



**CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK**

Wednesday, May 07, 2025

COMMITTEE MEETING NOTICE



AD 01

SINGH, Gurlal, Agent
3927 VILLARD AVE CORP.
3927 W VILLARD Av
Milwaukee, WI 53209

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 20, 2025 at 01:10 PM

The access code is <https://meet.goto.com/724980021>. Please see the enclosed best practices document for further instructions.

Regarding: Your Class A Fermented Malt, Extended Hours Establishments, Food ler and Weights & Measures Licenses Application as agent for "3927 VILLARD AVE CORP." for "O P PANTRY" at 3927 W VILLARD 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.

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



**CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK**

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AD 01

SINGH, Gurlal, Agent
3927 VILLARD AVE CORP.
9032 W ELM CT #1
Franklin, WI 53132

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JIM OWCZARSKI, CITY CLERK

BY: _____

Jim Cooney
License Division Manager

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



Crime Prevention through Environmental Design CPTED Survey

Date Received: 02/25/2025

Date Completed: 03/17/2025

Milwaukee PD CAD#: P2503041099

Milwaukee PD CASE#: C2503040111

Address/Location: 3927 W Villard Ave

CPTED Auditor: PO SHEETS-WALKER and PO CHANDLER

Contact Person(s): Mangal Daya Singh

Telephone/Cell: 262-717-8600 or 604-442-2930

Person Requesting Audit and Why: Applied for a Permit through the City of Milwaukee.

EXTERIOR

Hedgers/Bushes: N/A

Higher than 4 feet: N/A

Close to windows: N/A

Entrapment areas: N/A

Near windows or door: N/A

Trees

Blocking view of bldg. from road: N/A

Entrapment areas: N/A

Fences

Higher than 4 Feet: N/A

Private/semi private: N/A

Chain Link: N/A

Landscaping around fences: N/A

Lock on gates: N/A

Lot Lighting

Motion detectors: N/A

Fluorescent lighting: YES

High pressure sodium: N/A

Low pressure sodium: Yes

Metal halide: N/A

Storage Shed

Secure lock on door: N/A

Visible from business: N/A

Parking

Close to door: YES

Lighted parking lot: YES

Garbage bins

Close to door: NO

Causing entrapment zones: NO

Air conditioner

Window mounted: N/A

Roof mounted: YES

Ventilation Grates

Secured or locked: N/A

Access gained into bldg. N/A

SECURITY

Alarm system

Installed: YES

Monitored w/key holder: NO

Motion detectors: YES

All doors alarmed (Key fob): NO

Stickers on windows and doors: NO

Building Exterior

Main door

Solid door: no

Glass door with metal frame: YES.

Re-enforced frame for dead bolt: YES

More than one lock device on door: NO

Lighted area: YES

Alarm system on door: NO

Un-obstructed view into business: NO

Rear doors

Solid door: YES

Glass door with metal frame: NO

Re-enforced frame for dead bolt: YES

More than one lock device on door: YES

Lighted area:

Alarm system on door: NO

Un-obstructed view into business: N/A

OTHER

WINDOWS

Lighted areas: YES

Steel frames on windows: YES

Windows open: NO

Alarm system on windows: NO

Windows located near ground: NO

Bars on all windows: YES

SITE SCAN

Sight Lines/Surveillance (obstructions, design problem).

- Working Flood light on Open Pantry Sign needs to be lit at night.
- Light needs to be located on the south side of the building.
- Security System stickers needs to be added to all windows and doors.
- An additional camera could place on the southeast corner of the building facing west to capture the southwest corner of the business.

