



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

Monday, May 11, 2020

COMMITTEE MEETING NOTICE

AD 01

TATE, Daymon D, Agent
No Limit Auto LLC
4249 N 28TH St

Milwaukee, WI 53216

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

Friday, May 22, 2020 at 02:30 PM

Regarding:

Your Secondhand Motor Vehicle Dealer's License Application as agent for "No Limit Auto LLC" for "No Limit Auto LLC" at 3841 W VILLARD Av.

This meeting will be held via GoToMeeting. Please see the enclosed best practices document for further instructions. The access code is <https://global.gotomeeting.com/join/570861413>. If you wish to call in, please call +1 (669) 224-3412 and use Access Code: 570-861-413.

There is a possibility that your application may be denied for one or more of the following reasons: Neighborhood Objections to the granting of such a license due to the creation of undesirable neighborhood problems, such as: parking and traffic problems which cause the normal flow of traffic on roadways and alleys to be impeded, loitering, littering, noise, loud music, and conduct which will have an adverse impact on the public health, safety and welfare of the community. Additionally, the over concentration of secondhand motor vehicle dealers in the neighborhood such that the concentration will have an adverse impact on the public health, safety and welfare of the neighborhood. you do not meet the statutory and municipal requirements; the appropriateness of the location to be licensed and whether the location will create undesirable neighborhood problems, whether or not you have been charged with or convicted of any felony, misdemeanor, municipal offense or other offense, the circumstances of which substantially relate to the licensed activity; and any other factors which reasonably relate to the public health, safety and welfare. See attached police report and/or written correspondence regarding this application. Please be advised the public will be able to provide information to the committee in person or in writing. The committee will receive and consider evidence regarding the above mentioned criteria. See attached police report and letter from the State of Wisconsin Department of Corrections.

Notice for applicants with warrants or unpaid fines:

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

Failure to attend this meeting may result in the denial of your license. Individual applicants and partnership applicants must attend or attend by an attorney. The agent or attorney for corporate or limited liability applicants must attend. If you wish to do so and at your own expense, you may be accompanied by an attorney of your choosing to represent you at this hearing.

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

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

JIM OWCZARSKI, CITY CLERK

BY: _____

Jessica Celella
License Division Manager

If you have questions regarding this meeting, please contact the staff assistant, Molly Kuether-Steele at (414) 286-2775 or molly.kuether-steele@milwaukee.gov.

MILWAUKEE POLICE DEPARTMENT LICENSING

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

DATE: 01/03/20
LICENSE TYPE: SHD
NEW:
RENEWAL:

No. 304485
Application Date: 12/27/19

License Location: 3841 W. Villard Avenue
Business Name: No Limit Auto

Licensee/Applicant: TATE, Daymon
(Last Name, First Name, MI)
Date of Birth: 09/21/1973

Home Address: 4249 N. 28th Street
City: Milwaukee **State:** WI **Zip Code:** 53216
Home Phone: 920-476-2583

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

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

1. The applicant is on parole for Armed Robbery. Email notification to the Wisconsin Department of Corrections on 01/03/20 requesting they provide information to the License Division regarding the parole status and the end date of the status.



Wisconsin Department of Corrections

Division of Community Corrections | Region 3 Office

Date: 1/6/2020
To: Milwaukee Common Council/Licensing Division
From: Alexis Casey

It was brought to my attention that Mr./Ms. Tate has applied for a dealer ship license from the City of Milwaukee. Mr./Ms. Tate is currently on an ES term which is scheduled to discharge on 8/11/2026 for the offense of Armed Robbery / manufacture / deliver TIC.

This letter is to inform you that such a licensure would NOT in violation of his/her rules/conditions of supervision. If circumstances change, we will take whatever action we deem appropriate, including action which may affect such licensure. This decision was made based in part, on the following information.

- A - **Residence Stability:** offender has maintained residence stability (yes - no) / offender has not maintained residence stability (yes - no)
- B - **Reporting History.** offender has maintained required contacts with agent (yes - no) / offender has not maintained required contacts with agent (yes - no)
- C - **Police Contact:** offender has had police contact while on supervision (yes or no) / offender has not had police contact while on supervision (yes - no)
- D - **Overall level of cooperation:** has offender complied with referrals and services designed to address criminogenic needs (yes or no)

- **** DCC recommends license not be granted due the following:(check one)
- * License/employment has a direct nexus to committing offense _____
 - * License/employment would have a negative impact on the offender based on specific treatment needs. (HIPPA prohibits the disclosure of specific treatment needs) _____
 - * Sex offenses. _____

In providing the information within this letter, the Department of Corrections assumes no liability for the Council's reliance on such information.

