



CITY OF MILWAUKEE  
OFFICE OF THE CITY CLERK

Monday, February 29, 2016

COMMITTEE MEETING NOTICE

AD 07

SCHWEBE, Kurt D, Agent  
Badgerland Auto Recovery Inc  
P O BOX 75

Greendale, WI 53129

You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall on:

**Tuesday, March 15, 2016 at 08:30 AM**

**Regarding:** Your Recycling, Salvaging, or Towing Premises Application - **Repossessions Only** as agent for "Badgerland Auto Recovery Inc" for "Badgerland Auto Recovery" at 3343 N  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.

**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.

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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:   
\_\_\_\_\_  
Jason Schunk  
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](mailto:License@milwaukee.gov)



Monday, February 29, 2016



# Notice of Public Hearing

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SCHWEBE, Kurt D, Agent  
Badgerland Auto Recovery at 3343 N 30TH St  
Recycling, Salvaging, or Towing Premises Application - Repossessions Only

**Tuesday, March 15, 2016 at 8:30 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 3/15/2016 at 8:30 AM, in Room 301-B, Third Floor, City Hall. If you wish, you may provide testimony at the hearing regarding the request; see below for further information. You are not required to attend the hearing. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing. Please review the information below and if you have further questions regarding this process, please contact the License Division at (414) 286-2238.

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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.
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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.**

RESIDENT	MAIL ADDRESS	CITY AND ZIP CODE
CURRENT RESIDENT	2921 W TOWNSEND ST	MILWAUKEE, WI 53216-2630
CURRENT RESIDENT	2921A W TOWNSEND ST	MILWAUKEE, WI 53216-2630
CURRENT RESIDENT	3292 N 30TH ST	MILWAUKEE, WI 53216-3822
CURRENT RESIDENT	3294 N 30TH ST	MILWAUKEE, WI 53216-3822
CURRENT RESIDENT	3302 N 30TH ST	MILWAUKEE, WI 53216-3824
CURRENT RESIDENT	3306 N 30TH ST	MILWAUKEE, WI 53216-3824
CURRENT RESIDENT	3314 N 30TH ST	MILWAUKEE, WI 53216-3824
CURRENT RESIDENT	3319 N 29TH ST	MILWAUKEE, WI 53216-3805
CURRENT RESIDENT	3322 N 30TH ST	MILWAUKEE, WI 53216-3824
CURRENT RESIDENT	3323 N 29TH ST	MILWAUKEE, WI 53216-3805
CURRENT RESIDENT	3327 N 29TH ST	MILWAUKEE, WI 53216-3805
CURRENT RESIDENT	3328 N 30TH ST	MILWAUKEE, WI 53216-3824
CURRENT RESIDENT	3331 N 29TH ST	MILWAUKEE, WI 53216-3805
CURRENT RESIDENT	3334 N 30TH ST	MILWAUKEE, WI 53216-3824
CURRENT RESIDENT	3337 N 29TH ST	MILWAUKEE, WI 53216-3805
CURRENT RESIDENT	3338 N 30TH ST	MILWAUKEE, WI 53216-3824
CURRENT RESIDENT	3341 N 29TH ST	MILWAUKEE, WI 53216-3805
CURRENT RESIDENT	3346 N 30TH ST	MILWAUKEE, WI 53216-3824
CURRENT RESIDENT	3347 N 29TH ST	MILWAUKEE, WI 53216-3805
CURRENT RESIDENT	3347A N 29TH ST	MILWAUKEE, WI 53216-3805
CURRENT RESIDENT	3351 N 29TH ST	MILWAUKEE, WI 53216-3805
CURRENT RESIDENT	3351A N 29TH ST	MILWAUKEE, WI 53216-3805
CURRENT RESIDENT	3354 N 30TH ST	MILWAUKEE, WI 53216-3824
CURRENT RESIDENT	3355 N 29TH ST	MILWAUKEE, WI 53216-3805
CURRENT RESIDENT	3355A N 29TH ST	MILWAUKEE, WI 53216-3805
CURRENT RESIDENT	3358 N 30TH ST	MILWAUKEE, WI 53216-3824
CURRENT RESIDENT	3361 N 29TH ST	MILWAUKEE, WI 53216-3805
CURRENT RESIDENT	3361A N 29TH ST	MILWAUKEE, WI 53216-3805
CURRENT RESIDENT	3362 N 30TH ST	MILWAUKEE, WI 53216-3824
CURRENT RESIDENT	3365 N 29TH ST	MILWAUKEE, WI 53216-3805
CURRENT RESIDENT	3366 N 30TH ST	MILWAUKEE, WI 53216-3824
CURRENT RESIDENT	3370 N 30TH ST	MILWAUKEE, WI 53216-3824
CURRENT RESIDENT	3374 N 30TH ST	MILWAUKEE, WI 53216-3824
CURRENT RESIDENT	3374A N 30TH ST	MILWAUKEE, WI 53216-3824
CURRENT RESIDENT	3378 N 30TH ST	MILWAUKEE, WI 53216-3824

**Total Records: 36**

**Radius: 250.0 feet and Center of Circle: 3343 N 30th ST**



### BUSINESS LICENSE PLAN OF OPERATION

cci-busplan 11/16/15

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 Establishment  Filling Station  
 Self Service Laundry  Rooming House  Hotel/Motel  Massage Establishment  
 Other (supplemental application for specific license also required)

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

REPOSSESSION OF VEHICLES & REPOSSESSION STORAGE

Do you have any experience operating this type of business?  No  Yes If yes, explain: COMPANY OWNED FAMILY SINCE 1970

#### 2. Business Operations

- a. Proposed Opening Date: CURRENTLY OPERATING
- 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: APPLYING FOR LICENSE
- 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: AND/OR
- e. Will a sound amplification system be used?  No  Yes If yes, describe: \_\_\_\_\_

#### 4. Smoking & Sanitation

- f. Are there designated outdoor smoking areas?  No  Yes If yes, describe: \_\_\_\_\_
- g. Number of Garbage Cans: Inside: 9 Locations: VARIOUS LOCATIONS WITHIN BUILDING  
Outside: 1 Locations: WASTE MANAGEMENT
- h. Is a crowd control barrier used?  No  Yes If yes, describe: \_\_\_\_\_
- i. How many restrooms are on the premises? ONE
- j. Name of solid waste contractor:  Advanced Disposal  Waste Management  Other: \_\_\_\_\_

5. Security

- a. Are there onsite parking spaces?  No  Yes If yes, how many? \_\_\_\_\_  
Describe parking security plan: \_\_\_\_\_
- b. Is there a loading zone?  No  Yes If yes, describe loading area security plan \_\_\_\_\_
- c. Will you have security personnel on premise?  No  Yes If yes, how many? \_\_\_\_\_  
What are their responsibilities? \_\_\_\_\_  
Is security equipment used?  No  Yes If yes, describe SECURITY CAMERAS  
List their licensing, certification, or training credentials SECURITY CAMERAS INSTALLED  
Will there be security cameras?  No  Yes If yes, where? INSIDE BUILDING  
Will searches/identification verification be conducted upon entry?  No  Yes If yes, describe PROPER ID

6. Percentage of Sales (must total 100%)

IDENTIFYING INDIVIDUALS

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

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

AND STORAGE OF REPO'D VEHICLES

- Type 1 N/A
- Full Service Restaurant
  - Night Club
  - Banquet Hall
  - Hotel/Motel: Number of Floors: \_\_\_\_\_  
Number of Rooms: \_\_\_\_\_
  - Cafe/Coffee Shop
  - Tavern
  - Sports Facility
  - Rooming House: Number of Floors: \_\_\_\_\_  
Number of Rooms: \_\_\_\_\_
  - Deli or Fast Food Restaurant
  - Cocktail Lounge
  - Bowling Alley
  - Private/Fraternal/Veterans Club
  - Teen Club

- Type 2
- Liquor Store
  - Gas Station
  - Used Car Dealer
  - Corner Store
  - Amusement/Phonograph Distributor
  - Personal Service Establishment  
(such as tattoo business, hair salon, tailor, etc.)
  - Supermarket
  - Convenience Store
  - Recycling, Salvage or Towing
  - 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: ONLY STORAGE OF REPOSSESSED VEHICLES.

8. Legal Capacity (only if a Type 1 premises in #6 above)

N/A

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

**9. Premises Description**

d. 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: \_\_\_\_\_

e. Describe Location:  Major Thoroughfare  Secondary Street  Other: \_\_\_\_\_

f. Nearest Major Cross Street: TOWNSEND AND CONCORDIA

g. Describe Building:  Free Standing Building  Strip Mall  Other: \_\_\_\_\_

h. Describe Premises Structure:  Single Story  Multi-Story - # of Stories \_\_\_\_\_  Other: BRICK BUILDING

i. Describe Surrounding Area:  Commercial  Residential  Industrial  Other: \_\_\_\_\_

j. Building Owner Name: SANDRA SCHWEBE Phone Number: 414-529-0260

Business Owner Address: 3343 No 30<sup>th</sup> STREET, MILWAU W I - 53216

**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	—	—			
Monday	9 AM	<del>12 PM</del> 3:30 PM			
Tuesday	9 AM	3:30 PM			
Wednesday	9 AM	3:30 PM			
Thursday	9 AM	3:30 PM			
Friday	—	—			
Saturday	—	—			

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 a.m. and 5 a.m.

Entertainment Indoor Closing Hours : If alcohol beverage establishment, same as alcohol license hours.  
 If non-alcohol establishment 1:00 am Sunday to Thursday; 1:30 am Friday and Saturday.