Entrapment Zone (alley ways, entrance ways :)

- N/A

Movement Predictors (desired lines, existing pathways, bridges or tunnels :)

- N/A

Activity Generators (parking lots, corner stores, parks, benches, bus stops :)

- N/A

Community Impact (type of buildings around the site, existing land use :)

- N/A

RECOMMENDATIONS

Recommendations for the business is that the business should have an additional camera located on the southeast corner to capture the southwest side of the building. I observed the business sign "Open Pantry" to not have a properly working flood light on the sign. I also observed the "One Stop" sign to not be properly lit as well. I recommended for the owner to

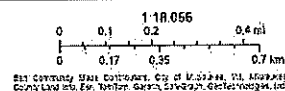
not have all of the windows and the glass front door covered with ads/posters. I explained that is will help police identify a threat inside the business during an emergency. I recommended that the exit signs at any door way entry or exit that is used for that sole purpose has to have a properly working light. I recommended that the exit door door to the business cannot be blocked by several miscellaneous items preventing anyone from leaving. I recommended that a flood light should be put on the outside on the south side of the business. I recommended that a bollard be place in front of the gas pipe, which is located on the south side of the building. This will prevent a car from striking the gas pipe and causing a fire.



Area : 21,862,585.64 ft²

Map of the Old North Milwaukee area. A large circle is drawn around the Milwaukee Public Museum, which is marked with a keyhole symbol. The circle is labeled "Old North Milwaukee". Surrounding streets include N 1st St, N 2nd St, N 3rd St, N 4th St, N 5th St, N 6th St, N 7th St, N 8th St, N 9th St, N 10th St, N 11th St, N 12th St, N 13th St, N 14th St, N 15th St, N 16th St, N 17th St, N 18th St, N 19th St, N 20th St, N 21st St, N 22nd St, N 23rd St, N 24th St, N 25th St, N 26th St, N 27th St, N 28th St, N 29th St, N 30th St, N 31st St, N 32nd St, N 33rd St, N 34th St, N 35th St, N 36th St, N 37th St, N 38th St, N 39th St, N 40th St, N 41st St, N 42nd St, N 43rd St, N 44th St, N 45th St, N 46th St, N 47th St, N 48th St, N 49th St, N 50th St, N 51st St, N 52nd St, N 53rd St, N 54th St, N 55th St, N 56th St, N 57th St, N 58th St, N 59th St, N 60th St, N 61st St, N 62nd St, N 63rd St, N 64th St, N 65th St, N 66th St, N 67th St, N 68th St, N 69th St, N 70th St, N 71st St, N 72nd St, N 73rd St, N 74th St, N 75th St, N 76th St, N 77th St, N 78th St, N 79th St, N 80th St, N 81st St, N 82nd St, N 83rd St, N 84th St, N 85th St, N 86th St, N 87th St, N 88th St, N 89th St, N 90th St, N 91st St, N 92nd St, N 93rd St, N 94th St, N 95th St, N 96th St, N 97th St, N 98th St, N 99th St, N 100th St. Other landmarks include Mc Govern Park, Wahl Park, and the Milwaukee Public Museum.

Alcohol Licenses (active) ☒ Class B Tavern
☒ Class A Fermented Malt Beverage ☐ City Limits
☒ Class A Liquor and Malt



Summary

Name	Count	Area(ft²)	Length(mi)
Alcohol Licenses	6		

Alcohol Licenses

#	Legal Entity	Trade Name	Licensee	Address	License Type Name	Total Capacity	Expiration Date	Count
1	STNJ Enterprises LLC	Adam's Bar & Grill	Sia Xiong, Agt	3300 W Cameron AV	Class B Tavern License	80	5/3/2025, 7:00 PM	1
2	Tomato Patch	Tomato Patch	Judith A Styne, SP	5173 N 35th ST	Class B Tavern License	80	7/28/2025, 7:00 PM	1
3	Singh, Inc	One Stop Pantry	Daya Singh Mangat, Agt	3927 W Villard AV	Class A Fermented Malt Beverage Retailer's License		9/1/2025, 7:00 PM	1
4	MOMS HOUSE LLC	TONY'S BBQ	BRANDALYN N C CHEATHAM, Agt	3510 W VILLARD AV	Class B Tavern License		9/25/2025, 7:00 PM	1
5	PEARL LIQUOR, INC	SUNSHINE LIQUOR & DELI	JAGJIT S CHEEMA, Agt	3541 W VILLARD AV	Class A Malt & Class A Liquor License		12/19/2025, 6:00 PM	1
6	C-NOTE'S SPORTS LOUNGE	C-NOTE'S SPORTS LOUNGE	CEDRIC R HORTON, SP	5138 N 37TH ST	Class B Tavern License	49	2/9/2026, 6:00 PM	1

