceeds the business, the excess may be considered goodwill.				
f)	Have you made arrangements with the seller for pay	ment of personal property taxes? 🗹 No 🔲 Yes				
Lea	se Information (New & Transfer Ap	oplicants who are leasing the premises only)				
a)	Date lease begins tbd Endstbd					
b)	Monthly rental \$tbd	once l'oenses are 13 sued				
c)	Do you have an option to renew the lease? No	J 165				
d) e)	Does your lease allow for assignment to another part For what length of time have you been guaranteed o					
	om an march you been guaranteed o	scapandy (manifer or years):				

I eac	e Information (Continued)
g) (	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
Chan	ge of Agent Applicants Only
	there been any changes to the floor plan since the last application was submitted? No Yes a new floor plan is not required. If yes, submit a new floor plan and explain the change(s):
Signa	iture
Signatur (If no 20	re of Sole Proprietor, Partner or 20% or More Shareholder 0% or more Shareholder, Corporate Officer - print name/title and sign)
De	ote: All information contained in this application is subject to approval by the Common Council. eviating from approved plan of operation will subject licensee to citations, and/or suspension or non-renewal of the license. ontact the License Division for information on how to request changes.
. [	lew and transfer of premises applicants must submit the following:  Detailed floor plan  If a restaurant, copy of the menu



### FOOD DEALER LICENSE PLAN OF OPERATION

OFFICE OF THE CITY CLERK, LICENSE DIVISION
CITY HALL, 200 E. WELLS ST, ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 | license@milwaukee.gov | www.milwaukee.gov/license

Legal Entity Name: Sentry Foods 92 Lisbon, Inc.
Premises Address: 9210 W Lisbon Ave, Milwaukee, WI 53222
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 more one list of to be a second or
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%
<ul> <li>25% or More AND:</li> <li>Restaurant items (meals) will be sold – Complete this application and also contact DATCP.</li> <li>NO restaurant items (meals) will be sold - Do NOT complete this application. Contact DATCP only.</li> </ul>
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 Pyes (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, ice cream

ccl-foodplan 2/28/19

SECTION 4 DETAILS OF OPERATION	N. Salaharan Baratan B			
Will you have seating on site for dining?	No Yes			
Will you be doing any catering?	PNo □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?				
1	How many?(for example, a hotel with several dining rooms or bars)			
If multiple sites, attach a Food Dealer Addition	nal Site Addendum (cci-foodadd) for each additional site.			
SECTION 6 CONSTRUCTION OR CH	ANGES			
Are you planning any construction, remodelin	g 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 Contracto	or:			
SECTION 7 ALCOHOL BEVERAGES				
Are you applying for an alcohol beverage licer	ise?			
No If No, SKIP to Section 8				
Yes If YES, if your food license is app	roved prior to the alcohol license, when do you want the food license issued?			
Immediately 🔳 At the sam	ne time as the alcohol license			
SECTION 8 ACKNOWLEDGEMENTS	& SIGNATURE			
You must initial each item confirming your un	derstanding:			
NSS Lunderstand the Health Departmen	nt must conduct an inspection and advise the License Division of their approval			
before the license may be issued.				
i understand i must obtain an occu	pancy permit from the Department of Neighborhood Services and an inspection ervices must advise the License Division of their approval before the license may			
NCC be issued.				
runderstand the district aiderperst	on will review and either support or object to my application. If he/she objects, I opear before the Licenses Committee. The Licenses Committee will then make a			
NCC recommendation to the Common (	Council. The Common Council must grant the license before it may be issued.			
issued and the linease must be instant and a rest in the License Division before the license may be				
NSS I will not operate my food business	s until the license has been issued and posted in the establishment.			
Signature of Sole Proprietor, Partner, or 20% S	Shareholder:			
Signature of Additional Partner:				





### **WEIGHTS & MEASURES PLAN OF OPERATION**

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

7.1	
Legal Entity Name:	Sentry Foods 92 Lisbon, Inc.
Premise Address:	9210 W Lisbon Ave, Milwaukee, WI 53222
Type of Busine	
Provide a brief descr	iption of the establishment/business:
Supermar lottery and	ket: providing fresh produce, meats, breads, fish, beer, alcohol, household goods, I hot food/deli
Other licenses may b	e required depending on the type of business you are operating.
Litter & Noise	
<ul><li>b. How often wil</li><li>c. Grounds clean</li><li>d. How are noise</li></ul>	nds kept clean? Sweep Pressure Wash Pick Up Litter Other: I grounds be cleaned? Daily Weekly As Needed Monthly Other: Liced by: Licensee Building Owner Employees Hired Maintenance Other: Lissues prevented and/or addressed? Security Manager approaches customer(s) Call Police Posted Other:
Signature	
Collavja Signature of Sole Propri	ietor, Partner, or 20% or more Shareholder  Signature of additional partner or 20% or more shareholder
(If there are no 20%	6 or more shareholders, print name/title and sign)
This form must be Application, and ap	e submitted with the Business License Application, Weights & Measures License Supplemental propriate fee. Forms can be obtained online at <a href="https://www.milwaukee.gov/licenses">www.milwaukee.gov/licenses</a> .