Entertainment Outdoor Closing Hours : 10:00 pm Sunday – Thursday; 12:00 am Friday and Saturday, unless otherwise approved by Common Council in licensee's plan of operation.

**11. Signature(s)**

\_\_\_\_\_  
 Sole Proprietor, Partner, Agent, or 20% or more Shareholder

\_\_\_\_\_  
 Signature of additional partner or 20% or more Shareholder

See Application (information for a list of all required application forms.



### RECYCLING, SALVAGING OR TOWING PREMISES LICENSE SUPPLEMENTAL APPLICATION

ccl-rstprem 10/27/15

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](mailto:license@milwaukee.gov)

Legal Entity Name: BADGERLAND AUTO RECOVERY INC.

Business Address: 3343 No 30<sup>th</sup> STREET, MILW, WI - 53216

Do you currently hold any licenses in the City of Milwaukee?  No  Yes If yes, list:

Has any person on the application ever had a license relating to the activities licensed in Milwaukee Code of Ordinances Chapter 93 denied, not renewed, suspended, or revoked?  No  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):

Do you understand that you must follow all recordkeeping, reporting and operating regulations in MCO 93-43-49?  No  Yes  
Do you understand that all records and reports must be available to the police department upon request?  No  Yes

#### Business Operations

Check all activities that apply:

Non-Consensual Towing: Provide the address within the City of Milwaukee where vehicles will be towed:  
3343 No 30<sup>th</sup> STREET, MILW WI 53216

Junk/Valuable Metal:  Dealing/Storing/Transporting  Removing/Recycling

Waste Tires:  Dealing/Storing/Transporting  Removing/Recycling

Salvage Vehicles/Used Motor Vehicle Parts:  Dealing/Storing/Transporting  Removing/Recycling

Do you have an additional yard(s) used for storage?  No  Yes  
If yes, provide the address(es) below and submit an additional \$50 per yard:

How many motor vehicles will be used in the business operations? \_\_\_\_\_ Provide information for each vehicle on page 2.

#### Required Signature(s)

KURT D. SCHWEBE

SANDRA K. SCHWEBE

Sole Proprietor, Partner, 20% or more Shareholder, or the Agent - only if there are no 20% or more shareholders

Sandra K. Schwebe  
Signature of additional partner or 20% or more shareholder

Office Use Only:			Initials	Filed
App#	YD#	Permit #s	Paid	MPD
DNS	LC	CC	Mayor's Signature	License #

(5)

**Vehicle Information for Recycling, Salvaging or Towing Premises**  
(attach additional pages as needed)

Vehicle Make: <b>CHEVY</b>	Model: <b>3500</b>	Year: <b>2000</b>	Plate #: <b>DG58765</b>
VIN #: <b>1G BK C34J1YF451987</b>		US DOT # or WI DOT operating authority: <b>1807086</b>	
Vehicle Make: <b>INTERNATIONAL</b>	Model: <b>TRUCK</b>	Year: <b>1997</b>	Plate #: <b>GD44034</b>
VIN #: <b>1HTSCABM2VH360968</b>		US DOT # or WI DOT operating authority: <b>1807086</b>	
Vehicle Make: <b>FORD</b>	Model: <b>TRUCK</b>	Year: <b>2005</b>	Plate #: <b>EC31336</b>
VIN #: <b>1F DWF36Y45EC95889</b>		US DOT # or WI DOT operating authority: <b>1807086</b>	
Vehicle Make: <b>FORD</b>	Model: <b>F350</b>	Year: <b>2010</b>	Plate #: <b>DG77001</b>
VIN #: <b>1FDW3GYXQEA74676</b>		US DOT # or WI DOT operating authority: <b>1807086</b>	
Vehicle Make:	Model:	Year:	Plate #:
VIN #:		US DOT # or WI DOT operating authority:	
Vehicle Make:	Model:	Year:	Plate #:
VIN #:		US DOT # or WI DOT operating authority:	
Vehicle Make:	Model:	Year:	Plate #:
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6





CITY OF MILWAUKEE  
OFFICE OF THE CITY CLERK

Monday, February 29, 2016

COMMITTEE MEETING NOTICE

AD 13

ABU AMMER, Tareq S, Agent  
US Finance & Lease Services Inc  
9330 S OKETO Av

Bridge Veiw, IL 60455

You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall on:

**Tuesday, March 15, 2016 at 08:30 AM**

**Regarding:** Your Secondhand Motor Vehicle Dealer's-Wholesale Only License Application as agent for "US Finance & Lease Services Inc" for "US Finance & Lease Services" at 4379 S HELL Av #5.

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. 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.

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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.

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JIM OWZARSKI, CITY CLERK

BY:

Jason Schunk  
License Division Manager

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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](mailto:License@milwaukee.gov)



Monday, February 29, 2016



# Notice of Public Hearing

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ABU AMMER, Tareq S, Agent  
US Finance & Lease Services at 4379 S HOWELL Av #5  
Secondhand Motor Vehicle Dealer's-Wholesale Only License Application

**Tuesday, March 15, 2016 at 8:30 AM**

To whom it may concern:

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RESIDENT	MAIL ADDRESS	CITY AND ZIP CODE
CURRENT RESIDENT	121 W MARTIN LN	MILWAUKEE, WI 53207-4955
CURRENT RESIDENT	122 W MARTIN LN	MILWAUKEE, WI 53207-4956
CURRENT RESIDENT	125 W MARTIN LN	MILWAUKEE, WI 53207-4955
CURRENT RESIDENT	126 W MARTIN LN	MILWAUKEE, WI 53207-4956
CURRENT RESIDENT	126A W MARTIN LN	MILWAUKEE, WI 53207-4956
CURRENT RESIDENT	132 W MARTIN LN	MILWAUKEE, WI 53207-4956
CURRENT RESIDENT	135 W MARTIN LN	MILWAUKEE, WI 53207-4973
CURRENT RESIDENT	141 W MARTIN LN	MILWAUKEE, WI 53207-4973
CURRENT RESIDENT	4342 S HOWELL AVE	MILWAUKEE, WI 53207-5030
CURRENT RESIDENT	4342A S HOWELL AVE	MILWAUKEE, WI 53207-5030
CURRENT RESIDENT	4350 S HOWELL AVE	MILWAUKEE, WI 53207-5030
CURRENT RESIDENT	4353A S HOWELL AVE	MILWAUKEE, WI 53207-5050
CURRENT RESIDENT	4363 S BURRELL ST	MILWAUKEE, WI 53207-5021
CURRENT RESIDENT	4368 S HOWELL AVE	MILWAUKEE, WI 53207-5030
CURRENT RESIDENT	4368A S HOWELL AVE	MILWAUKEE, WI 53207-5030
CURRENT RESIDENT	4385 S BURRELL ST	MILWAUKEE, WI 53207-5021
CURRENT RESIDENT	4388 S HOWELL AVE	MILWAUKEE, WI 53207-5030
CURRENT RESIDENT	4389 S HOWELL AVE	MILWAUKEE, WI 53207-5050
CURRENT RESIDENT	4389A S HOWELL AVE	MILWAUKEE, WI 53207-5050
CURRENT RESIDENT	4400 S HOWELL AVE	MILWAUKEE, WI 53207-5032
CURRENT RESIDENT	4400A S HOWELL AVE	MILWAUKEE, WI 53207-5032
CURRENT RESIDENT	4401 S BURRELL ST	MILWAUKEE, WI 53207-5023
CURRENT RESIDENT	4408 S HOWELL AVE	MILWAUKEE, WI 53207-5032
CURRENT RESIDENT	4408A S HOWELL AVE	MILWAUKEE, WI 53207-5032
CURRENT RESIDENT	4416 S HOWELL AVE	MILWAUKEE, WI 53207-5032
CURRENT RESIDENT	4424 S HOWELL AVE	MILWAUKEE, WI 53207-5032
CURRENT RESIDENT	4424A S HOWELL AVE	MILWAUKEE, WI 53207-5032

**Total Records: 28**

**Radius: 250.0 feet and Center of Circle: 4379 S Howell AV**



# BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 11/16/15

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 Establishment  Filling Station  
 Self Service Laundry  Rooming House  Hotel/Motel  Massage Establishment  
 Other (supplemental application for specific license also required)

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

Second Hand Motor Vehicle Dealer License

Do you have any experience operating this type of business?  No  Yes If yes, explain: I had whole sale license for 8 yrs

## 2. Business Operations

- a. Proposed Opening Date: 2/1/2016  
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: \_\_\_\_\_  
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

- f. Are there designated outdoor smoking areas?  No  Yes If yes, describe: \_\_\_\_\_  
g. Number of Garbage Cans: Inside: 1 Locations: Inside office  
Outside: \_\_\_\_\_ Locations: \_\_\_\_\_  
h. Is a crowd control barrier used?  No  Yes If yes, describe: \_\_\_\_\_  
i. How many restrooms are on the premises? 2  
j. Name of solid waste contractor:  Advanced Disposal  Waste Management  Other: \_\_\_\_\_

## 5. Security

- a. Are there onsite parking spaces?  No  Yes If yes, how many? Three  
Describe parking security plan: \_\_\_\_\_
- b. Is there a loading zone?  No  Yes If yes, describe loading area security plan \_\_\_\_\_
- c. Will you have security personnel on premise?  No  Yes If yes, how many? \_\_\_\_\_  
What are their responsibilities? \_\_\_\_\_  
Is security equipment used?  No  Yes If yes, describe \_\_\_\_\_  
List their licensing, certification, or training credentials \_\_\_\_\_  
Will there be security cameras?  No  Yes If yes, where? \_\_\_\_\_  
Will searches/identification verification be conducted upon entry?  No  Yes If yes, describe \_\_\_\_\_

