



CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Wednesday, March 15, 2023

COMMITTEE MEETING NOTICE

AD 15

SINGH, Kamal preet, Agent
NAARYA GROCERIES TWO, INC.
4079 N LAKE DR
Shorewood, WI 53211

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

Wednesday, March 29, 2023 at 10:05 AM

The access code is https://meet.goto.com/415147613. If you wish to call in: +1 (408) 650-3123 and use Access Code: 415-147-613
Please see the enclosed best practices document for further instructions.

Regarding: Your Class A Fermented Malt, Food Dealer and Weights & Measures License Applications as agent for
"NAARYA GROCERIES TWO, INC." for "NAARYA GROCERIES" at 1711 W GALENA ST.

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

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

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

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

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

Limited parking for persons attending meetings 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 OWCZARSKI, CITY CLERK

[Handwritten signature of Jim Cooney]

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

Jim Cooney
License Division Manager

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

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

MILWAUKEE POLICE DEPARTMENT  
LICENSE INVESTIGATION UNIT

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS  
SYNOPSIS

DATE: 05/13/22  
LICENSE TYPE: AMALT  
NEW:  
RENEWAL: X

No. 337581  
Application Date: 05/10/22  
Expiration Date:

License Location: 1701 W Galena Street  
Business Name: ULTRA FOOD MART

Aldermanic District: 04

Licensee/Applicant: **FARES, ABDELHAKIM A**  
(Last Name, First Name, MI)  
Date of Birth: 01/04/1967

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. INCIDENT – On 2-16-07, two actors entered Ultra Food Mart, 1701 W Galena Street, and displayed a pistol to the owner and workers. Actors removed \$150.00 from cash register before ordering the owner to the rear of the business where they demanded additional money. They got \$800-900 additional cash. Both actors wore ski masks, fled the scene.

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2. On 04/17/2008 at 9:55am Milwaukee Police responded to the burglary complaint at 1701 W. Galena St. (Ultra Foods). Investigation revealed a burglary had taken place at the business. Incident report #081090087 filed.

3. On 05/02/2008 at 11:12pm Milwaukee Police responded to the burglary complaint at 1701 W. Galena St. (Ultra Foods). Investigation revealed a burglary had taken place at the business. Incident report #081230006 filed.

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4. On 11/29/2009 at 4:59pm Milwaukee police responded to the armed robbery complaint at 1701 W. Galena Street (Ultra Food Mart). Investigation revealed the business was robbed at gunpoint and that cash and cigarettes were obtained. Milwaukee police incident report #093330120 was filed regarding.

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5. On 09/10/2013 a Milwaukee police officer met with the applicant and provided him with a copy of Milwaukee municipal ordinances related to Secondhand Dealer licenses.

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6. On 10/18/2014 a 17 year old, working in conjunction with Milwaukee police, was able to purchase a 3 pack of Show brand cigars from the cashier at 1701 West Galena Street (Ultra Food Mart). The applicant was cited.

Charge: Sale of Cigarettes to Minor/Underage  
Finding: Guilty  
Sentence: \$260.00 fine  
Date: 01/15/2015  
Case: 14078857

- =====
7. On 02/20/2017 Milwaukee police responded to an armed robbery complaint at 1702 W. Galena St. (Ultra Food Mart). Investigation revealed the caller, who had stopped at the business, was confronted by a subject armed with a handgun that demanded, and received, her car. Milwaukee police incident report #170510041 filed.
- =====

8. On 05/22/20 at 12:54pm, Milwaukee Police conducted a license premise check at 1701 W. Galena Avenue. The reason for the check was due to recent concerns from the neighborhood about active drug dealing, loitering, and loud noise from citizens that frequent the establishment. The applicant was cooperative and agreed to add more "No Loitering" signs.

9. On 06/08/20 at 8:10pm, Milwaukee Police were dispatched to 1701 W. Galena Street for a drug dealing complaint. Investigation revealed no evidence of drug dealing amongst the employees (the caller stated the employees were dealing drugs) and officers did not see any contraband in plain view.
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## Previous Premise

Date:2/15/2023  
Officer: Carloni

City of Milwaukee Police Department  
90-5-1.5 Crime Prevention Survey  
Convenience Store/Liquor Store Inspection

Name of Premise: Naarya Groceries  
Address: 1701 W Galena Street  
Phone: 414-460-5663

Owner: SINGH, Kamal P  
Owner address: 4079 N Lake Drive  
City State Zip: Shorewood WI 53211  
Owner Phone: 414-460-5663  
Owner email: wisconsinliquor@gmail.com

Manager:  
Home Address:  
City State Zip:  
Phone:  
Email:

Preferred contact: Phone

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: 8am-9pm 24 hours Y N  
Mon: 8am-9pm  
Tue: 8am-9pm  
Wed: 8am-9pm  
Thu: 8am-9pm  
Fri: 8am-9pm  
Sat: 8am-9pm

Premise Type: Liquor Store  
Convenience Store  
Other:

Licenses currently held:

- Alcohol:  Yes  No Class: #:  
Tobacco:  Yes  No #:  
Food:  Yes  No #:  
Extended Hours:  Yes  No #:  
Secondhand Dealer:  Yes  No Type: #:  
Other:  Yes  No Type: #:  
Other:  Yes  No Type: #:

**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
  - f.  Residential
  - g.  Other businesses
  - h.  Other:
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 parking lot  Yes  No
7. Is the parking lot clean?  Yes  No
8. Is the parking lot well lit?  Yes  No
9. Are there areas where a person could conceal themselves  Yes  No
10. Is there exterior lighting?  Yes  No. Does it appears to be adequate  Yes  No
11. Exterior Payphone?  Yes  No
12. Are there No Loitering Signs posted?  Yes  No
13. Are there exterior security cameras  Yes  No How Many: 2
14. Are the address numbers prominently displayed and easy to see  Yes  No

**Camera Survey:**

15. Does this location have security cameras?  Yes  No
16. Are they in working order?  Yes  No
17. What format are the cameras?
  - a. Color  Yes  No
  - b. Digital  Yes  No
  - c. VCR  Yes  No
  - d. Recorded  Yes  No
18. How long is footage stored for later viewing: 15 DAYS
19. Are there exterior cameras  Yes  No How many: 2
20. Are there interior cameras  Yes  No How many: 2
21. Do all employees know how to retrieve recorded digital images/footage?  Yes  No

**Interior Survey:**

22. 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
23. Is the interior of the location neat and clean? Yes No
24. Does an interior camera face the entrance/exit? Yes No
25. Is there a lockable area that separates employees from customers? Yes No
26. Does the store sell single chore boy? Yes No
27. Does the store sell blunt wraps? Yes No
28. Does the store sell scales? Yes No
29. Does the store sell items that may be used as crack pipes? Yes No  
a. Describe item
30. Does the store have an over abundance of sandwich baggies: Yes No
31. Does the owner understand that these items are often used for drug use? Yes No
32. Do the products in the store appear to be new and rotated often? Yes No
33. Are emergency and non-emergency numbers posted near the phone? Yes No
34. 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

**Complete this section if alcohol establishment is a convenience store:**

(\*\* Read full ordinance for all details "68-4.3 Convenience Food Stores")

All convenience food stores not exempted under sub. 3 shall:

1. Is the cash register located in a manner so that at the time of a sales transaction, the employee and customer are both visible from the sidewalk? Yes No \*\*
2. Are the glass entrance and exit doors clear of any signs or advertisements with the exception of a sign which states that the cash register contains \$50 or less and that the safe is no accessible to employees? Yes No
3. Does the store maintain one of the following on the licensed premise:
  - a. A safe that was in use at the convenience food store on August 17, 1994? Yes No
  - b. A drop-safe or time release safe that weighs at least 500 pounds or which is attached to or set into the floor in a manner approved by the police department? Yes No
4. Is lighting provided for the store's parking area during all hours of darkness when employees or customers are on the premises at a minimum average of 2-foot candles per square foot, unless the store is not open for business after sunset and before sunrise? Yes No N/A
5. Are at least two high-resolution surveillance security cameras installed? Yes No
6. Are the security cameras in working order? Yes No
7. Does one camera show an overall view of the counter and register area? Yes No
8. Does one camera show a clear, identifiable, full frame image of the face of each person entering and leaving the store? Yes No
9. Are the camera views obstructed by fixtures or displays? Yes No
10. Is the recorded footage stored for at least 30 days? Yes No
11. Do all store employees know how to record footage from the camera system to media capable of being transferred to police custody? Yes No


12. Are customer entrances/exits made of glass or other transparent material?  Yes  No  
a. Exception: A store that does not have such doors on August 17, 1994 shall not be required to install such doors until the holder of the store's food dealer license changes.
13. Has the owner and their employees attended the Robbery Prevention Training within 120 days of ownership or employment?  Yes  No  
a. Contact Community Outreach and Education at 935-7836 for schedule.

**Sub 3. Exemptions.** The requirements of this section do not apply to a convenience food store that conforms to either of the following descriptions:

- a-1. The store is located in an enclosed shopping structure, enclosed commercial building or hospital. A convenience food store is not in an enclosed structure or building if a customer can enter it directly from the outside.  
Does store conform to a-1  Yes  No
- a-2. The store physically separates employees from customers with a solid partition that bars a person from entering the employee area from the customer area, has a secure lock on the employee side of any door between the employee area and the customer, and conducts all transaction through a service window or similar arrangement.  
Does store conform to a-2  Yes  No
- a. At the commissioner's discretion, a convenience store may be exempted from any or all of the regulations specified in sub 2.  
Does this location hold an exemption from the commissioner regarding any of the requirements of Sub 2?  Yes  No

