



APPLICATION AMENDMENT

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

Date: 06/05/2023

To the License Division of the City of Milwaukee:

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

Wholesale license at 6171 S 1st St Milwaukee WI 53207:
(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) # 10 should be: Will customers be entering the premises? NO / Estimated Number of Customers: 0
2. Agent should be (full legal name): Ali Alqayyim Also complete 3, 4, 5 & 6
3. Date of birth should be: 08/10/1981
4. Home address should be (include city/state/zip): 6171 S 1st St Milwaukee WI 53207
5. Phone number should be (include area code): (414)-595-4923
6. Driver's License Number/State ID Number should be: A425-0008-1290-04
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: _____

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

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

Office Use Only: Application #: _____ Date: _____ Initials: _____ To LC: _____

LC Email: MPD NS HD Initials: _____