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

Alcohol <u>0</u> %	Food <u>0</u> %	Secondhand Merchandise <u>0</u> %	Precious Metals & Gems <u>0</u> %
Entertainment <u>0</u> %	Cigarettes <u>0</u> %		
Pawnbroker Activity <u>0</u> %	Salvaged Materials <u>0</u> % (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____ %	Other <u>100</u> % Describe: <u>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: \_\_\_\_\_ 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  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 #6 above)

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

## 9. Premises Description

d. 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: Lower Level

e. Describe Location:  Major Thoroughfare  Secondary Street  Other: Air port

f. Nearest Major Cross Street: Biolivar

g. Describe Building:  Free Standing Building  Strip Mall  Other: \_\_\_\_\_

h. Describe Premises Structure:  Single Story  Multi-Story - # of Stories 3  Other: \_\_\_\_\_

i. Describe Surrounding Area:  Commercial  Residential  Industrial  Other: \_\_\_\_\_

j. Building Owner Name: Muslim American Society Phone Number: 414-817-1540

Business Owner Address: 4379 S Howell Ave, Milwaukee 53207

## 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	1 pm	4 pm			
Tuesday	1 pm	4 pm			
Wednesday	1 pm	4 pm			
Thursday	1 pm	4 pm			
Friday	1 pm	4 pm			
Saturday	closed	closed			

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 a.m. and 5 a.m.

Entertainment Indoor Closing Hours: If alcohol beverage establishment, same as alcohol license hours.  
If non-alcohol establishment 1:00 am Sunday to Thursday; 1:30 am Friday and Saturday.

Entertainment Outdoor Closing Hours: 10:00 pm Sunday – Thursday; 12:00 am Friday and Saturday, unless otherwise approved by Common Council in licensee's plan of operation.

## 11. Signature(s)

Tareq Abu Ammer  
Sole Proprietor, Partner, Agent, or 20% or more Shareholder

[Signature]  
Signature of additional partner or 20% or more Shareholder

See Application Information for a list of all required application forms.



**SECONDHAND MOTOR VEHICLE DEALER LICENSE  
SUPPLEMENTAL PLAN OF OPERATION**

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](mailto:license@milwaukee.gov)

Legal Entity Name: US Finance & Lease Service, Inc.

Premise Address:

What type of license are you applying for? (check one)

Retail  Wholesale

In addition to secondhand vehicles, will you be dealing in secondhand vehicle parts?  Yes  No

**RETAIL DEALERS ONLY**

Total Number of Parking Spaces (including customer/employee parking) 3

Number of Parking Spaces that will be used for Display/Storage of Secondhand Motor Vehicles 1

**STORAGE, MAINTENANCE & REPAIR**

Do you understand that all vehicles associated with the business must be stored on the licensed premise?  Yes  No

List your plans to ensure this requirement is met: \_\_\_\_\_

Do you understand all maintenance/repair work to these vehicles must be confined to the licensed premise?  Yes  No

List your plans to ensure this requirement is met: Use File Cabinet & Computer.

**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?  No  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):

**REQUIRED SIGNATURE(S)**

\_\_\_\_\_  
Sole Proprietor, Partner, 20% or more Shareholder,  
or the Agent - only if there are no 20% or more shareholders

\_\_\_\_\_  
Additional partner(s) or 20% or more shareholder(s)

**SUBMIT THIS FORM ALONG WITH THE  
BUSINESS LICENSE APPLICATION & BUSINESS LICENSE PLAN OF OPERATION**

**Office Use Only:**

Initials	Filed	App #	Paid	MPD
DNS	LC	CC	Issued	License #





CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Wednesday, March 09, 2016

COMMITTEE MEETING NOTICE

AD 13

HEIN, Roger WILLIAM, Agent
The Bowery Group LLC
7021 S Ash St

Oak Creek, WI 53154

You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall on:

Tuesday, March 15, 2016 at 08:30 AM

Regarding: Your Request unusual circumstance waiver to reinstate Class B Ta Food Dealer's, and Public Entertainment Premises License Applications as agent for "The Bowery Group LLC" for "The Red Zone-Milwaukee" at 6247 S Howell 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.

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.

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 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 in City Hall is available at reduced rates (5 hour limit) at the Milwaukee Center on the southwest corner of East Kilbourn and North Water Street.

PLEASE NOTE: Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through sign language interpreters or other auxiliary aids.

JIM OWCZARSKI, CITY CLERK

BY: Jason Schunk

Jason Schunk
License Division Manager

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



March 8, 2016

City Clerk's Office-Licensing Division  
City Hall Room 105  
200 E. Wells Street  
Milwaukee, Wisconsin 53202

RE: 6247 S. Howell Avenue Waiver Request

The Bowery Group LLC, d/b/a The Red Zone MKE was granted approval for a Class B Tavern License at the December 1, 2014 License Committee Meeting. This location was in need of extensive remodeling in order to make it a viable business venture for the LLC. We engaged the services of an architect and worked closely with the City of Milwaukee for all of the improvements made to the property. We acted as general contractor for the project along with continuing the operation of an existing bar/restaurant in Franklin, Wisconsin. Several contractors we used early in the process were not competent enough for the scope of work that needed to be done. Securing new contractors over the time period of June-August 2015 contributed to the delay in completion of the work. As we progressed with the remodel, the percentage added the requirement of a handicapped accessible ramp with custom railings be added to the rear of the building. This, along with several other required items, presented a substantial cost increase which took additional time for us to finance and pay for.

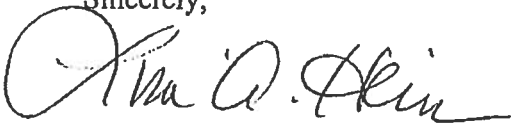
We have worked in good faith this past year to make the necessary improvements to the property with our end goal of securing the License to allow us to open for business.

March 2, 2016 we passed our final Building Inspection

March 3, 2016 we passed our final Health Inspection

These were the last 2 items needed to receive the occupancy permit, and in turn, allow for the license to be issued. We are looking to the Licensing Committee and Common Council to grant our license as soon as possible.

Sincerely,



Lisa A. Hein  
The Bowery Group LLC  
Member



CITY OF MILWAUKEE  
OFFICE OF THE CITY CLERK

Wednesday, March 09, 2016

COMMITTEE MEETING NOTICE

AD 13

PARIKH, Himanshu B, Agent  
Dev Properties LLC  
4050 S 71st St

Milwaukee, WI 53220

You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall on:

**Tuesday, March 15, 2016 at 08:30 AM**

**Regarding:** Your Class B Tavern, Food Dealer's, Hotel/Motel, and Public Entertainment Premises License Applications Requesting 5 Amusement Machines, Bands, Disc Jockey, Karaoke, Instrumental Musicians, Jukebox, Patrons Dancing, and 2 Pool Tables as agent for "Dev Properties LLC" for "Best Western Plus Milwaukee Airport" at 5105 S HOWELL 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 in City Hall is available at reduced rates (5 hour limit) at the Milwaukee Center on the southwest corner of East Kilbourn and North Water Street. Parking tickets must be validated in the first floor information booth in City Hall.

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 OW CZARSKI, CITY CLERK

BY:   
Jason Schunk

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

**MILWAUKEE POLICE DEPARTMENT  
LICENSE INVESTIGATION UNIT**

**CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS  
SYNOPSIS**

**DATE: 10/09/2014**  
**LICENSE TYPE: BTAVN**  
**NEW:**  
**RENEWAL: X**

**No. 196169**  
**Application Date: 10/07/2014**  
**Expiration Date:**

**License Location: 5105 S Howell Av**  
**Business Name: Best Western Milwaukee Airport**

**Aldermanic District:**

**Licensee/Applicant: Dhir, Anita**  
(Last Name, First Name, MI)  
**Date of Birth: 11/12/54**

**Home Address: 1770 Putneys Ct**  
**City: Brookfield**  
**Home Phone: (262) 938 - 0765**

**State: WI**      **Zip Code: 53045**

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

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

1. On 02/16/08 at 12:14 am, Milwaukee police were dispatched to 5150 S Howell Avenue for a Fight complaint. As officers arrived, they observed over 300 people running around and screaming in the parking lot with several vehicles blocking traffic. Investigation revealed the hall had been rented out for a Hip Hop party and as officers entered the hall to break up the fight, observed over 200 hundred people fighting. Officers called for an assist to help gain control and restore order. Over 15 squads were needed to help disperse the crowd. Police spoke to the manager of the hotel, Jean Kanczowski, who stated they were serving alcohol at the bar inside the hall when some patrons began to steal bottles of alcohol from behind the bar. Kanczowski stated they attempted to close the bar when patrons became upset over the bar shutting down. Patrons began to fight one another and police were called. A citation was issued to Kanczowski for Disorderly Premises and a sergeant who was on scene took 12 photos of the scene. Citation was not found in the municipal system.

- 
2. On 10/27/08 at 7:30 pm, Milwaukee police were dispatched to 5105 S Howell Avenue for a Trouble With Subject. Investigation found a patron was refusing to pay for his dinner and drinks in which is consumed at the Lake City Restaurant. The patron was found to be intoxicated and he stated he had no money to pay his bill. He was arrested and issued two citations.