**ADDITIONAL COMMENTS/RECOMMENDATIONS:**

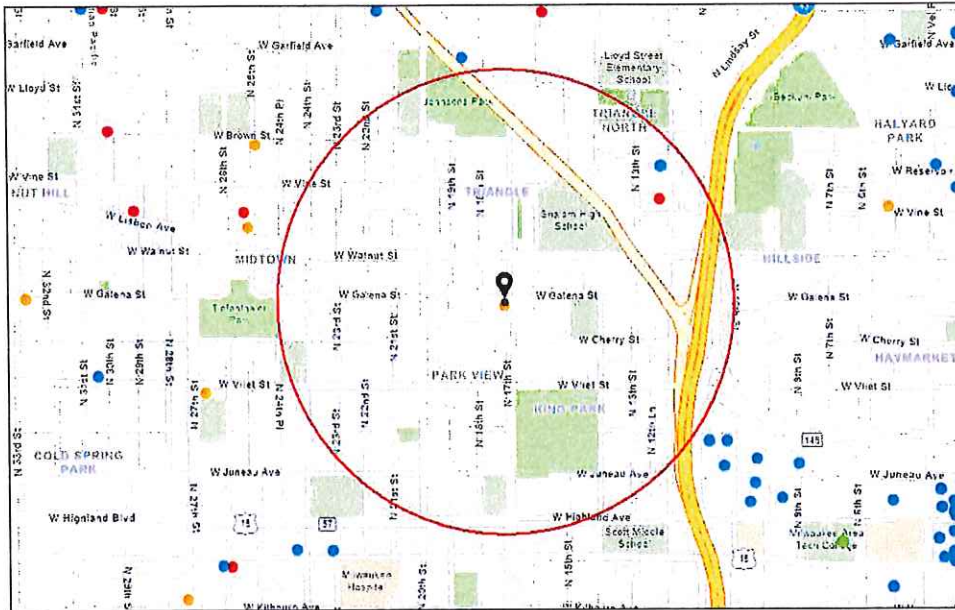
- Plans to add 16 cameras interior and exterior
- Plans to renovate store
- Plans to get a lockable service counter

 **City of Milwaukee**  
**1701 W Galena St**

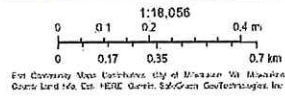
**Area of Interest (AOI) Information**

Area : 21,862,585.89 ft<sup>2</sup>

Jan 18 2023 15:30:34 Central Standard Time



- Alcohol Licenses (active)
- Class A Fermented Malt Beverage
- Class A Liquor and Malt
- Class B Fermented Malt Beverage
- Class B Tavern
- Class C Wine Retailer
- City Limits





## Summary

Name	Count	Area(ft <sup>2</sup> )	Length(mi)
Alcohol Licenses	4		

## Alcohol Licenses

#	Legal Entity	Trade Name	Licensee	Address	License Type Name	Total Capacity	Expiration Date	Count
1	STILL ON 12TH ST II	STILL ON 12TH ST II	JUANITA L SHAW, SP	1871 N 12TH ST	Class B Tavern License	65	2/8/2023, 6:00 PM	1
2	Wisconsin Liquor & Food, Inc	ABC Beer & Liquor Depot II	NAVDIP KAUR, Agt	1819 N 12th ST	Class A Malt & Class A Liquor License		5/17/2023, 7:00 PM	1
3	ULTRA FOOD MART, INC	ULTRA FOOD MART	ABDELHAKIM A FARES, Agt	1701 W GALENA ST	Class A Fermented Malt Beverage Retailer's License		7/26/2023, 7:00 PM	1
4	STILL ON 12TH ST II	STILL ON 12TH ST II	JUANITA L SHAW, SP	1871 N 12TH ST	Class B Tavern License	65	2/8/2024, 6:00 PM	1

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



Wednesday, March 15, 2023



# Notice of Public Hearing

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SINGH, Kamal preet, Agent  
NAARYA GROCERIES at 1701 W GALENA St  
Class A Fermented Malt, Food Dealer and Weights & Measures License Applications

**Wednesday, March 29, 2023 at 10:05 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 3/29/2023 at 10:05 AM in Room 301-B, Third Floor, City Hall. This is a public hearing. Those wishing to view the proceeding are able to do so via the City Channel – Channel 25 on Spectrum Cable – or on the Internet at <http://city.milwaukee.gov/citychannel>. Those wishing to provide oral testimony via phone or internet are asked to contact the staff assistant, Yadira Melendez at (414) 286-2775 or [stasst5@milwaukee.gov](mailto:stasst5@milwaukee.gov) for necessary information. Please make such requests no later than one business day prior to the start of the meeting. You are not required to attend the hearing, but please see the information below if you would like to provide testimony. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing.