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



Wednesday, May 07, 2025



Notice of Public Hearing

Blank Notice

SINGH, Gurlal, Agent
ONE STOP PANTRY at 3927 W VILLARD Av
Class A Fermented Malt, Extended Hours Establishments, Food Dealer and Weights & Measures
Licenses Application

Tuesday, May 20, 2025 at 1:10 PM

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 5/20/2025 at 1:10 PM in Room 301-B, Third Floor, City Hall. This is a public hearing. Those wishing to view the proceeding are able to do so via the City Channel – Channel 25 on Spectrum Cable – or on the Internet at <http://city.milwaukee.gov/citychannel>. Those wishing to provide oral testimony via internet are asked to contact the staff assistant, Yadira Melendez at (414) 286-2775 or stasst5@milwaukee.gov for necessary information. Please make such requests no later than one business day prior to the start of the meeting. You are not required to attend the hearing, but please see the information below if you would like to provide testimony. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing.

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

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

OCCUPANT	MAIL ADDRESS	CITY STATE ZIP
CURRENT OCCUPANT	3919 W VILLARD AVE	MILWAUKEE, WI 53209-4603
CURRENT OCCUPANT	3919A W VILLARD AVE	MILWAUKEE, WI 53209-4603
CURRENT OCCUPANT	5144 N 40TH ST	MILWAUKEE, WI 53209-5251
CURRENT OCCUPANT	5148 N 40TH ST	MILWAUKEE, WI 53209-5251
CURRENT OCCUPANT	5150 N 40TH ST	MILWAUKEE, WI 53209-5251
CURRENT OCCUPANT	5151 N 39TH ST	MILWAUKEE, WI 53209-5345
CURRENT OCCUPANT	5154 N 40TH ST	MILWAUKEE, WI 53209-5251
CURRENT OCCUPANT	5160 N 39TH ST	MILWAUKEE, WI 53209-5346
CURRENT OCCUPANT	5160 N 40TH ST	MILWAUKEE, WI 53209-5251
CURRENT OCCUPANT	5163 N 39TH ST	MILWAUKEE, WI 53209-5345
CURRENT OCCUPANT	5166 N 40TH ST	MILWAUKEE, WI 53209-5251
CURRENT OCCUPANT	5167 N 39TH ST	MILWAUKEE, WI 53209-5345
CURRENT OCCUPANT	5172 N 39TH ST	MILWAUKEE, WI 53209-5346
CURRENT OCCUPANT	5173 N 39TH ST	MILWAUKEE, WI 53209-5345
CURRENT OCCUPANT	5174 N 40TH ST	MILWAUKEE, WI 53209-5251
CURRENT OCCUPANT	5175 N HOPKINS ST# 101	MILWAUKEE, WI 53209-5275
CURRENT OCCUPANT	5175 N HOPKINS ST# 102	MILWAUKEE, WI 53209-5275
CURRENT OCCUPANT	5175 N HOPKINS ST# 103	MILWAUKEE, WI 53209-5275
CURRENT OCCUPANT	5175 N HOPKINS ST# 104	MILWAUKEE, WI 53209-5275
CURRENT OCCUPANT	5175 N HOPKINS ST# 105	MILWAUKEE, WI 53209-5275
CURRENT OCCUPANT	5175 N HOPKINS ST# 106	MILWAUKEE, WI 53209-5275
CURRENT OCCUPANT	5175 N HOPKINS ST# 107	MILWAUKEE, WI 53209-5275
CURRENT OCCUPANT	5175 N HOPKINS ST# 108	MILWAUKEE, WI 53209-5275
CURRENT OCCUPANT	5175 N HOPKINS ST# 109	MILWAUKEE, WI 53209-5275