---

**Previous premise**

Date:02-29-16  
Officer: PO Josh Dummann

City of Milwaukee Police Department  
90-5-1.5 Crime Prevention Survey  
Tavern Inspection

Name of Premise: The Aviator Sports Bar and Grill  
Address: 5105 S. Howell Av.  
Phone: 414-769-2100

Owner: Parikh, Himanshu B.  
Owner address: 4050 S. 71<sup>st</sup> St.  
City State Zip: Milwaukee, WI 53220  
Owner Phone: 414-331-8769  
Owner email: REFUSED

Licensee/Agent: Parikh, Himanshu B.  
Home Address: 4050 S. 71<sup>st</sup> St.  
City State Zip: Milwaukee, WI 53220  
Phone: 414-331-8769  
Email:

Preferred contact: Mikolajczak, James M. (Manager) 414-769-2100

Location currently open:  YES  NO

Projected open date: N/A

Day's open: S M T W Th F SA ALL

Hours of Operation: Sun: 11:30AM - 2:00AM      24 hours Y N  
Mon: 11:30AM - 2:00AM  
Tue: 11:30AM - 2:00AM  
Wed: 11:30AM - 2:00AM  
Thu: 11:30AM - 2:00AM  
Fri: 11:30AM - 2:00AM  
Sat: 11:30AM - 2:00AM

Premise Type: Tavern/Bar  
Restaurant  
Other:

Licenses currently held:

- Alcohol:  Yes  No Class: B #: 0203866
- Tobacco:  Yes  No #:
- Food:  Yes  No #: 225450
- Occupancy:  Yes  No #: 1171334
- Other:  Yes  No Type: #:
- Other:  Yes  No Type: #:

Who is your alcohol distributor? Capitol Hustings

**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 3
  - f.  Residential
  - g.  Other businesses
  - h.  Other: General Mitchell International Airport
3. Can you see from the outside of the location into the interior  Yes  No
4. Can you see the employees inside of the location from the outside  Yes  No
5. Are exterior windows free of signage  Yes  No
6. Is there a bus stop?  Yes  No
7. Is there a bus shelter?  Yes  No  N/A
8. Street parking  Yes  No
9. Is there a parking lot  Yes  No
10. Is the parking lot clean?  Yes  No  N/A
11. Is the parking lot well lit?  Yes  No  N/A
12. Valet Parking  Yes  No
  - a. Will this lot have a guard?  Yes  No  N/A
  - b. Will this lot have cameras?  Yes  No  N/A
13. Are there areas where a person could conceal themselves  Yes  No
14. Is there exterior lighting?  Yes  No. Does it appears to be adequate  Yes  No
15. Exterior Payphone?  Yes  No
16. Are there No Loitering Signs posted?  Yes  No
17. Are there exterior security cameras  Yes  No How Many:
18. Are the address numbers prominently displayed and easy to see  Yes  No

Exterior Comments: Large parking lot around exterior. Manager stated entrance door from exterior is often locked. Other main entrance is located from inside the hotel, off of the main lobby (Best Western). SPI Security is contracted as security for the parking lot.

**Camera Survey:**

19. Does this location have security cameras?  Yes  No
20. Are they in working order?  Yes  No

21. What format are the cameras?

- a. Color  Yes  No
- b. Digital  Yes  No
- c. VCR  Yes  No
- d. Recorded  Yes  No

22. How long is footage stored for later viewing: 30 days.

23. Are there exterior cameras  Yes  No How many:

24. Are there interior cameras  Yes  No How many: 5

25. Do all employees know how to retrieve recorded digital images/footage?  Yes  No

26. Cameras located in parking lot  Yes  No  N/A How many

Camera Survey Comments: Two of the five interior cameras were not in working order.

### Interior Survey:

27. What is the planned/posted capacity 158

28. What is the minimum number of employees that will be on premise 2

29. Is the storeowner willing to be a standing complainant regarding loitering?  Yes  No

a. If yes have them fill out the standing complaint form and give them two of the commercial signs  Yes  No

30. Is the interior of the location neat and clean?  Yes  No

31. Does an interior camera face the entrance/exit?  Yes  No

32. Are emergency and non-emergency numbers posted near the phone?  Yes  No

33. Does the owner know how to contact their police district directly?  Yes  No

a. Did you provide a district contact guide to the owner?  Yes  No

Interior Comments:

### Security

34. How many security personnel are going to be employed:  N/A

35. How will they be deployed: Interior Exterior  N/A

36. What days will they be deployed  Mon  Tue  Wed  Thu  Fri  Sat  Sun  ALL

37. Will the security be managed by business  or contracted

38. Will they be armed  Yes  No  N/A

39. What type of security measures will be used:  N/A

Wanding/metal detector

ID Scanner

Dress Code

Cover Charge

Age restriction

Other

40. When at capacity, how will the overflow crowd be managed? Managed in lobby area at interior entrance to tavern.

41. Will a guard monitor the overflow crowd at all times?  Yes  No

Security Comments: No security in interior.

### ADDITIONAL COMMENTS/RECOMMENDATIONS:

On Monday, February, 29 2016 at 6:00PM I met with the new owner/licensee Mr. Himanshu B. Parikh of The Aviator Sports Bar and Grill located at 5105 S. Howell Av. The tavern is attached to the Best Western hotel which uses the same address. Mr. Himanshu stated he was the new owner to the location and is in the process of revamping the location, along with updating new policies for employees.

I also met with the General Manager, Mr. James Mikolajczak, who escorted me throughout the tavern. I observed five cameras located inside the tavern. Mikolajczak stated two of the cameras were not in working order. He stated a work order for the two cameras was put in on 02-29-16. Mikolajczak stated there are no cameras located around the exterior of tavern, nor a plan to install exterior cameras.

I observed the exterior entrance to the tavern, which is located on the east end of the tavern. It was unlocked with no lighting and no staff member near the entrance. Mikolajczak stated the door is often locked and the other main entrance to the tavern, which is located near the hotel lobby, is the only entrance used.

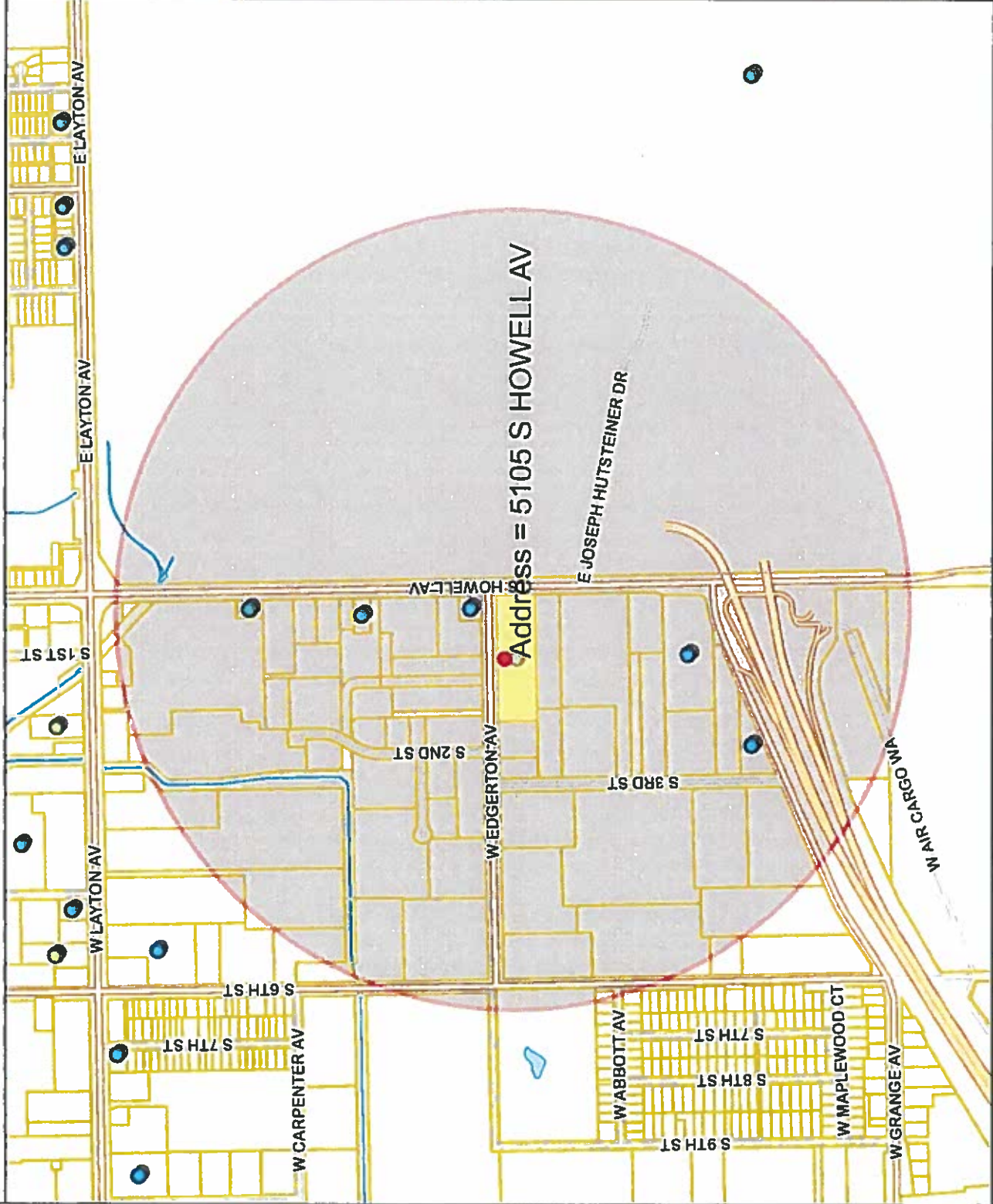
Mikolajczak escorted me to the kitchen of the tavern where the Class B tavern license (0203866) was displayed. Mikolajczak was unable to locate the food and occupancy license on 02-29-16. Mikolajczak also showed myself the four bartenders licenses which was located in a folder in the kitchen of the tavern.