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

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

OCCUPANT	MAIL ADDRESS	CITY STATE ZIP
CURRENT OCCUPANT	1500 N 17TH ST	MILWAUKEE, WI 53205-2006
CURRENT OCCUPANT	1501 N 16TH ST	MILWAUKEE, WI 53205-2004
CURRENT OCCUPANT	1502 N 17TH ST	MILWAUKEE, WI 53205-2006
CURRENT OCCUPANT	1503 N 16TH ST	MILWAUKEE, WI 53205-2004
CURRENT OCCUPANT	1504 N 17TH ST	MILWAUKEE, WI 53205-2006
CURRENT OCCUPANT	1505 N 16TH ST	MILWAUKEE, WI 53205-2004
CURRENT OCCUPANT	1506 N 17TH ST	MILWAUKEE, WI 53205-2006
CURRENT OCCUPANT	1506 N 18TH ST	MILWAUKEE, WI 53205-2040
CURRENT OCCUPANT	1507 N 16TH ST	MILWAUKEE, WI 53205-2004
CURRENT OCCUPANT	1508 N 16TH ST	MILWAUKEE, WI 53205-2003
CURRENT OCCUPANT	1508 N 17TH ST	MILWAUKEE, WI 53205-2006
CURRENT OCCUPANT	1509 N 16TH ST	MILWAUKEE, WI 53205-2004
CURRENT OCCUPANT	1510 N 16TH ST	MILWAUKEE, WI 53205-2003
CURRENT OCCUPANT	1510 N 17TH ST	MILWAUKEE, WI 53205-2006
CURRENT OCCUPANT	1511 N 16TH ST	MILWAUKEE, WI 53205-2004
CURRENT OCCUPANT	1512 N 16TH ST	MILWAUKEE, WI 53205-2003
CURRENT OCCUPANT	1513 N 16TH ST	MILWAUKEE, WI 53205-2004
CURRENT OCCUPANT	1514 N 16TH ST	MILWAUKEE, WI 53205-2003
CURRENT OCCUPANT	1514 N 17TH ST	MILWAUKEE, WI 53205-2006
CURRENT OCCUPANT	1514 N 18TH ST	MILWAUKEE, WI 53205-2040
CURRENT OCCUPANT	1515 N 16TH ST	MILWAUKEE, WI 53205-2004
CURRENT OCCUPANT	1516 N 17TH ST	MILWAUKEE, WI 53205-2006
CURRENT OCCUPANT	1518 N 17TH ST	MILWAUKEE, WI 53205-2006
CURRENT OCCUPANT	1518 N 18TH ST	MILWAUKEE, WI 53205-2040
CURRENT OCCUPANT	1520 N 16TH ST	MILWAUKEE, WI 53205-2003
CURRENT OCCUPANT	1520 N 17TH ST	MILWAUKEE, WI 53205-2006
CURRENT OCCUPANT	1522 N 16TH ST	MILWAUKEE, WI 53205-2003
CURRENT OCCUPANT	1524 N 16TH ST	MILWAUKEE, WI 53205-2003
CURRENT OCCUPANT	1524 N 17TH ST	MILWAUKEE, WI 53205-2006
CURRENT OCCUPANT	1526 N 16TH ST	MILWAUKEE, WI 53205-2003
CURRENT OCCUPANT	1526 N 17TH ST	MILWAUKEE, WI 53205-2006
CURRENT OCCUPANT	1528 N 17TH ST	MILWAUKEE, WI 53205-2006
CURRENT OCCUPANT	1530 N 17TH ST	MILWAUKEE, WI 53205-2006
CURRENT OCCUPANT	1530 W CHERRY ST	MILWAUKEE, WI 53205-2007
CURRENT OCCUPANT	1532 N 17TH ST	MILWAUKEE, WI 53205-2006
CURRENT OCCUPANT	1532 W CHERRY ST	MILWAUKEE, WI 53205-2007
CURRENT OCCUPANT	1534 N 17TH ST	MILWAUKEE, WI 53205-2006
CURRENT OCCUPANT	1534 W CHERRY ST	MILWAUKEE, WI 53205-2007
CURRENT OCCUPANT	1536 W CHERRY ST	MILWAUKEE, WI 53205-2007
CURRENT OCCUPANT	1538 W CHERRY ST	MILWAUKEE, WI 53205-2007
CURRENT OCCUPANT	1540 W CHERRY ST	MILWAUKEE, WI 53205-2007
CURRENT OCCUPANT	1611 N 17TH ST	MILWAUKEE, WI 53205-1603
CURRENT OCCUPANT	1613 N 17TH ST	MILWAUKEE, WI 53205-1603
CURRENT OCCUPANT	1618 N 17TH ST	MILWAUKEE, WI 53205-1656
CURRENT OCCUPANT	1622 N 18TH ST	MILWAUKEE, WI 53205-1606
CURRENT OCCUPANT	1624 N 18TH ST	MILWAUKEE, WI 53205-1606