CURRENT OCCUPANT	5175 N HOPKINS ST# 110	MILWAUKEE, WI 53209-5275
CURRENT OCCUPANT	5175 N HOPKINS ST# 111	MILWAUKEE, WI 53209-5275
CURRENT OCCUPANT	5175 N HOPKINS ST# 112	MILWAUKEE, WI 53209-5275
CURRENT OCCUPANT	5175 N HOPKINS ST# 201	MILWAUKEE, WI 53209-5288
CURRENT OCCUPANT	5175 N HOPKINS ST# 202	MILWAUKEE, WI 53209-5288
CURRENT OCCUPANT	5175 N HOPKINS ST# 203	MILWAUKEE, WI 53209-5288
CURRENT OCCUPANT	5175 N HOPKINS ST# 204	MILWAUKEE, WI 53209-5288
CURRENT OCCUPANT	5175 N HOPKINS ST# 205	MILWAUKEE, WI 53209-5288
CURRENT OCCUPANT	5175 N HOPKINS ST# 206	MILWAUKEE, WI 53209-5288
CURRENT OCCUPANT	5175 N HOPKINS ST# 207	MILWAUKEE, WI 53209-5288
CURRENT OCCUPANT	5175 N HOPKINS ST# 208	MILWAUKEE, WI 53209-5288
CURRENT OCCUPANT	5175 N HOPKINS ST# 209	MILWAUKEE, WI 53209-5288
CURRENT OCCUPANT	5175 N HOPKINS ST# 210	MILWAUKEE, WI 53209-5288
CURRENT OCCUPANT	5175 N HOPKINS ST# 211	MILWAUKEE, WI 53209-5288
CURRENT OCCUPANT	5175 N HOPKINS ST# 212	MILWAUKEE, WI 53209-5288
CURRENT OCCUPANT	5178 N 39TH ST	MILWAUKEE, WI 53209-5346
CURRENT OCCUPANT	5178A N 39TH ST	MILWAUKEE, WI 53209-5346

Blank Notice

Total Records: 41

Radius 250 feet and Center of the Circle: 3927 W Villard Av



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: CURRENTLY MANAGING STORE

2. Business Operations

- a. Proposed Opening Date: 03/01/2025
- 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: FOOD CLASS A BEER, CIG.
- 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: 2 Locations: BY CASH REG. & RESTROOM
Outside: 1 Locations: BY FRONT DOOR
- c. Is a crowd control barrier used? ☒ No ☐ Yes If yes, describe: _____
- d. How many restrooms are on the premises? 1
- e. Name of solid waste contractor: ☐ Advanced Disposal ☒ Waste Management ☐ Other: _____

5. Security

- a. Are there onsite parking spaces? ☐ No ☒ Yes If yes, how many? 15 and describe the parking security plan: SECURITY CAMERA SYSTEM MONITOR PARKING LOT 24/7
- 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? 16 and list locations: MONITOR INSIDE & STORE SURROUNDINGS
- 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>40</u> % Cigarettes, Electronic Vape Devices, Tobacco Products <u>40</u> %	Secondhand Merchandise <u>0</u> %	Precious Metals & Gems <u>0</u> %
Entertainment <u>0</u> %	Salvaged Materials <u>0</u> % (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) <u>0</u> %	Other <u>10</u> % Describe: <u>LOTIO</u>
Pawnbroker Activity <u>0</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: _____ Number of Rooms: _____
☐ Rooming House: Number of Floors: _____ 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 _____ (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)