On 03-01-16 I spoke with Mikolajczak who relayed the food license number (225450), and the occupancy license number (1171334). Mikolajczak was advised all three license needed to be on hand and posted. Mikolajczak stated the tavern would be open seven days a week, with each day open from 11:30AM to 2:00AM.



# Alcohol License Concentration for 5105 S Howell Ave

City of Milwaukee, Wisconsin



**- Legend -**

- City limits
- Parcels
- Freeways
- Freeways
- Exit ramps
- Entry ramps
- Ramps
- Major streets
- Streets
- Waterways
- Alcohol licenses
  - Class A intoxicating liquor
  - Class A fermented malt beverage
  - Class A liquor and malt
  - Class B fermented malt beverage
  - Class B tavern
  - Class C wine retailer

**- Notes -**

Licensed Alcohol Establishments Within a .5 Mile Radius Centered on 5105 S Howell Ave on 02/12/2016



Department of Administration - ITMD



Map Scale: 1: 11,314

© City of Milwaukee, Wisconsin  
 Map Milwaukee: Property Information  
 Disclaimer 2/12/2016



Licensed Alcohol Establishments Within a .5 Mile Radius Centered on 5105 S Howell Ave on 02/12/2016									
License Summary:									
Class B Fermented Malt Beverage Retailer's License									
Class B Tavern License									
Legal entity	Trade name	Licensee	Address	License type name	Total capacity	Room capacity	Expiration date	Total	
AIRPORT PIZZA ROC, INC	Rocky Rocco's Pizza & Pasta	EARL W RAMBO, Agt	4849 S HOWELL AV	Class B Fermented Malt Beverage Retailer's License	98		4/16/2016	1	
ELLTON CORPORATION	FINAL APPROACH	JEFFREY T ELLSWORTH, Agt	4959 S HOWELL AV	Class B Tavern License	120		12/21/2016		
GUEST LODGING SERVICES, INC	BEST WESTERN PLUS MILWAUKEE AIRPORT	ANITA DHR, Agt	5105 S HOWELL AV	Class B Tavern License	500		3/20/2017		
JALAPENO LOCO, INC	JALAPENO LOCO	HUGO SAYNES, Agt	5067 S HOWELL AV	Class B Tavern License	100		12/16/2016		
MANCHESTER LIQUOR, LLC	HYATT PLACE MILWAUKEE AIRPORT	ANTHONY SILENO, JR, Agt	200 W GRANGE AV	Class B Tavern License	300		4/14/2016		
SSS Milwaukee LLC	Clarion Inn Hotel/Cork N Cleaver	NICHOLAS J GRAFENAUER, Agt	5311 S HOWELL AV	Class B Tavern License			12/14/2016		
					<b>Grand Total = 6</b>			<b>5</b>	



Wednesday, March 09, 2016

# Licenses Committee Notice of Hearing

DHIR Group LLC  
1770 Putneys Ct

Brookfield, WI 53045

Date: 3/15/2016  
Time: 08:30 AM  
Location: Room 301-B, Third Floor, City Hall

The Licenses Committee will consider the following license application:

Class B Tavern, Food Dealer's, Hotel/Motel, and Public Entertainment Premises  
License Applications Requesting 5 Amusement Machines, Bands, Disc Jockey,  
Karaoke, Instrumental Musicians, Jukebox, Patrons Dancing, and 2 Pool Tables  
PARIKH, Himanshu B, Agent  
Best Western Plus Milwaukee Airport at 5105 S HOWELL Av

Please note this application may be recommended for denial based on fitness of the location due to concentration of alcohol beverage outlets in the area. If the application is denied for this reason, no other application for an alcohol beverage license for this location shall be recommended for approval by the Licenses Committee within three years of the date of denial unless the applicant has demonstrated a change of circumstances since the prior denial.

If you have any questions, please call (414) 286-2238.





**BUSINESS LICENSE PLAN OF OPERATION**

ccl-busplan 9/15/15

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 Establishment  Filling Station  Waste Tire Transporter  Waste Tire Generator  
 Self Service Laundry  Rooming House: Number of Units: \_\_\_\_\_  Hotel/Motel: Number of Units: 139  
 Massage Establishment  Other (supplemental application for specific license also required)

Provide a detailed description of the type of business you plan on operating:  
LODGING, Transient Room, F & B.

Do you have any experience operating this type of business?  No  Yes If yes, explain: HOTEL OPERATIONS IN MILWAUKEE

**2. Business Operations**

- a. Proposed Opening Date: FEB 29, 2016
- 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: HOTEL; FOOD; LIQUOR
- 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: BARBER SHOP

**3. Litter & Noise**

- a. How are grounds kept clean?  Sweep  Pressure Wash  Pick Up Litter  Hired Maintenance  
 Building Owner Responsibility  Garbage Cans Outside  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: PIPED MUSIC; MUSIC SYSTEM

**4. Smoking & Sanitation**

- f. Are there designated outdoor smoking areas?  No  Yes If yes, describe: \_\_\_\_\_
- g. Number of Garbage Cans: Inside: 10 Locations: INSIDE SEVERAL LOCATIONS, MTG., BKFS, ETC  
Outside: 7 Locations: AT EXIT DOORS OF BLDG
- h. Is a crowd control barrier used?  No  Yes If yes, describe: \_\_\_\_\_
- i. Describe sanitation facilities (restrooms): FULLY & SEPARATELY RECORDED MEN & WOMEN  
Name of solid waste contractor:  Advanced Disposal  Waste Management  Other: \_\_\_\_\_

## 5. Security

- a. Are there onsite parking spaces?  No  Yes If yes, how many? 298  
 Describe parking security plan: ON SITE MGMT, SEVERAL & OTHER CAMERAS.
- b. Is there a loading zone?  No  Yes If yes, describe loading area security plan \_\_\_\_\_
- c. Will you have security personnel on premise?  No  Yes If yes, how many? IF NECESSARY ONLY.  
 What are their responsibilities? MAINTAIN SECURITY.  
 Is security equipment used?  No  Yes If yes, describe VIDEO/CAMERAS.  
 List their licensing, certification, or training credentials \_\_\_\_\_  
 Will there be security cameras?  No  Yes If yes, where? SEVERAL THROUGH OUT HOTEL  
 Will searches/identification verification be conducted upon entry?  No  Yes If yes, describe \_\_\_\_\_

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

Alcohol <u>60</u> %	Food <u>40</u> %	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 _____ % Describe: _____

## 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
- Hotel/Motel - Number of Rooms: 140  Rooming House - Number of Rooms: \_\_\_\_\_

### Type 2

- Liquor Store  Corner Store  Supermarket  Convenience Store
- Gas Station  Amusement/Phonograph Distributor  Auto Wrecker
- Used Car Dealer  Used Auto Parts  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 #6 above)

Capacity 500 (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)

## 9. Premises Description

d. 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: \_\_\_\_\_

e. Describe Location:  Major Thoroughfare  Secondary Street  Other: \_\_\_\_\_

f. Nearest Major Cross Street: SHOWELL & EDGEMONT

g. Describe Building:  Free Standing Building  Strip Mall  Other: \_\_\_\_\_

h. Describe Premises Structure:  Single Story  Multi-Story - # of Stories 3  Other: \_\_\_\_\_

i. Describe Surrounding Area:  Commercial  Residential  Industrial  Other: \_\_\_\_\_

j. Building Owner Name: DHIR GROUP, LLC Phone Number: 414-769-2100

Business Owner Address: 1770 PUTNEYS CT, BROOKFIELD, WI 53045

## 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 Applicants: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	08:00 AM	02:00 AM	120	↑	↓
Monday	08:00 AM	02:00 AM	120	5-75	NONE
Tuesday	08:00 AM	02:00 AM	120	↓	↑
Wednesday	08:00 AM	02:00 AM	120	↓	↓
Thursday	08:00 AM	02:00 AM	135	↓	NONE
Friday	08:00 AM	02:30 AM	135	↓	↑
Saturday	08:00 AM	02:30 AM	135	↓	↓

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 a.m. and 5 a.m.

Entertainment Indoor Closing Hours - If alcohol beverage establishment, same as alcohol license hours.  
If non-alcohol establishment 1:00 am Sunday to Thursday, 1:30 am Friday and Saturday.

Entertainment Outdoor Closing Hours - 10:00 pm Sunday - Thursday, 12:00 am Friday and Saturday, unless otherwise approved by Common Council in licensee's plan of operation.

## 11. Signature(s)

Parvathy B.

Sole Proprietor, Partner, Agent, or 20% or more Shareholder

[Signature]

Signature of additional partner or 20% or more Shareholder

See Application Information for a list of all required application forms.