CURRENT OCCUPANT	1627 W GALENA ST	MILWAUKEE, WI 53205-1655
CURRENT OCCUPANT	1630 W GALENA ST	MILWAUKEE, WI 53205-1612
CURRENT OCCUPANT	1650 W GALENA ST	MILWAUKEE, WI 53205-1612
CURRENT OCCUPANT	1653 W GALENA ST	MILWAUKEE, WI 53205-1655
CURRENT OCCUPANT	1670 W GALENA ST	MILWAUKEE, WI 53205-1612
CURRENT OCCUPANT	1677 W GALENA ST	MILWAUKEE, WI 53205-1655
CURRENT OCCUPANT	1703 W GALENA ST	MILWAUKEE, WI 53205-1614
CURRENT OCCUPANT	1705 W GALENA ST	MILWAUKEE, WI 53205-1614
CURRENT OCCUPANT	1712 W GALENA ST	MILWAUKEE, WI 53205-1613
CURRENT OCCUPANT	1712A W GALENA ST	MILWAUKEE, WI 53205-1613
CURRENT OCCUPANT	1714 W GALENA ST	MILWAUKEE, WI 53205-1613
CURRENT OCCUPANT	1715 W GALENA ST	MILWAUKEE, WI 53205-1614
CURRENT OCCUPANT	1718 W GALENA ST	MILWAUKEE, WI 53205-1613
CURRENT OCCUPANT	1721 W GALENA ST	MILWAUKEE, WI 53205-1614
CURRENT OCCUPANT	1721A W GALENA ST	MILWAUKEE, WI 53205-1614
CURRENT OCCUPANT	1726 W GALENA ST	MILWAUKEE, WI 53205-1613
CURRENT OCCUPANT	1726A W GALENA ST	MILWAUKEE, WI 53205-1613
CURRENT OCCUPANT	1733 W GALENA ST	MILWAUKEE, WI 53205-1614
CURRENT OCCUPANT	1735 W GALENA ST	MILWAUKEE, WI 53205-1614
CURRENT OCCUPANT	1800 W CHERRY ST	MILWAUKEE, WI 53205-2044
CURRENT OCCUPANT	1804 W CHERRY ST	MILWAUKEE, WI 53205-2044
CURRENT OCCUPANT	1810 W CHERRY ST	MILWAUKEE, WI 53205-2044
CURRENT OCCUPANT	1816 W CHERRY ST	MILWAUKEE, WI 53205-2044

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Total Records: 69

Radius 250.0 feet and Center of Circle: 1701 W Galena St



# BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 5/12/2020

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

## 1. Type of Business

Applying for:  Extended Hours (12AM to 5AM) - If a food establishment, check all that apply:  Delivery  Drive Thru  Dining Room  
 Self Service Laundry  Massage Establishment  Filling Station  
 Other (supplemental application for specific license also required)

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

GROCERY STORE WITH BEER

Do you have any experience operating this type of business?  No  Yes If yes, explain: manager in LIQUOR \$2000 STORE

## 2. Business Operations

- a. Proposed Opening Date: 3-1-2023
- 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

- a. Are there designated outdoor smoking areas?  No  Yes If yes, describe: \_\_\_\_\_
- b. Number of Garbage Cans: Inside: 3 Locations: FRONT, CASHIER ROOM, MEAT COUNTER.  
Outside: 2 Locations: FRONT, BACK
- 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? 2 and describe the parking security plan: Camera system
- 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 \_\_\_\_\_  
 List their licensing, certification, or training credentials \_\_\_\_\_
- d. Will there be security cameras?  No  Yes If yes, how many? 16 and list locations: 19 inside, 5 outside
- e. Will searches/identification checks be done upon entry?  No  Yes If yes, describe \_\_\_\_\_

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

Alcohol <u>70</u> %	Food <u>25</u> %	Secondhand Merchandise _____ %	Precious Metals & Gems _____ %
Entertainment _____ %	Cigarettes <u>5</u> %	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____ %	Other _____ %
Pawnbroker Activity _____ %	Salvaged Materials _____ % (such as scrap metal)	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     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 50 (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)

## 9. Premises Description

a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage):

1<sup>st</sup> Floor  2<sup>nd</sup> Floor  Basement Storage  Patio  Beer Garden  Sidewalk Café  Deck  Rooftop

Other: Describe: \_\_\_\_\_

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

c. Nearest Major Cross Street: Lisbon St

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: NAVDIP KAUR Phone Number: 414 916 2757

Building Owner Address: 4421 N Maryland Ave, Shorewood, WI, 53211

## 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	8:am <del>to 9a</del>	9pm	70 to 80	20 to 65	
Monday	8.am	9pm	70 to 80	20 to 65	
Tuesday	8.am	9pm	70 to 80	20 to 65	
Wednesday	8.am	9pm	70 to 80	20 to 65	
Thursday	8.am	9pm	70 to 80	20 to 65	
Friday	8.am	9pm	70 to 100	20 to 65	
Saturday	8.am	9pm	70 to 100	20 to 65	

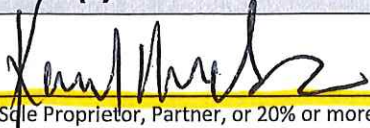
An Extended Hours Establishment License is required for any convenience store, filling station, personal service establishment (such as tattoo, body piercing, salon, tailor, tanning, etc.), recording studio or restaurant which is open between the hours of 12:00 a.m. and 5:00 a.m.

Alcohol Establishments Class A: 8:00 am to 9:00 pm Sunday thru Saturday

Permitted Hours of Operation: Class B: 6:00 am to 2:00 am Sunday thru Thursday, 6:00 am to 2:30 am Friday & Saturday

Entertainment Outdoor Closing Hours: 10:00pm Sunday-Thursday; 12:00am Friday & Saturday; unless a different time, either earlier or later, is established by the Common Council in its approval of the licensee's plan of operation.