#### 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 • <u>license@milwaukee.gov</u> • <u>www.milwaukee.gov/license</u>

Office t	Jse Only:
App#	
Filed	
Initials	
Paid	
Lic#	

Legal Entity Name:	Sentry	Foods	92	Lisbon,	Inc.
--------------------	--------	-------	----	---------	------

Premise Address:

9210 W Lisbon Ave, Milwaukee, WI 53222

#### 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)
Liqu	id Measuring Devices		9.7		
	Retail Petroleum Meters	12 months	\$60		
	0 to 30 gallons per minute	24 months	\$60		
	31 to 200 gallons per minute	24 months	\$250		****
	Over 200 gallons per minute	24 months	\$250		
Scal	es <u></u>	The Assessment of the Control of the			
•	Measuring any weight amount	24 months	\$55	*	\$ HH1)
Scar	iners		Fee for scanners is by range	Check how many scanners you have	
	Up to 3 scanners	24 months	\$130 total*	□1 □2 □3	
•	Four or more scanners	24 months	\$250 total*	□4 •Other 8	
Oth	Pr Devices	Julio di Servici	140 PF		100
	Length Measuring Device	24 months	\$60	Hall time of the	
	Timing Device	24 months	\$30	***************************************	
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#### 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

Total Fee Due | \$305.690

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

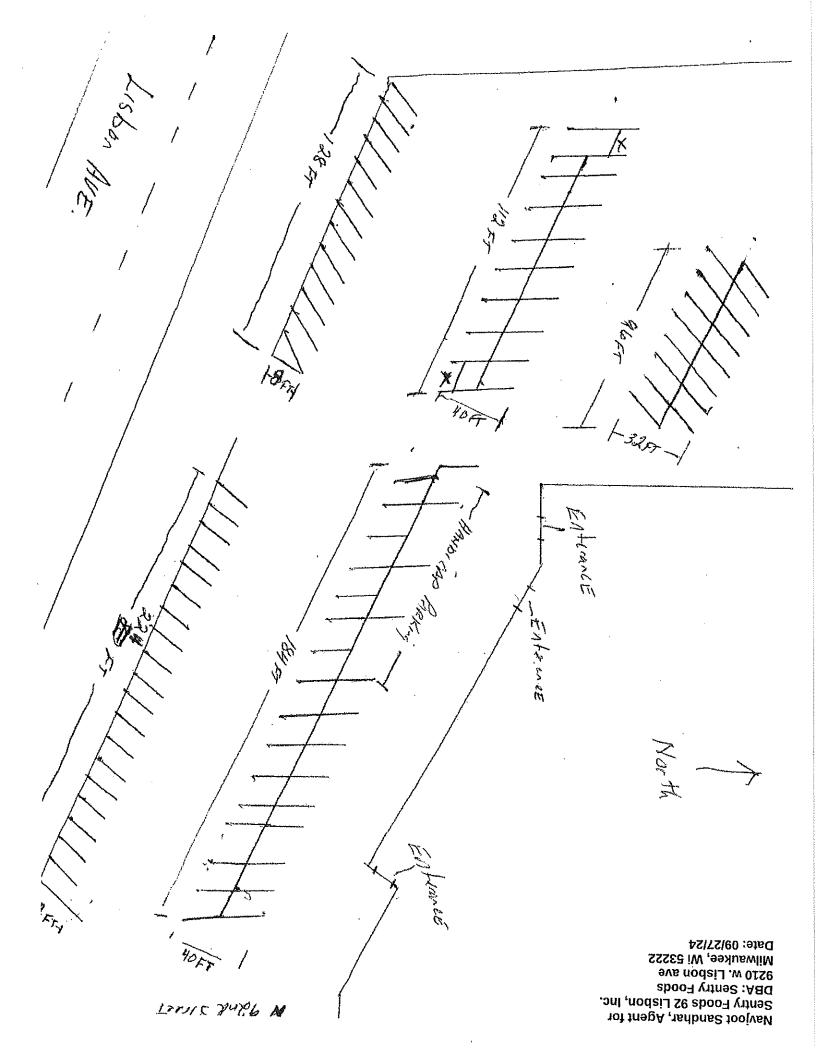
Navjoot Sandhar, Agent for Sentry Foods 92 Lisbon, Inc. **DBA: Sentry Foods** 9210 w. Lisbon ave Milwaukee, Wi 53222 Date: 09/27/24 B Wittiguer 48" 4 Shelveshigh - 36 hero  $\odot$ Public Entrare  $\langle \cdot \rangle$ 

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Date: 09/27/24

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Navjoot Sandhar, Agent for Sentry Foods 92 Lisbon, Inc. DBA: Sentry Foods 9210 w. Lisbon ave Milwaukee, Wi 53222 Date: 09/27/24 Basewert paragaina districti Paragaina districti 9 &\$ hydre of ment wanted a control of the charter of th For a parameter  $c_{\lambda}$  ,

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