NONE

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: 40TH & VILLARD

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: 3927 W VILLARD AVE INC Phone Number: 414-899-0848

Building Owner Address: 4683 W ROSTIC SUMMIT PASS FRANKEN WI 53132

10. Hours of Operation & Customers

Will customers be entering the premises? ☐ No ☒ Yes

ALCOHOL HOURS 8AM TO 9PM DAILY

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	<u>24 Hrs</u>		<u>200</u>	<u>All</u>	<u>NONE</u>
Monday	<u>24 Hrs</u>		<u>200</u>	<u>All</u>	<u>NONE</u>
Tuesday	<u>24 Hrs</u>		<u>200</u>	<u>All</u>	<u>NONE</u>
Wednesday	<u>24 Hrs</u>		<u>200</u>	<u>All</u>	<u>NONE</u>
Thursday	<u>24 Hrs</u>		<u>200</u>	<u>All</u>	<u>NONE</u>
Friday	<u>24 Hrs</u>		<u>200</u>	<u>All</u>	<u>NONE</u>
Saturday	<u>24 Hrs</u>		<u>200</u>	<u>All</u>	<u>NONE</u>

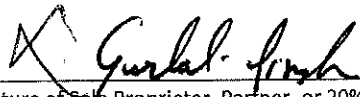
An Extended Hours Establishment License is required for any convenience store, filling station, personal service establishment (such as tattoo, body piercing, salon, tailor, tanning, etc.), recording studio or restaurant which is open between the hours of 12:00 a.m. and 5:00 a.m.

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: 3927 VILLARD AVE CORP
Premise Address: 3927 W VILLARD AVE MILWAUKEE WI 53209
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.)? 3927 VILLARD CORP

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

d) Total amount paid for business \$ 0

e) Total amount paid for goodwill of the business \$ 0

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 03/01/25 Ends 02/28/2030

b) Monthly rental \$ 6300

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 yrs

Lease Information (Continued)

- f) In addition to paying the monthly rental, will you have to pay anything additional to the owner of the building to guarantee performance of the lease? ☒ No ☐ Yes If yes, explain _____
- g) Does the present owner or occupant object to the granting of your license? ☒ No ☐ Yes
If yes, explain _____

Change of Agent Applicants Only

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

Signature



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

Note: All information contained in this application is subject to approval by the Common Council.
Deviating from approved plan of operation will subject licensee to citations, and/or suspension or non-renewal of the license.
Contact the License Division for information on how to request changes.

New and transfer of premises applicants must submit the following:

- ☐ Detailed floor plan
- ☐ If a restaurant, copy of the menu



FOOD DEALER LICENSE PLAN OF OPERATION

ccl-foodplan 2/28/19

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

Legal Entity Name:

3927 VIVALDO CORP

Premises Address:

3927 W VIVALDO AVE MILWAUKEE 53209

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 7,500 square feet of retail space and has, as its primary business, the sale of basic food items and in addition, sells household products or is a filling station that sells basic food items and household products.

☐ Bed & Breakfast

☐ Micro Market

All Applicants: Submit a menu or a list of food items that will be sold.

Will any wholesale business be done? ☒ No ☐ Yes If yes, what percentage of food sales will be wholesale?

☐ Less than 25%

☐ 25% or More AND:

☐ Restaurant Items (meals) will be sold -- Complete this application and also contact DATCP.

☐ NO restaurant items (meals) will be sold - Do NOT complete this application. Contact DATCP only.

SECTION 2 FOOD PROCESSING

Will any food processing be done? ☐ No ☒ Yes

Processing is defined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, extracting, fermenting, distilling, pickling, freezing, drying, smoking, or packaging.