## 11. Signature(s)

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

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

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



## ALCOHOL BEVERAGE & PUBLIC ENTERTAINMENT PREMISES SUPPLEMENTAL APPLICATION

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

Legal Entity Name: <u>NAARYA GROCERIES TWO INC</u>	
Premise Address: <u>1701 W GALENA ST, MILWAUKEE, WI, 53205</u>	
<b>Proximity of Premises to Church, School, Daycare Center or Hospital</b>	
Is the building within 300 feet of any church, school, daycare center or hospital? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<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 employees who serve patrons seated at tables. No stools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.	
<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 their 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list name and address: _____	
<b>Property Information (New &amp; Transfer Applicants Only)</b>	
a) Do you own or lease the building? <input type="checkbox"/> Own <input checked="" type="checkbox"/> Lease	
b) Who owns the fixtures (for example, coolers, etc.)? <u>Agent</u>	
c) Are you purchasing the stock and/or fixtures? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, amount paid \$ <u>2100.00</u>	
d) Total amount paid for business \$ <u>-0-</u>	
e) Total amount paid for goodwill of the business \$ <u>-0-</u>	
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	
<b>Lease Information (New &amp; Transfer Applicants who are leasing the premises only)</b>	
a) Date lease begins <u>3-1-23</u> Ends <u>3-1-33</u>	
b) Monthly rental \$ <u>2000</u>	
c) Do you have an option to renew the lease? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
d) Does your lease allow for assignment to another party without the consent of the owner? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
e) For what length of time have you been guaranteed occupancy (number of years)? <u>10 yrs</u>	



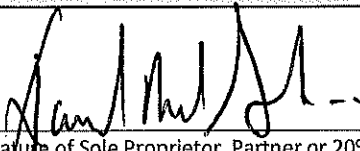
### Lease Information (Continued)

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

### Change of Agent Applicants Only

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

### Signature



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

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

### New and transfer of premises applicants must submit the following:

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



# FOOD DEALER LICENSE PLAN OF OPERATION

ccl-foodplan 2/28/19

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

Legal Entity Name: NAARYA GROCERIES TWO INC

Premises Address: 1701 W Galena St, Milwaukee, WI, 53205

**SECTION 1 TYPE OF BUSINESS**

What will be the majority of your food sales? **(check one)**

Restaurant Items (meals):  
MEALS include, but are not limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, nachos w/ cheese and meat, French fries, cooked or deep fried vegetables/fruit, cooked cheese curds, corn dogs, egg rolls, salads.

Retail Items (snacks and beverages):  
RETAIL items include, but are not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino, tea, fruit juice, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, kettle corn, cotton candy, funnel cakes, fritters, tortilla chips w/ cheese.

Will it be a convenience store?  Yes  No  
A convenience store contains less than 5,000 square feet of retail space and has, as its primary business, the sale of basic food items and in addition, sells household products or is a filling station that sells basic food items and household products.

Bed & Breakfast  
 Micro Market

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

---

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

Less than 25%

25% or More AND:  
 Restaurant items (meals) will be sold – Complete this application and also contact DATCP.  
 NO restaurant items (meals) will be sold - Do NOT complete this application. Contact DATCP only.

**SECTION 2 FOOD PROCESSING**

Will any food processing be done?  No  Yes

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

**SECTION 3 FOOD REQUIRING TEMPERATURE CONTROL**

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

If yes, list the types of food items: dairy product, - meat, fish.

SECTION 4 DETAILS OF OPERATION	
Will you have seating on site for dining?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Will you be doing any catering?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Will you be doing any delivery?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Will you have outdoor activities?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - Check all that apply: <input type="checkbox"/> Bar <input type="checkbox"/> Cooking/Grilling <input type="checkbox"/> Dining
Will you have a drive thru window?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - Are hours different from inside? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, provide drive thru hours: _____
Will scales or barcode scanners be used?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - You must also apply for a Weights & Measures License.
SECTION 5 ADDITIONAL SITES	
Where will food be prepared and/or sold?	
<input checked="" type="checkbox"/> At a single site <input type="checkbox"/> At multiple sites: How many? _____ (for example, a hotel with several dining rooms or bars)	
If multiple sites, attach a Food Dealer Additional Site Addendum (ccl-foodadd) for each additional site.	
SECTION 6 CONSTRUCTION OR CHANGES	
Are you planning any construction, remodeling or equipment changes?	
<input checked="" type="checkbox"/> No If No, SKIP to Section 8	
<input type="checkbox"/> Yes If Yes, check all that apply: <input type="checkbox"/> New construction of a building <input type="checkbox"/> Renovation or remodeling	
<input type="checkbox"/> Construction changes to existing building <input type="checkbox"/> Equipment changes only	
Provide a brief description of the changes: _____	
Start date: _____	
Name, Address & Phone Number of Architect: _____	
Name, Address & Phone Number of Contractor: _____	
SECTION 7 ALCOHOL BEVERAGES	
Are you applying for an alcohol beverage license?	
<input type="checkbox"/> No If No, SKIP to Section 9	
<input checked="" type="checkbox"/> Yes If YES, if your food license is approved prior to the alcohol license, when do you want the food license issued?	
<input type="checkbox"/> Immediately <input checked="" type="checkbox"/> At the same time as the alcohol license	
SECTION 8 ACKNOWLEDGEMENTS & SIGNATURE	
You must initial each item confirming your understanding:	
<u>KL</u>	I understand the Health Department must conduct an inspection and advise the License Division of their approval before the license may be issued.
<u>h</u>	I understand I must obtain an occupancy permit from the Department of Neighborhood Services and an inspection may be required. Neighborhood Services must advise the License Division of their approval before the license may be issued.
<u>sh</u>	I understand the district alderperson will review and either support or object to my application. If he/she objects, I may appeal and be scheduled to appear before the Licenses Committee. The Licenses Committee will then make a recommendation to the Common Council. The Common Council must grant the license before it may be issued.
<u>th</u>	I understand proof of payment for all license fees must be on file in the License Division before the license may be issued and the license must be issued and posted in my establishment prior to opening for business.
<u>n</u>	I will not operate my food business until the license has been issued and posted in the establishment.
Signature of Sole Proprietor, Partner, or 20% Shareholder: <u>[Signature]</u>	
Signature of Additional Partner: _____	



