



CITY OF MILWAUKEE  
OFFICE OF THE CITY CLERK

Tuesday, May 05, 2026

COMMITTEE MEETING NOTICE

AD 13

RAJABALI, Asif, Agent  
27TH STREET WINGS, INC  
5005 NEWPORT DR #501  
ROLLING MEADOWS, IL 60008

You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall or you may attend virtually using the link below.

**Tuesday, May 19, 2026 at 10:10 AM**

The access code is <https://meet.goto.com/219052765>. Please see the enclosed best practices document for further instructions.

**Regarding:** Your Extended Hours Establishments License Application Requesting To Close at 2AM Everyday as agent for "27TH STREET WINGS, INC" for "WINGSTOP" at 3266 S  St.

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

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

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

You will be given an opportunity to speak on behalf of the application and to respond and challenge any charges or reasons given for the denial. No petitions can be accepted by the committee, unless the people who signed the petition are present at the committee hearing and willing to testify. You may present witnesses under oath and you may also confront and cross-examine opposing witnesses under oath. If you have difficulty with the English language, you should bring an interpreter with you, at your expense, so that you can answer questions and participate in your hearing.

You may examine the application file at this office during regular business hours prior to the hearing date. Inquiries regarding this matter may be directed to the person whose signature appears below.

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

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

JIM OWCZARSKI, CITY CLERK

BY: \_\_\_\_\_

Jim Cooney  
License Division Manager

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

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



CITY OF MILWAUKEE  
OFFICE OF THE CITY CLERK

Tuesday, May 05, 2026

COMMITTEE MEETING NOTICE

AD 13

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27TH STREET WINGS, INC  
6733 PRESTONSHIRE LN  
DALLAS, TX 75225

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JIM OWCZARSKI, CITY CLERK

BY: \_\_\_\_\_

Jim Cooney  
License Division Manager

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

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



Tuesday, May 05, 2026



# Notice of Public Hearing

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RAJABALI, Asif, Agent  
Wingstop at 3266 S 27th St  
Extended Hours Establishments License Application Requesting To Close at 2AM Everyday

**Tuesday, May 19, 2026 at 10:10 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 5/19/2026 at 10:10 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](mailto: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.

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

1. The license application is scheduled to be heard at the above time. Due to other hearings running longer than scheduled, you may have to wait some time to provide your testimony.
2. You must appear in person and testify as to matters that you have personally experienced or seen. (You cannot provide testimony for your neighbor, parent or anyone else; this is considered hearsay and cannot be considered by the committee.)
3. No letters or petitions can be accepted by the committee (unless the person who wrote the letter or the persons who signed the petition are present at the committee hearing and willing to testify).
4. Persons opposed to the license application are given the opportunity to testify first; supporters may testify after the opponents have finished.
5. When you are called to testify, you will be sworn in and asked to give your name, and address. (If your first and/or last names are uncommon please spell them.)
6. You may then provide testimony.
  - a. Include only information relating to the above license application.
  - b. Include only information you have personally witnessed or seen.
  - c. Provide concise and relevant information detailing how this business has affected or may affect the peaceful enjoyment of your neighborhood.
  - d. If by the time you have the opportunity to testify, the information you wish to share has already been provided to the committee, you may state that you agree with the previous testimony. Redundant or repetitive testimony will not assist the committee in making its recommendation.
7. After giving your testimony, the members of the Licenses Committee and the licensee may ask questions regarding the testimony you have given or other factors relating to the license application.
8. Business Competition is not a valid basis for denial or non-renewal of a license.  
**Please Note: If you have submitted an objection to the above application your objection cannot be considered by the committee unless you personally testify at the hearing.**