# ALCOHOL BEVERAGE & PUBLIC ENTERTAINMENT PREMISES SUPPLEMENTAL PLAN OF OPERATION

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](http://www.milwaukee.gov/license)

Legal Entity Name: <u>DEV PROPERTIES LLC</u>
Premise Address: <u>5105 S. HOWELL AVE, MILWAUKEE WI 53207</u>
<b>Proximity of Premises to Church, School, Daycare Center or Hospital</b>
Is there at least 300 feet between the building and any church, school, daycare center or hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>"Service Bar Only" Designation</b>
If applying for Class B or C license, are you applying for "Service Bar Only"? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Service Bar Only means customers cannot sit at the bar. Alcohol is served to patrons seated at tables. No stools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.
<b>Business Information</b>
a) Are you taking out this application for anyone that may not be eligible for a license? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list name and address: _____
b) Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the business? <input type="checkbox"/> No <input checked="" type="checkbox"/> 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? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, list name and address: <u>COMMERCE BANK</u>
<b>Proof of Ownership, Lease, or Offer to Purchase (new &amp; transfer applicants only)</b>
Submit proof of ownership, lease, or offer to purchase the building with this application. A lease or offer to purchase must: a) Be in the same legal entity name as that apply for the license b) Reflect the same address as the premises address on this application c) Reflect current dates and d) Be signed by the lessor/seller and lessee/buyer
<b>Property Information (new &amp; transfer applicants only)</b>
a) Do you own or lease the building? <input checked="" type="checkbox"/> Own <input type="checkbox"/> Lease
b) Who owns the fixtures (for example, coolers, etc.)? <u>DEV PROPERTIES LLC</u>
c) Are you purchasing the stock and/or fixtures? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, amount paid \$ _____
d) Total amount paid for business \$ _____
e) Total amount paid for goodwill of the business \$ _____
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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

**See Application Information for a list of all required application forms.**

**Lease Information (new & transfer applicants who are leasing the premises only) / N/A**

- a) Date lease begins \_\_\_\_\_ Ends \_\_\_\_\_
- b) Monthly rental \$ \_\_\_\_\_
- c) Do you have an option to renew the lease?  No  Yes N/A
- d) Does your lease allow for assignment to another party without the consent of the owner?  No  Yes N/A
- e) For what length of time have you been guaranteed occupancy (number of years)? \_\_\_\_\_
- 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 occupancy object to the granting of your license?  No  Yes  
If yes, explain \_\_\_\_\_

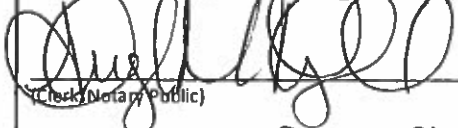
**Change of Agent Applicants Only**

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): \_\_\_\_\_

**Notarized Signatures of Applicants**

**SUBSCRIBED AND SWORN TO BEFORE ME**

This 4<sup>th</sup> day of FEBRUARY, 2016

  
\_\_\_\_\_  
(Notary Public)

My Commission Expires 8.77.18

\*Notary Seal must be affixed.

Parish H.B.

Sole Proprietor, Partner, 20% or more Shareholder, or Agent - only if there are no 20% or more shareholders



Additional partner or 20% or more shareholder

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 premise applicants must submit the following:**

- Proof of ownership, lease or offer to purchase the building
- Detailed floor plan
- If a restaurant, copy of the menu



# PUBLIC ENTERTAINMENT PREMISES LICENSE SUPPLEMENTAL APPLICATION

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) e-mail address: [license@milwaukee.gov](mailto:license@milwaukee.gov)

### TYPES OF ENTERTAINMENT (CHECK ALL THAT APPLY)

<input checked="" type="checkbox"/> Instrumental Musicians	<input checked="" type="checkbox"/> Bands	<input type="checkbox"/> Battle of the Bands	<input type="checkbox"/> Comedy Acts
<input checked="" type="checkbox"/> Disc Jockey	<input type="checkbox"/> Magic Shows	<input type="checkbox"/> Poetry Readings	<input type="checkbox"/> Dancing by Performers
<input type="checkbox"/> Adult Entertainment/ Strippers/Erotic Dance	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Patron Contests	<input checked="" type="checkbox"/> Patrons Dancing
<input checked="" type="checkbox"/> Jukebox	<input checked="" type="checkbox"/> Karaoke	<input type="checkbox"/> Bowling Alley How many? _____	<input checked="" type="checkbox"/> Pool Tables How many? <u>2</u>
<input type="checkbox"/> Motion Pictures How many? _____	<input checked="" type="checkbox"/> Amusement Machines – How many? <u>5</u>	<input type="checkbox"/> Concerts Approx. # per year? _____	<input type="checkbox"/> Theatrical Performances Approx. # per year? _____
<input type="checkbox"/> Other: _____			

### WILL PROMOTERS EVER BE USED FOR ANY OF THE ENTERTAINMENT?

No  Yes, describe: \_\_\_\_\_

### LEGAL CAPACITY OF PREMISES

(Call the Development Center at 414-286-8211 with questions.) Legal capacity determines the fee for your Public Entertainment Premises License. If you would like to request the license be approved with a lower capacity than that listed above, indicate the lower capacity here: \_\_\_\_\_. If approved, this lower capacity will print on your license and override the capacity listed on your Occupancy Permit.

### WILL SOUND AMPLIFICATION EVER BE USED?

No  Yes, describe: \_\_\_\_\_

### DECLARATIONS, ACKNOWLEDGEMENTS, & DISCLOSURES

Read And Initial Each Item Confirming Your Understanding:

- 1  I understand that after the license has been issued, a change to the plan of operation will require a written request to change and approval from the Common Council.
- 2  I agree to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application.
- 3  I understand that I 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.
- 4  I have knowledge of the City Ordinances currently regulating public entertainment, and understand that the license may be subject to suspension, non-renewal or revocation, if I violate any rule, law or regulation of the city of Milwaukee and State of Wisconsin.

### NOTARIZED SIGNATURES OF APPLICANTS

#### SUBSCRIBED AND SWORN TO BEFORE ME

This 11<sup>th</sup> day of FEBRUARY, 2016

*[Signature]*  
(Clerk/Notary Public)

My Commission Expires 8.27.18

*[Signature: Parvinder H. B.]*

Agent/Owner/Partner,  
*[Signature]*  
Additional Owner/Partner

\*Notary Seal must be affixed.

Office Use Only: Initials: \_\_\_\_\_ Filed: \_\_\_\_\_ App: \_\_\_\_\_

Check if only PEP (must be heard w/in 60 days) Granted \_\_\_\_\_ License # \_\_\_\_\_





**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](mailto:license@milwaukee.gov) • [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

FREST  
 225450

**Legal Entity Name:** DEV PROPERTIES LLC.  
**Premises Address:** 5105 S, HOWELL AVE MELWAUKEE WIS3207

**1. Application Type**

Is this a new food business or are you taking over a food business which is currently operating?  
 Taking over a currently operating, licensed food business  
 New business (includes taking over a closed food business)

Will you be sharing kitchen space with another food establishment?  
 Yes, I intend to rent space in my kitchen to other food businesses  
 Yes, I am renting space from another food business which will also be using the kitchen\*  
 No, I will be the only food business using the space

\*If renting space in a commercial kitchen with another operator, a completed and signed Shared Kitchen Agreement is required.  
 The form is available at [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

Provide a brief description of the food establishment.  
 RESTAURANT, BAR & GRILL  
 SUPPORTING HOTEL ON PREMISES

Attach a copy of your menu or general listing of the types of food products that will be sold. Indicate what information you will be including:  
 Menu     List of the types of products (for example: packaged foods, deli case, meat department)

What is the anticipated opening date or date of change of ownership: FEB 29, 16

**2. Construction, Remodeling and Equipment**

Are any construction, remodeling or equipment changes planned?  Yes  No *If no, skip to section 3.*

Scope of the planned project?  
 New construction or conversion of an existing structure to be used as a food establishment  
 Renovation/remodeling of a food establishment, which may or may not include equipment changes  
 Renovation/remodeling limited to the installation/change/replacement of food equipment

Provide a brief summary of the proposed construction, remodeling and/or equipment change:  
 [Empty box]

Note: Building permits may be required. Contact the City of Milwaukee Development Center.

Date alterations/changes planned to begin [Empty box]

Name, address and phone number of architect  
 [Empty box]

Name, address and phone number of general contractor  
 [Empty box]

### 3. Premises Description

Will food be prepared/sold at a single site or at multiple sites? (multiple site example: a hotel with multiple dining rooms or bars):

Single  Multiple

- If multiple sites will be used, how many separate sites will be used?

List all sites and briefly describe the nature of the food activities at each site:

Are any outdoor operations planned?  Yes  No

- If yes, what activities will be conducted outdoors (check all that apply):

Bar  Cooking/Grilling  Dining – Patio  Dining – Sidewalk (DPW permit required)  Storage

Other, Specify

Is seating provided on site for dining?  Yes  No

- If yes, are there additional banquet facilities other than the main dining area?  Yes  No

Total square footage of the establishment (exclude space used for other purposes other than food)

Number of Full Time Employees

Number of Part Time Employees

### 4. Business Type

Select the one that best describes the proposed business:

Bed & Breakfast

Community Food Program – A meal site or food pantry where food is provided free of cost to persons in need, or to organizations serving persons in need.

Distiller or Brewer – Facility primarily engaged in the production of alcohol beverages.

Food Distributor – A business that transports food for sale to retail and wholesale establishments, and does not prepare any food items

- Is food stored on site?  Yes  No

Food Manufacturer – A commercial operation that produces, packages, labels, or stores food, but primarily does not provide food directly to a consumer. Food is sold to distributors, retailers or restaurants. There may be a small retail store onsite where only the manufacturers products are sold, but the majority of product is sold to other licensed food establishments.