**WEIGHTS & MEASURES PLAN OF OPERATION**

ccl-wmplan 1/9/18

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

Legal Entity Name: NAARYA GROCERIES TWO INC

Premise Address: 1701 W GALENA ST MILWAUKEE WI 53205

**Type of Business**

Provide a brief description of the establishment/business:

GROCERY STORE WITH BEER

*Other licenses may be required depending on the type of business you are operating.*

**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: \_\_\_\_\_

**Signature**

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

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

*This form must be submitted with the Business License Application, Weights & Measures License Supplemental Application, and appropriate fee. Forms can be obtained online at [www.milwaukee.gov/licenses](http://www.milwaukee.gov/licenses).*



# WEIGHTS & MEASURES LICENSE SUPPLEMENTAL APPLICATION

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

**Office Use Only:**

App# \_\_\_\_\_  
 Filed \_\_\_\_\_  
 Initials \_\_\_\_\_  
 Paid \_\_\_\_\_  
 Lic # \_\_\_\_\_

Legal Entity Name: NAARYA Groceries two Inc

Premise Address: 1701 W galena st, milwaukee, WI, 53205

**Device Type(s)**

- Check all device types for which you need a license.
  - For each device type checked, indicate how many you have in the Number of Devices column (b).
  - Calculate the Total Fee Per Device Type by multiplying the Fee Per Device Type (a) by the Number of Devices (b).
  - Add all Total Fee Per Device Type amounts together and that will be your Total Fee Due.
- \* **Exception:** The Scanner fee is not per device. Check the box for the appropriate range.  
 If you have 1-3 scanners, the total due is \$130. If you have 4 or more scanners, the total due is \$250.  
 Check the Number of Devices (b).

Device Type	License Period	Fee Per Device Type (a)	Number of Devices (b)	Total Fee Per Device Type (a x b)
<b>Liquid Measuring Devices</b>				
<input type="checkbox"/> Retail Petroleum Meters	12 months	\$60		
<input type="checkbox"/> 0 to 30 gallons per minute	24 months	\$60		
<input type="checkbox"/> 31 to 200 gallons per minute	24 months	\$250		
<input type="checkbox"/> Over 200 gallons per minute	24 months	\$250		
<b>Scales</b>				
<input checked="" type="checkbox"/> Measuring any weight amount	24 months	\$55		
<b>Scanners</b>				
		Fee for scanners is by range	Check how many scanners you have	
<input type="checkbox"/> Up to 3 scanners	24 months	\$130 total*	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
<input type="checkbox"/> Four or more scanners	24 months	\$250 total*	<input type="checkbox"/> 4 <input type="checkbox"/> Other__	
<b>Other Devices</b>				
<input type="checkbox"/> Length Measuring Device	24 months	\$60		
<input type="checkbox"/> Timing Device	24 months	\$30		
<b>Total Fee Due</b>				<input type="text"/>

**Signature**

I hereby agree that I will comply with the applicable sections of the Wisconsin State Statutes, Administrative Code and the Milwaukee Code of Ordinances regarding the operation of weighing and measuring devices.

I understand that all devices must be operated within the specifications, tolerances and other technical requirements set forth in the National Institute of Standards and Technology Handbook 44. I understand that the license for which I am applying must be posted on the premises or in my vehicle prior to opening for business or operating the device.

I understand that these device licenses are not transferable (with the exception of scanners). If the device is replaced or needs to be resealed, I must apply for and receive a new license so that an inspection of the device can be performed prior to its use.