OCCUPANT	MAIL ADDRESS	CITY STATE ZIP
CURRENT OCCUPANT	2525 W OHIO AVE	MILWAUKEE, WI 53215-4838
CURRENT OCCUPANT	2530 W OHIO AVE	MILWAUKEE, WI 53215-4839
CURRENT OCCUPANT	2600 W OHIO AVE	MILWAUKEE, WI 53215-4841
CURRENT OCCUPANT	3219 S 26TH ST	MILWAUKEE, WI 53215-4422
CURRENT OCCUPANT	3223 S 26TH ST	MILWAUKEE, WI 53215-4422
CURRENT OCCUPANT	3229 S 26TH ST	MILWAUKEE, WI 53215-4422
CURRENT OCCUPANT	3233 S 26TH ST	MILWAUKEE, WI 53215-4422
CURRENT OCCUPANT	3233A S 26TH ST	MILWAUKEE, WI 53215-4422
CURRENT OCCUPANT	3234 S 26TH ST	MILWAUKEE, WI 53215-4423
CURRENT OCCUPANT	3239 S 26TH ST	MILWAUKEE, WI 53215-4422
CURRENT OCCUPANT	3240 S 26TH ST	MILWAUKEE, WI 53215-4423
CURRENT OCCUPANT	3244 S 26TH ST	MILWAUKEE, WI 53215-4423
CURRENT OCCUPANT	3245 S 26TH ST	MILWAUKEE, WI 53215-4422
CURRENT OCCUPANT	3248 S 26TH ST	MILWAUKEE, WI 53215-4423
CURRENT OCCUPANT	3249 S 26TH ST	MILWAUKEE, WI 53215-4422
CURRENT OCCUPANT	3254 S 26TH ST	MILWAUKEE, WI 53215-4423
CURRENT OCCUPANT	3255 S 26TH ST	MILWAUKEE, WI 53215-4422
CURRENT OCCUPANT	3260 S 26TH ST	MILWAUKEE, WI 53215-4423
CURRENT OCCUPANT	3261 S 26TH ST	MILWAUKEE, WI 53215-4422
CURRENT OCCUPANT	3264 S 26TH ST	MILWAUKEE, WI 53215-4423
CURRENT OCCUPANT	3267 S 26TH ST	MILWAUKEE, WI 53215-4422
CURRENT OCCUPANT	3272 S 26TH ST	MILWAUKEE, WI 53215-4423
CURRENT OCCUPANT	3300 S 26TH ST	MILWAUKEE, WI 53215-4822
CURRENT OCCUPANT	3305 S 26TH ST	MILWAUKEE, WI 53215-4821
CURRENT OCCUPANT	3308 S 26TH ST# 1	MILWAUKEE, WI 53215-4822
CURRENT OCCUPANT	3308 S 26TH ST# 2	MILWAUKEE, WI 53215-4822
CURRENT OCCUPANT	3308 S 26TH ST# 3	MILWAUKEE, WI 53215-4822
CURRENT OCCUPANT	3312 S 26TH ST	MILWAUKEE, WI 53215-4822
CURRENT OCCUPANT	3314 S 26TH ST	MILWAUKEE, WI 53215-4822
CURRENT OCCUPANT	3325 S 26TH ST# 1	MILWAUKEE, WI 53215-4821
CURRENT OCCUPANT	3325 S 26TH ST# 10	MILWAUKEE, WI 53215-4821
CURRENT OCCUPANT	3325 S 26TH ST# 11	MILWAUKEE, WI 53215-4821
CURRENT OCCUPANT	3325 S 26TH ST# 12	MILWAUKEE, WI 53215-4821
CURRENT OCCUPANT	3325 S 26TH ST# 13	MILWAUKEE, WI 53215-4821
CURRENT OCCUPANT	3325 S 26TH ST# 14	MILWAUKEE, WI 53215-4821
CURRENT OCCUPANT	3325 S 26TH ST# 15	MILWAUKEE, WI 53215-4821
CURRENT OCCUPANT	3325 S 26TH ST# 16	MILWAUKEE, WI 53215-4821
CURRENT OCCUPANT	3325 S 26TH ST# 17	MILWAUKEE, WI 53215-4821
CURRENT OCCUPANT	3325 S 26TH ST# 18	MILWAUKEE, WI 53215-4821
CURRENT OCCUPANT	3325 S 26TH ST# 19	MILWAUKEE, WI 53215-4821
CURRENT OCCUPANT	3325 S 26TH ST# 2	MILWAUKEE, WI 53215-4821
CURRENT OCCUPANT	3325 S 26TH ST# 20	MILWAUKEE, WI 53215-4821
CURRENT OCCUPANT	3325 S 26TH ST# 21	MILWAUKEE, WI 53215-4821
CURRENT OCCUPANT	3325 S 26TH ST# 22	MILWAUKEE, WI 53215-4821
CURRENT OCCUPANT	3325 S 26TH ST# 23	MILWAUKEE, WI 53215-4821
CURRENT OCCUPANT	3325 S 26TH ST# 24	MILWAUKEE, WI 53215-4821