- Is there a retail store onsite?  Yes  No

Food Store – An establishment in which the majority of food sales consist of beverages or multi-serving food products requiring further preparation prior to consumption. Examples of food stores include bakeries, grocery stores, convenience stores, coffee shops, liquor stores. Food stores include businesses whose primary business is other than food (book store, pharmacy, etc.), but offer convenience food items.

- If a food store, are you considered a convenience food store (see definition below)?  Yes  No

A convenience food store contains less than 5,000 sq. ft. of retail sales space AND has as its primary business the sale of basic food items and in addition sells household products. Basic food items may include, but are not limited to, milk and dairy products, bread products, prepared sandwiches, frozen entrees, refrigerated food and baby food. Household products may include, but are not limited to, cleaning products, paper products, baby products and pet food.

School Lunch Program – Lunch program operated by an outside contractor. (If directly operated by the school, this license is not needed.)

Restaurant – An establishment in which the majority food sales consist of meals or other items ready for immediate consumption.

Shared Kitchen, Commissary or Base – A commercial kitchen used for the production of food to be served or sold at another location; a base of operations for a food peddler, caterer or seasonal market vendor.

- Will meals make up greater than 50% of your sales?  Yes  No

#### 4. Business Type (Continued)

Type of sales (check all that apply, even if it reflects a small percentage of the proposed business)

- Made directly to the general public or end consumer (includes internet sales)  
 Made to other food establishments (wholesaler, distributors, retail or restaurants) who will resell your product(s)

What percentage of your planned food sales will be meals versus grocery items?

- % from meals (ready-to-eat food)  
 % from grocery items (foods typically requiring preparation before serving, includes typical grocery items, beverages, bakery items and raw produce)

Will customers be able to purchase food through a drive through?  Yes  No

Will customers be able to purchase food from a self-service salad or food bar?  Yes  No

Will food be prepared on site and then transported for sale or consumption at another location?  Yes  No

If yes, check all the reasons why the food will be transported:

- Catering  Delivery  Base for Mobile Food Peddler  Base for temporary or seasonal food stand

Other-Describe:

#### 5. ISSUANCE OF LICENSE

Will any alcohol or intoxicating beverages be sold at the establishment?  Yes  No

If yes, what type of license do you have or will you be applying for?

- Class A fermented malt beverage license  Class A liquor license  
 Class B fermented malt beverage licenses  Class B liquor license  
 Class C wine license

If yes, if your food license is approved prior to the alcohol license, when would you like the food license issued?

- immediately so you can open your food business  at the same time as the alcohol license

#### 6. AFFIRMATION OF UNDERSTANDING – PERMIT NEEDED TO OPERATE

Read and initial each item confirming your understanding:

- I understand that an inspection and sign off by the Health Department is required before my permit may be issued.
- I understand that the Health Department will review my application and will update the application based on what is observed during my onsite inspection. My representative onsite at the time of inspection must have the authority to approve corrections to my application.
- I understand that an occupancy permit must be issued and an inspection may be required from the Department of Neighborhood Services before my permit may be issued.
- I understand that the Department of Neighborhood Services must sign off on my application with the License Division before my permit may be issued.
- I understand the local council member must approve or deny my request before my permit is eligible to be issued. If denied, I understand that I may appeal and be scheduled for a hearing before the License Committee of the Common Council.
- I understand that the License Division must have proof of payment for the associated permit fees before my permit may be issued.
- I understand that all of the above must be complete before my permit is eligible to be issued.
- I understand that the license for which I am applying must be issued and posted in my business premises prior to opening for business.

I, HIMANSHU PARTICH, will not operate my food business, until the permit has been issued and posted in the establishment.  
Name of Applicant

Signature of Applicant:

Parich H.B.

Date:



### ROOMING HOUSE LICENSE 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](mailto:license@milwaukee.gov) [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

HM  
225432

<b>Legal Entity Name:</b>	DEV PROPERTIES LLC.
<b>Premises Address:</b>	5105 S. HOWELL AVE, MILWAUKEE WIS3220
<b>MILWAUKEE COUNTY REPRESENTATIVE</b>	
Is the applicant (sole proprietor, partners, or agent of Corp/LLC) a resident of Milwaukee County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If NO, a local representative (natural person) residing in Milwaukee County must be appointed. Provide the person's name and street address. P.O. Boxes are not acceptable.	
<b>Name of Person:</b>	HIMANSHU PARIKH
<b>Street Address:</b> (include city and zip code)	4050 S. 71ST STREET, MILWAUKEE WIS3220
<b>APPLICANT'S SIGNATURE</b>	
_____ Parikh H.B. Print Name of individual, partner, agent or 20% or more shareholder	
_____ [Signature] Signature of individual, partner, agent or 20% or more shareholder	

FOR HOTEL

**9. Premises Description**

d. 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: \_\_\_\_\_

e. Describe Location:  Major Thoroughfare  Secondary Street  Other: S. HOWELL & EDGEMONT

f. Nearest Major Cross Street: \_\_\_\_\_

g. Describe Building:  Free Standing Building  Strip Mall  Other: \_\_\_\_\_

h. Describe Premises Structure:  Single Story  Multi-Story - # of Stories 3  Other: \_\_\_\_\_

i. Describe Surrounding Area:  Commercial  Residential  Industrial  Other: \_\_\_\_\_

j. Building Owner Name: PHIRGROUP, LLC Phone Number: 414.769-2100

Business Owner Address: 1770 PUTNEY CT., BROOKFIELD, WI 53045

**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					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

24 HRS/DAY  
ALL YEAR SPEN

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 a.m. and 5 a.m.

Entertainment Indoor Closing Hours: If alcohol beverage establishment, same as alcohol license hours.  
If non-alcohol establishment 1:00 am Sunday to Thursday, 1:30 am Friday and Saturday.

Entertainment Outdoor Closing Hours: 10:00 pm Sunday – Thursday, 12:00 am Friday and Saturday, unless otherwise approved by Common Council in licensee's plan of operation.

**11. Signature(s)**

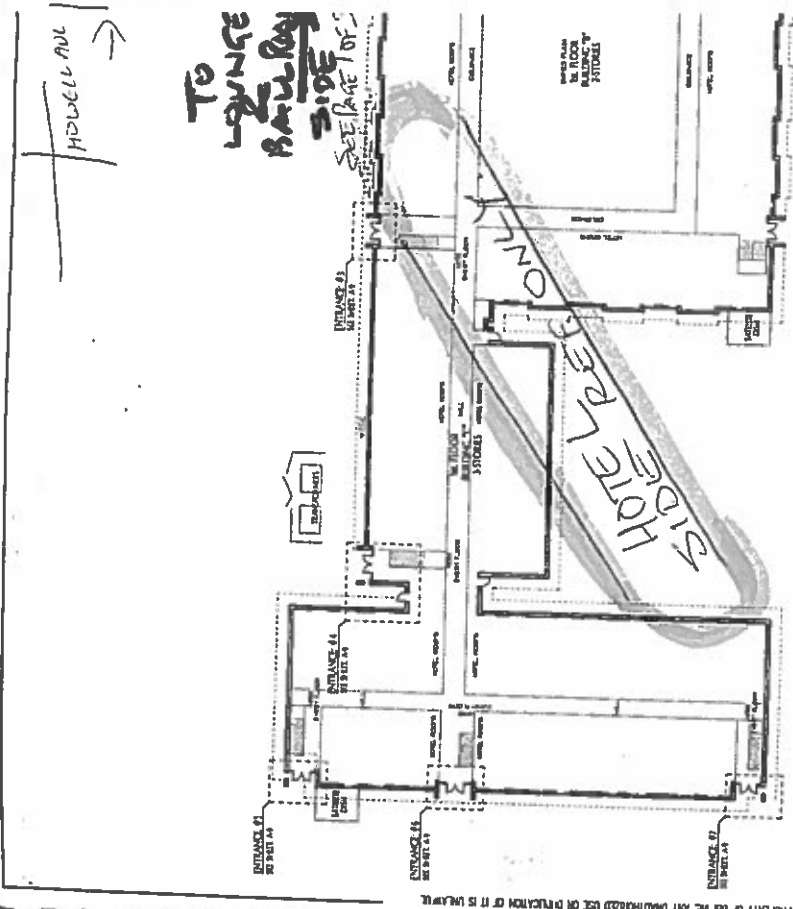
Parvathi B.