Sincerely,

Alexis Casey
P&P Agent

Andrew McNamee
Corrections Field Supervisor



Monday, May 11, 2020



Notice of Public Hearing

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notice

TATE, Daymon D, Agent
No Limit Auto LLC at 3841 W VILLARD Av
Secondhand Motor Vehicle Dealer's License Application

Friday, May 22, 2020 at 2:30 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 virtually on 5/22/2020 at 2:30 PM. This is a public hearing. Those wishing to view the proceeding are able to do so via the City Channel – Channel 25 on Spectrum Cable – or on the Internet at <http://city.milwaukee.gov/citychannel>. Those wishing to provide oral testimony will be asked to do so by phone or internet and are asked to contact the staff assistant, Molly Kuether-Steele at (414) 286-2775 or molly.kuether-steele@milwaukee.gov for necessary information. Please make such requests no later than one business day prior to the start of the meeting. You are not required to attend the hearing, but please see the information below if you would like to provide testimony. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing.

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

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

Please Note: If you have submitted an objection to the above application your objection cannot be considered by the committee unless you personally testify at the hearing.

OCCUPANT	MAIL ADDRESS	CITY, STATE ZIP
CURRENT OCCUPANT	3812 W VILLARD AVE 8	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5160 N 40TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5173 N 39TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5147 N 38TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	3812 W VILLARD AVE 1	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5178 N 39TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5172 N 39TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5150 N 39TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5151 N 38TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5178A N 39TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	3812 W VILLARD AVE 6	MILWAUKEE, WI 53209
CURRENT OCCUPANT	3919A W VILLARD AVE	MILWAUKEE, WI 53209
CURRENT OCCUPANT	3801A W VILLARD AVE	MILWAUKEE, WI 53209
CURRENT OCCUPANT	3735A W VILLARD AVE	MILWAUKEE, WI 53209
CURRENT OCCUPANT	3812 W VILLARD AVE 5	MILWAUKEE, WI 53209
CURRENT OCCUPANT	3812 W VILLARD AVE 7	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5160 N 39TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	3801 W VILLARD AVE	MILWAUKEE, WI 53209
CURRENT OCCUPANT	3820 W VILLARD AVE	MILWAUKEE, WI 53209
CURRENT OCCUPANT	3919 W VILLARD AVE	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5146 N 39TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	3735 W VILLARD AVE	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5215 N 38TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	3812 W VILLARD AVE 3	MILWAUKEE, WI 53209
CURRENT OCCUPANT	3812 W VILLARD AVE 4	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5166 N 40TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5167 N 39TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5163 N 39TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5151 N 39TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	3812 W VILLARD AVE 2	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5174 N 40TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5154 N 40TH ST	MILWAUKEE, WI 53209

Total Records: 32

Radius: 250.0 feet and Center of Circle: 3841 W Villard Ave



BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 3/15/18

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) **Dealer ship**

Provide a detailed description of the type of business you plan on operating:

Car dealership, and small vehicle repair.

Do you have any experience operating this type of business? No Yes If yes, explain: **worked another dealership.**

2. Business Operations

- a. Proposed Opening Date: ASAP
- b. Is this premise under construction? No Yes If yes, list estimated completion date: _____
- c. Is this a franchise? No Yes
- d. Is this premises currently licensed? No Yes If yes, list type of license: _____
- e. Is the current licensee operating? No Yes If no, list date closed: _____
- f. Do you have future plans for other businesses, licenses or permits at this location? No Yes
If yes, explain: _____
- g. Have you previously held an Extended Hours License in Milwaukee? No Yes
If yes, list address(es): _____
- h. Are other businesses operating in the same building? No Yes If yes, describe: _____

3. Litter & Noise

- a. How are grounds kept clean? Sweep Pressure Wash Pick Up Litter Other: _____
- b. How often will grounds be cleaned? Daily Weekly As Needed Monthly Other: _____
- c. Grounds cleaned by: Licensee Building Owner Employees Hired Maintenance Other: **BUSINESS OWNER**
- d. How are noise issues prevented and/or addressed? Security Manager approaches customer(s) Call Police
 Signs Posted Other: **maintain camera surveillance**
- 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: **Customer Parking**
- b. Number of Garbage Cans: Inside: 3 Locations: **restroom, office by desk**
Outside: 2 Locations: **outside on side of building**
- 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? 12 and describe the parking security plan: This is for customers... A CAMERA OVERSEES THIS AREA
- b. Is there a loading zone? No Yes If yes, describe the loading area security plan: _____
- c. Will you have security personnel on premise? No Yes If yes, how many? _____ and answer the following:
 What are their responsibilities? _____
 Is security equipment used? No Yes If yes, describe CAMERAS
 List their licensing, certification, or training credentials _____
- d. Will there be security cameras? No Yes If yes, how many? 6 and list locations: 3 outside of building, 2 in the office, and one in the garage area
- e. Will searches/identification checks be done upon entry? No Yes If yes, describe _____