CURRENT OCCUPANT	3325 S 26TH ST# 25	MILWAUKEE, WI 53215-4821
CURRENT OCCUPANT	3325 S 26TH ST# 3	MILWAUKEE, WI 53215-4821
CURRENT OCCUPANT	3325 S 26TH ST# 4	MILWAUKEE, WI 53215-4821
CURRENT OCCUPANT	3325 S 26TH ST# 5	MILWAUKEE, WI 53215-4821
CURRENT OCCUPANT	3325 S 26TH ST# 6	MILWAUKEE, WI 53215-4821
CURRENT OCCUPANT	3325 S 26TH ST# 7	MILWAUKEE, WI 53215-4821
CURRENT OCCUPANT	3325 S 26TH ST# 8	MILWAUKEE, WI 53215-4821
CURRENT OCCUPANT	3325 S 26TH ST# 9	MILWAUKEE, WI 53215-4821

Blank Notice

Total Records: 54

Radius 250 feet and Center of the Circle: 3266 S 27th St



# APPLICATION AMENDMENT

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

Date: 04/14/2026

To the License Division of the City of Milwaukee:

I, Patricio Espinosa, wish to amend my answer(s) on the application for a  
(full legal name)

Business License license at 3266 S 27th Street, Milwaukee, WI 53215 :  
(type of license) (premises address, if applicable)

by adding or amending the following information (complete only those sections being amended):

1. Answer to Question(s) # \_\_\_\_\_ should be: \_\_\_\_\_
2. Agent should be (full legal name): \_\_\_\_\_ Also complete 3, 4, 5 & 6
3. Date of birth should be: \_\_\_\_\_
4. Home address should be (include city/state/zip): \_\_\_\_\_  
\_\_\_\_\_
5. Phone number should be (include area code): \_\_\_\_\_
6. Driver's License Number/State ID Number should be: \_\_\_\_\_
7. Corporation/LLC name should be (full legal name): \_\_\_\_\_
8. Business name should be: \_\_\_\_\_
9. Premises address should be (include city/state/zip): \_\_\_\_\_  
\_\_\_\_\_
10. Business phone number should be (include area code): \_\_\_\_\_
11. Mailing address should be (include city/state/zip): \_\_\_\_\_  
\_\_\_\_\_
12. Email address should be: \_\_\_\_\_
13. Recycling/Salvaging/Towing: Location where vehicle will be parked should be (include city/state/zip): \_\_\_\_\_  
\_\_\_\_\_
14. Class B Tavern: Age Distinction should be: \_\_\_\_\_
15. Other: Proposed hours of operation: Monday-Sunday 10:30 AM - 2:00 AM

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

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

Office Use Only: Application #: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_ To LC: \_\_\_\_\_  
LC Email: MPD NS HD Initials: \_\_\_\_\_



**BUSINESS INFORMATION FORM**

**SEE INFORMATION SHEET FOR THE TYPE OF LICENSE FOR WHICH YOU ARE APPLYING FOR ADDITIONAL FORMS REQUIRED**

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

ccl-busapp 12/10/19

**BUSINESS CONTACT INFORMATION**

Section 1

Sole Proprietor  Corporation  LLC  Partnership  Nonprofit Organization

Legal Entity Name (sole proprietor, partnership, LLC or Corporation): **27th St. Wings, Inc.**

Business/Trade Name: **Wingstop**

Phone: **4694879298**

E-mail: **pespinosa@arsbrands.com**

Premises Address (include city, state, zip code): **3266 S 27th Street, Milwaukee, WI 53215**

Mailing Address:  Same as premises address  Same as home address in Section 2  
 Other (include city, state, zip code): **5005 Newport Drive, Suite 501, Rolling Meadows, IL 60008**

**AGENT / SOLE PROPRIETOR / 1<sup>ST</sup> PARTNER INFORMATION**

Section 2

FULL LEGAL NAME (Last, First & Middle Initial): **Asif Rajabali** Date of Birth: **12-8-87**

Home Address (include city, state, and zip code): **6733 Prestonshire Ln. Dallas, TX 75225**

Driver's License Number/ ID #: **51835365** Issuer: **TX**

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Percent % of Ownership Interest (Corp/LLC only): **100** Email: **arajabali@arsbrands.com**

**LIST ANY ADDITIONAL PARTNER(S) OR OWNER(S) WITH 20% OR MORE INTEREST**

Section 3

FULL LEGAL NAME (Last, First & Middle Initial): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address (include city, state, and zip code): \_\_\_\_\_

Driver's License Number/ ID #: \_\_\_\_\_ Issuer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Percent % of Ownership Interest: **100** Email: \_\_\_\_\_

FULL LEGAL NAME (Last, First & Middle Initial): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address (include city, state, and zip code): \_\_\_\_\_

Driver's License Number/ ID #: \_\_\_\_\_ Issuer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Percent % of Ownership Interest: \_\_\_\_\_ Email: \_\_\_\_\_

Check if there are additional partners or persons with 20% or more ownership interest. Complete additional sheets as necessary.