SECTION 3 FOOD REQUIRING TEMPERATURE CONTROL

Will any food that requires temperature control be sold? ☐ No ☒ Yes
(includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)

If yes, list the types of food items: MILK, CHEESE, MEAT, POULTRY

SECTION 4 DETAILS OF OPERATION

- Will you have seating on site for dining? ☒ No ☐ Yes
- Will you be doing any catering? ☒ No ☐ Yes
- Will you be doing any delivery? ☒ No ☐ Yes
- Will you have outdoor activities? ☒ No ☐ Yes - Check all that apply: ☐ Bar ☐ Cooking/Grilling ☐ Dining
- Will you have a drive thru window? ☒ No ☐ Yes - Are hours different from inside? ☐ No ☐ Yes
- If Yes, provide drive thru hours: _____
- Will scales or barcode scanners be used? ☐ No ☒ Yes - You must also apply for a Weights & Measures License.

SECTION 5 ADDITIONAL SITES

Where will food be prepared and/or sold?

- ☒ At a single site ☐ At multiple sites: How many? _____ (for example, a hotel with several dining rooms or bars)

If multiple sites, attach a Food Dealer Additional Site Addendum (ccl-foodadd) for each additional site.

SECTION 6 CONSTRUCTION OR CHANGES

Are you planning any construction, remodeling or equipment changes?

- ☒ No If No, SKIP to Section 7
- ☐ Yes If Yes, check all that apply: ☐ New construction of a building ☐ Renovation or remodeling
- ☐ Construction changes to existing building ☐ Equipment changes only

Provide a brief description of the changes: _____

Start date: _____

Name, Address & Phone Number of Architect: _____

Name, Address & Phone Number of Contractor: _____

SECTION 7 ALCOHOL BEVERAGES

Are you applying for an alcohol beverage license?

- ☐ No If No, SKIP to Section 8
- ☒ Yes If YES, If your food license is approved prior to the alcohol license, when do you want the food license issued?
- ☐ Immediately ☒ At the same time as the alcohol license

SECTION 8 ACKNOWLEDGEMENTS & SIGNATURE

You must initial each item confirming your understanding:

- GS I understand the Health Department must conduct an inspection and advise the License Division of their approval before the license may be issued.
- GS 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.
- GS 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.
- GS 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.
- GS 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: X Gurbal Singh

Signature of Additional Partner: _____



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: 3927 VILLARD AVE CORP

Premise Address: 3927 W VILLARD AVE MILWAUKEE WI 53209-4603

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	ONE	
Scanners				
		Fee for scanners is by range	Check how many scanners you have	
<input checked="" type="checkbox"/> Up to 3 scanners	24 months	\$130 total*	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
<input type="checkbox"/> Four or more scanners	24 months	\$250 total*	<input type="checkbox"/> 4 <input type="checkbox"/> Other	
Other Devices				
<input type="checkbox"/> Length Measuring Device	24 months	\$60		
<input type="checkbox"/> Timing Device	24 months	\$30		
Total Fee Due				

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.