Sole Proprietor, Partner, Agent, or 20% or more Shareholder

[Signature]

Signature of additional partner or 20% or more Shareholder

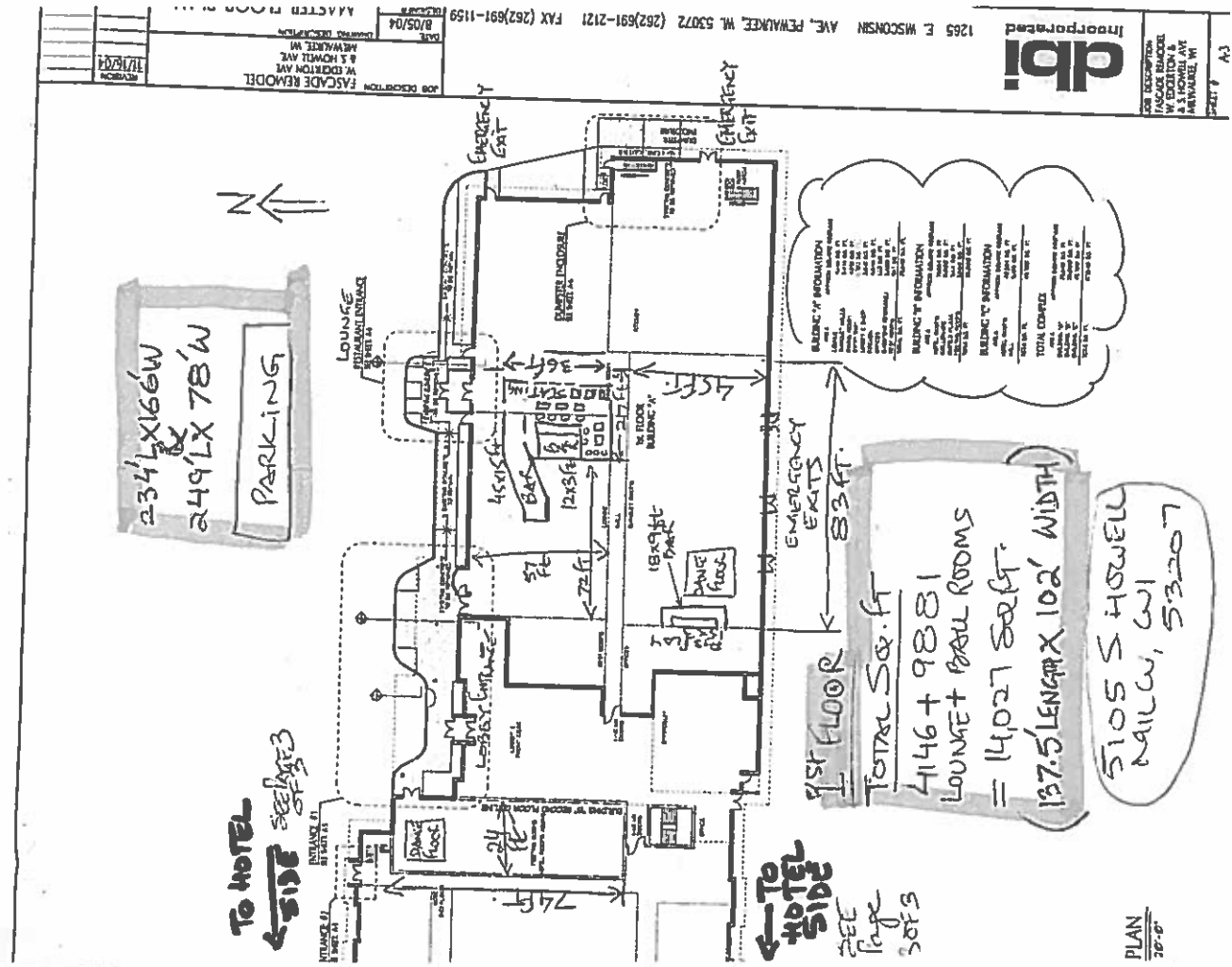
See Application Information for a list of all required application forms.



TO LOUNGE BALL ROOMS SIDE

D1919 BEST WESTERN PLUS AIRBORNE  
 DEV PROPRIETES LLC -  
 AGENT: HIRANSHU PRAKASH  
 5105 S HOWELL AVE  
 MILWAU, WI 53207

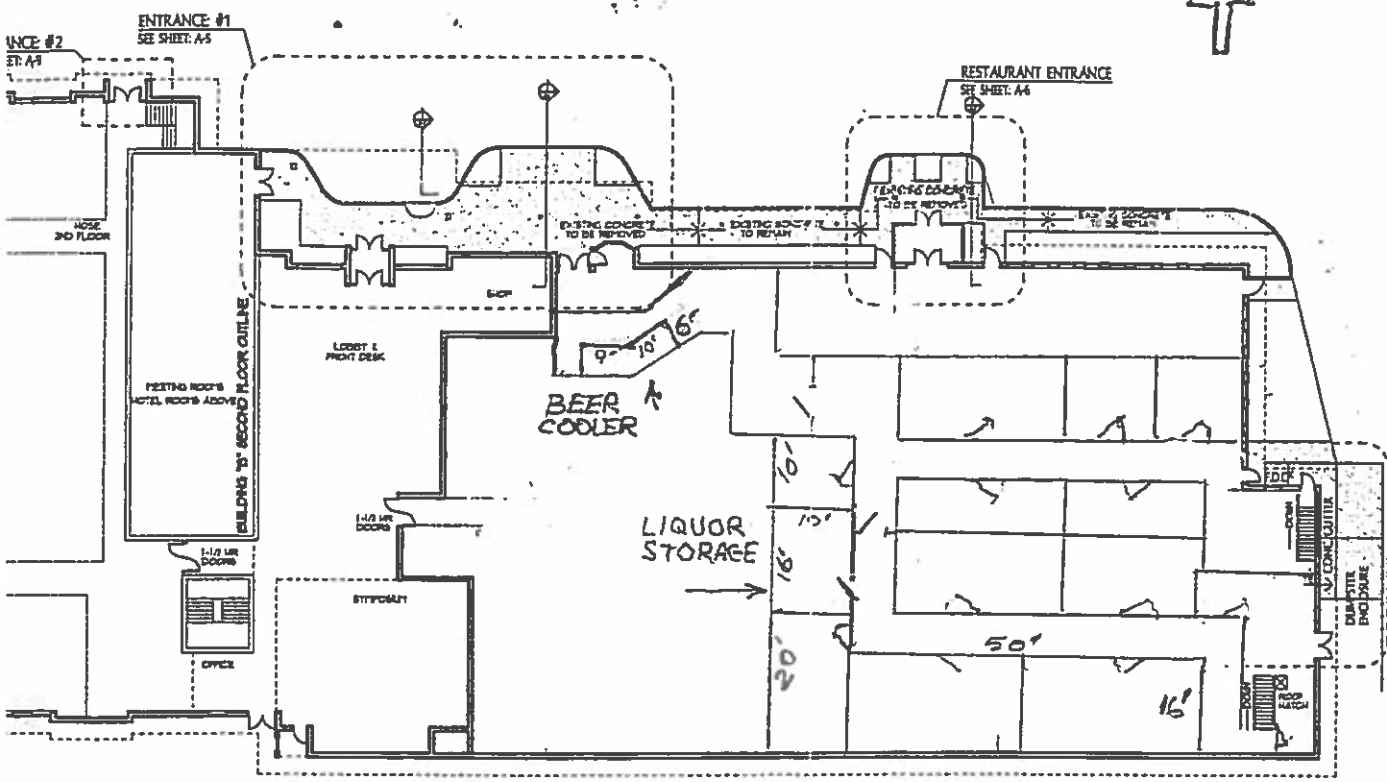
MAST SCALE



TO HOTEL SIDE SEE PAGE 3

TO HOTEL SIDE SEE PAGE 30'S

PLAN 1/8" = 1'-0"



D/B/A BEST WESTERN PLUS AIRPORT

**BASEMENT (STORAGE)**

114 Sq. Ft (19'L X 6'W)  
 460 Sq. Ft (46'L X 10'W)  
 800 Sq. Ft (50'L X 16'W)  
1374 Sq. Ft Total

BUILDING "A" INFORMATION	
AREA	APPROX SQUARE FOOTAGE
LOBBY	4346 SQ. FT.
BUNNET HALLS	9474 SQ. FT.
DINING ROOM	4392 SQ. FT.
STYPOGRAPHY	1780 SQ. FT.
LOBBY & SHOP	3848 SQ. FT.
STORAGE	4844 SQ. FT.
OFFICES	1812 SQ. FT.
BAR/ENTRANCE	3480 SQ. FT.
REST ROOMS	161 SQ. FT.
<b>TOTAL SQ. FT.</b>	<b>23448 SQ. FT.</b>

BUILDING "B" INFORMATION	
AREA	APPROX SQUARE FOOTAGE
HOTEL ROOMS	12844 SQ. FT.
COLLEGE	8880 SQ. FT.
DECKED PLAZA	7431 SQ. FT.
RESTING ROOMS	7628 SQ. FT.
<b>TOTAL SQ. FT.</b>	<b>38083 SQ. FT.</b>

BUILDING "C" INFORMATION	
AREA	APPROX SQUARE FOOTAGE
HOTEL ROOMS	4634 SQ. FT.
HALL	915 SQ. FT.
<b>TOTAL SQ. FT.</b>	<b>5549 SQ. FT.</b>

TOTAL COMPLEX	
AREA	APPROX SQUARE FOOTAGE
BUILDING "A"	23448 SQ. FT.
BUILDING "B"	38083 SQ. FT.
BUILDING "C"	5549 SQ. FT.
<b>TOTAL SQ. FT.</b>	<b>67080 SQ. FT.</b>

DEV PROPERTIES LLC  
 AGENT: HIRSHANSHU PARIKH

(SIO S. HOWELL  
 MILWAUKEE WI 53207)

REVISION	11/16/04
JOB DESCRIPTION	FASCADE REMODEL W. EDGERTON AVE & S. HOWELL AVE MILWAUKEE, WI
DATE	8/05/04
DESIGNER	PL/PAJ/111
SHEET #	JOB #

1265 E. WISCONSIN AVE., PEWAUKEE, WI. 53072 (262)691-2121 FAX (262)691-1159

**dbi**  
Incorporated

JOB DESCRIPTION  
FASCADE REMODEL  
W. EDGERTON &  
& S. HOWELL AVE  
MILWAUKEE, WI

SHEET # A-3

JOB # 422

PLAN  
20'-0"