6. Percentage of Sales (must total 100%)

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

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

Type 1

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

Type 2

- Liquor Store Corner Store Supermarket Convenience Store
- Gas Station Amusement/Phonograph Distributor Recycling, Salvage or Towing
- Used Car Dealer Personal Service Establishment
 (such as tattoo business, hair salon, tailor, etc.) Recording Studio

What other licenses/permits will you hold at this location? (check all that apply)

- Occupancy Permit Cigarette & Tobacco Gas Station Extended Hours Class "B" Tavern Weights & Measures
- Secondhand Dealer Precious Metal & Gem Other: _____

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

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

9. Premises Description

- a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage):
 1st Floor 2nd Floor Basement Storage Patio Beer Garden Sidewalk Café Deck Rooftop
 Other: Describe: _____
- b. Describe Location: Major Thoroughfare Secondary Street Other: _____
- c. Nearest Major Cross Street: 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: Daymon Tate Phone Number: 920-476-2583
 Business Owner Address: 3841 W Villard Ave Milwaukee, WI 53209

10. Hours of Operation & Customers

Will customers be entering the premises? No Yes

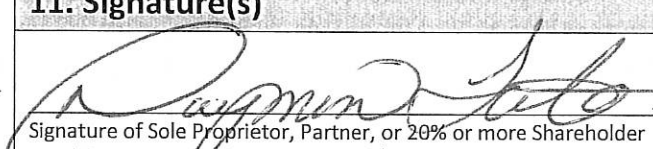
Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	Closed	Closed			
Monday	9-6	6 pm	7-10	18 yr ^F over	
Tuesday	9 am	6 pm	↑ ↓	↑ ↓	
Wednesday	9 AM	6 pm			
Thursday	9 am	6 pm			
Friday	9 am	6 pm			
Saturday	9 am	6 pm			9-12

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.



SECONDHAND MOTOR VEHICLE DEALER LICENSE SUPPLEMENTAL PLAN OF OPERATION

ccl-ucarplan 7/16/18

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

Legal Entity Name: <u>No Limit Auto LLC</u>	
Premises Address: <u>3841 W Vilard Milw, WI 53216</u>	
SECTION 1 LICENSE TYPE	
What type of license are you applying for? (check one) <input checked="" type="checkbox"/> Retail <input type="checkbox"/> Wholesale	
SECTION 2	
Will you also be dealing in secondhand vehicle parts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If wholesale, is the premises address a residential (home) address? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, you must obtain a Home Occupational Statement from the Department of Neighborhood Services (414) 286-3874. No vehicles can be parked and no customers are allowed at the premises. The following questions in Section 2 do not apply to wholesale from a residential address. Go to Section 3.	
Number of parking spaces available to customers/employees <u>2</u>	
Number of parking spaces that will be used for display/storage of Secondhand Motor Vehicles <u>10</u>	
Do you understand that all vehicles associated with the business must be stored on the licensed premise? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
What are your plans to ensure this requirement is met (check all that apply)? <input checked="" type="checkbox"/> Employee Training	
<input checked="" type="checkbox"/> Supervisor Monitoring <input type="checkbox"/> Fenced Lot <input checked="" type="checkbox"/> Keys Kept in Locked Box <input type="checkbox"/> Other: <u>daily check</u>	
Do you understand all maintenance/repair work to these vehicles must be confined to the licensed premise? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
What are your plans to ensure this requirement is met (check all that apply)? <input checked="" type="checkbox"/> Employee Training	
<input checked="" type="checkbox"/> Supervisor Monitoring <input checked="" type="checkbox"/> Designated Repair Area <input type="checkbox"/> Other: _____	
Do you understand all keys to used motor vehicles offered for sale must be kept in a secure lockbox inside the dealership building at all times when the dealership is not open for business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
What are your plans to ensure this requirement is met (check all that apply)? <input checked="" type="checkbox"/> Employee Training	
<input checked="" type="checkbox"/> Supervisor Monitoring <input type="checkbox"/> Other: <u>daily check</u>	
SECTION 3 DISCLOSURE	
Has any person on the application ever had a license relating to the activities licensed in Milwaukee Code of Ordinances Chapter 92 denied, not renewed, suspended, or revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, provide the circumstances and jurisdiction in which the event occurred (including a record of any actions from the State Department of Transportation and Financial Institutions relating to suspensions, revocations, forfeitures and warnings imposed by these departments relating to the operation of any automotive sales business by the applicant):	
SECTION 4 SIGNATURES	
<u>Raymond Tate</u> Sole Proprietor, Partner, or 20% or more Shareholder (If there are no 20% or more shareholders, Corporate Officer-print name/title and sign)	_____ Additional partner or 20% or more shareholder