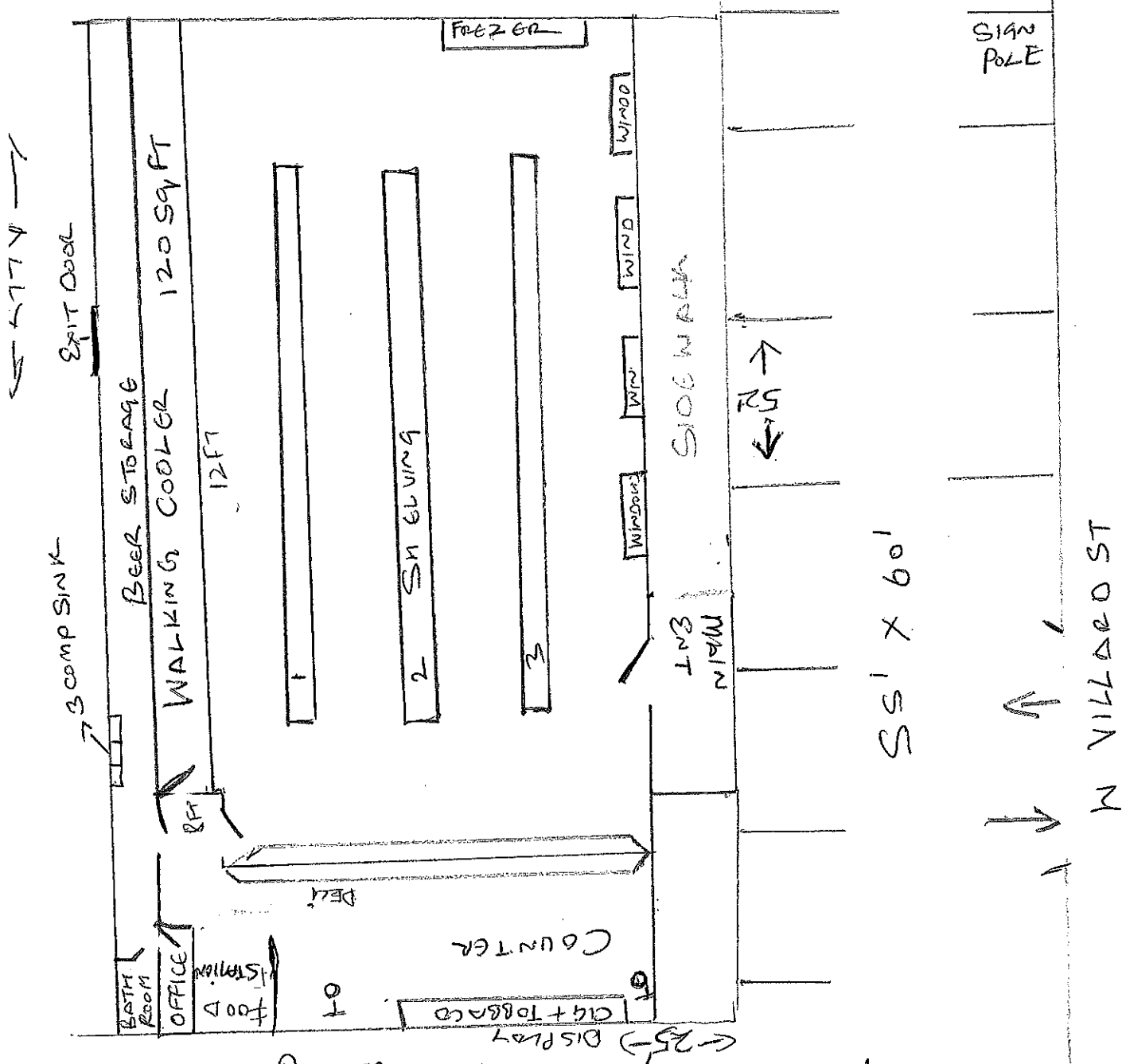
Signature of Sole Proprietor, Partner, or 20% or more Shareholder
(If there are no 20% or more shareholders,
Corporate Officer-print name/title and sign)

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.

N 40th ST

DUMSTER
W.M



ONE STOP PANTRY

3927 W VILLARD

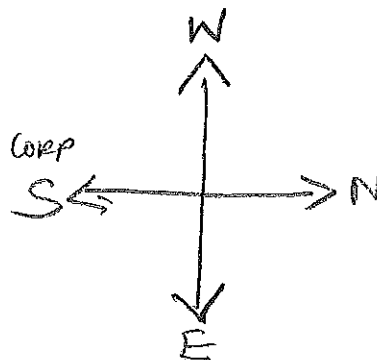
MIL. W.I-53209

GURJAL SINGH

2500 SQ. FT

2/10/25

3927 VILLARD AVE CORP



MENU

-) NACHOS
-) SUBS
-) PIZZA
- 1) CRISPY CHICKEN