**OCCUPANCY PERMIT STATUS AND SIGNATURE(S)**

Section 4

CHECK ONE: An occupancy permit  has been obtained  has been applied for  will be obtained before operating  
 is not needed (will obtain home occupation statement)  is not needed-reason: \_\_\_\_\_

I/we understand that I am/we are required to inform the City Clerk within 30 days of changes in any of the information supplied in this application. I/we have knowledge of the City Ordinances currently regulating the license applied for herein, and understand that the license may be subject to suspension, non-renewal or revocation, if I/we violate any rule or regulation relating to this license.

I/we understand that I/we shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; and shall not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.

The undersigned understands that the filing of an application does not entitle applicants to permits, and that granting of permits is in the sole discretion of the Common Council. I/we state that this application for a license is not made for and behalf of any other person and that the applicant is not acting as an agent for, or in the employ of another. I/we certify that I am/we are the applicant and all statements are true and correct.

*Asif Rajabali*

Signature of Sole Proprietor, Partner, Agent 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

Office Use Only: Initials: **FL** Filed: **2/24/26** Applications: **390632 / 390633** DBA \_\_\_\_\_ Exp Date \_\_\_\_\_  
 NL or  NA: Last Lic  New or  Renewal Granted w/  No Issues or  \_\_\_\_\_ License # \_\_\_\_\_  
Paid: \_\_\_\_\_ MPD \_\_\_\_\_ Granted \_\_\_\_\_ License # \_\_\_\_\_  Note Other Lics



# 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](mailto: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:  
Wingstop Restaurant

Do you have any experience operating this type of business?  No  Yes If yes, explain: Franchisee with over 100 locations

## 2. Business Operations

- a. Proposed Opening Date: 03/18/2026
- b. Is this premise under construction?  No  Yes If yes, list estimated completion date: 03/06/2026
- 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: New tenant
- 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: 6 Locations: 1 each restroom, 2 under counter, 2 in prep area/kitcher  
Outside: 1 Locations: Outside Front Door
- 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? 29 and describe the parking security plan: Shared plaza parking with lightning to light parking lot at night
- b. Is there a loading zone?  No  Yes If yes, describe the loading area security plan: \_\_\_\_\_
- c. Will you have licensed security on premise?  No  Yes If yes, how many? \_\_\_\_\_ and answer the following:  
 What are their responsibilities? \_\_\_\_\_  
 Describe equipment used \_\_\_\_\_  
 List their License Number (s) \_\_\_\_\_
- d. Will there be security cameras?  No  Yes If yes, how many? 6 and list locations: See attached plan
- e. Will searches/identification checks be done upon entry?  No  Yes If yes, describe: \_\_\_\_\_

## 6. Percentage of Sales (must total 100%)

Alcohol _____%	Food <u>100</u> % Cigarettes, Electronic Vape Devices, Tobacco Products _____%	Secondhand Merchandise _____%	Precious Metals & Gems _____%
Entertainment _____%	Salvaged Materials _____% (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____%	Other _____% Describe: _____
Pawnbroker Activity _____%			

## 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, Electronic Vape Products     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 48 (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):  
 1<sup>st</sup> Floor  2<sup>nd</sup> 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: Oklahoma Ave.
- 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: Ohio Partners Phone Number: 262.643 4430  
 Building Owner Address: 555 West Brown Deer Road, Milwaukee WI 53217

## 10. Hours of Operation & Customers

Will customers be entering the premises?  No  Yes

Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	10:30 a.m.	2 a.m.			
Monday	10:30 a.m.	2 a.m.			
Tuesday	10:30 a.m.	2 a.m.			
Wednesday	10:30 a.m.	2 a.m.			
Thursday	10:30 a.m.	2 a.m.			
Friday	10:30 a.m.	2 a.m.			
Saturday	10:30 a.m.	2 a.m.			

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)

*Asif Rajabali*

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.