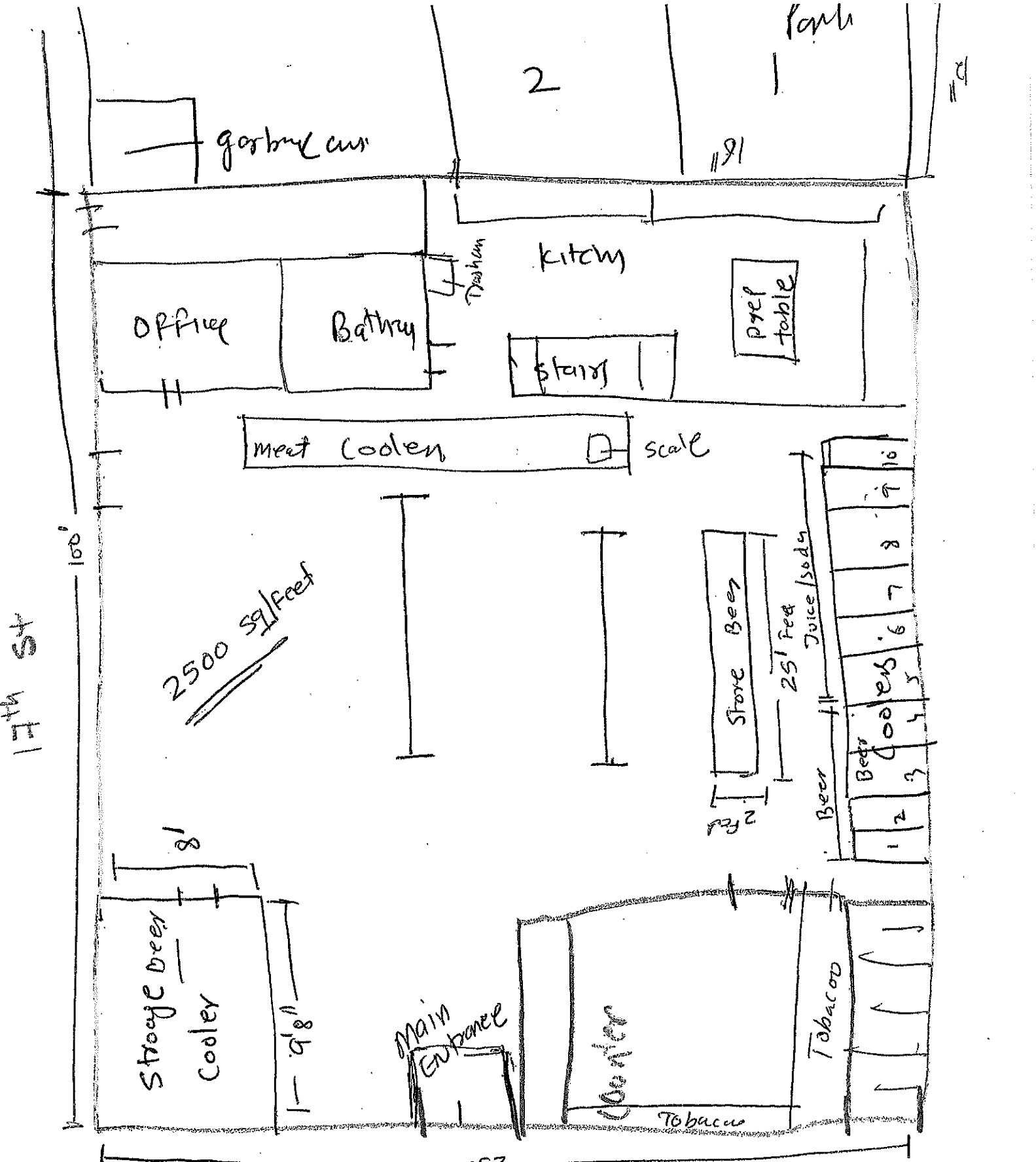
I acknowledge that as a condition of being issued this license, I must allow the Health Department into the establishment to test the device to validate its specifications/tolerances. If my devices are found out of compliance, I may be charged inspection fees.

I have read, understand, and will adhere to all the above acknowledgments.

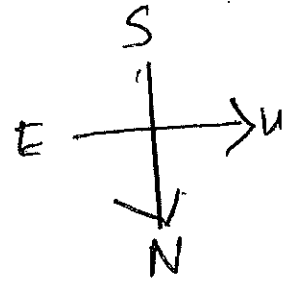
Signature of Sole Proprietor, Partner, or 20% or more Shareholder  
 (If there are no 20% or more shareholders,  
 Corporate Officer-print name/title and sign)

Signature of additional partner or 20% or more shareholder

**This form must be submitted with the Business License Application, Weights & Measures Plan of Operation, and appropriate fee. Forms can be obtained online at [www.milwaukee.gov/licenses](http://www.milwaukee.gov/licenses).**



NAARYA GROCERIES TWO, INC. D/B/A NAARYA GROCERIES  
 1701 W Galena St KAMAL PREET SINGH  
 Milwaukee, WI, 53205 Galena Street



# MENU

- 7 2 Piece Chicken
- 27 4 Piece Chicken
- 3) Fish fry (2 piece & 4 piece)
- 4) Onion Rings
- 5) Mozarella sticks
- 67 OKRA fry