



CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Thursday, March 26, 2015

COMMITTEE MEETING NOTICE

AD 11

KHALAF, Ahmed H, Agent
Sphinx INC
4842 S 23rd St

Milwaukee, WI 53221

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

Monday, April 06, 2015 at 09:00 AM

Regarding: Your Extended Hours Establishment and Food Dealer Applications Requesting to Close at 2 AM Fri-Sat as agent for "Sphinx INC" for "Arabian Nights Hookah Lounge" at 3943 S 76TH 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 OWZARSKI, 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
Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: License@milwaukee.gov



Thursday, March 26, 2015



Notice of Public Hearing

KHALAF, Ahmed H, Agent
Arabian Nights Hookah Lounge at 3943 S 76TH St
Extended Hours Establishment and Food Dealer Applications Requesting to Close at 2 AM Fri-Sat

Monday, April 06, 2015 at 9:00 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 4/6/2015 at 9:00 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.

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.



FOOD DEALER LICENSE PLAN OF OPERATION

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

Legal Entity Name: Arabian Nights Hookah Loonge
 Premise Address: 3943 S. 76th St. Milwaukee, WI 53220

1. Application Type

Indicate the application type and complete the corresponding section.

New application (fee is \$300). For new applications, answer questions below and then continue on to section 2.

Is this a simple change of ownership (no change in food operation) or a new establishment?

- Taking over existing operating licensed food business
- New establishment (anything other than a simple change of ownership)

Provide a brief description of the food establishment

Wraps, hot dogs, pizza (frozen), soup

What is the anticipated opening date or date of change of ownership: 02/05/15

Site Evaluation - Optional (fee is \$100) Site evaluations are optional, and done only upon request. The purpose of the site evaluation is to assess the suitability of a prospective site for use as a food establishment.

Modification or amendment to an existing food license or public health approved operational plan. For modifications/amendments to existing establishments, both the operator and establishment cannot be different than on existing license or the application is considered new. Answer the two questions below (including the follow up detail if applicable) and then continue on to section 2.

What facilities (equipment or building) change(s) are you planning (check all that apply):

- Construction or renovation (fee is \$200)
- Significant equipment change without construction or renovation (fee is \$50)
- Adding an additional site at the same premises where food will be prepared/processed or sold (fee is \$100 per additional site)
- No equipment or renovations are being planned

What changes are being proposed to the food operation or specialized approvals are being requested (Note: \$75 operational change fee is charged only once even if multiple items are checked):

- Substantial changes to the menu including the type or complexity of food processing (fee is \$75)

Briefly describe proposed changes

- Adding processing when no processing was previously performed, or adding additional types of processing (fee is \$75)

- Requests for modifications or variances to public health food code requirements or the review of a specialized process requiring health department approval prior to implementation (fee is \$75)

Indicate specialized processes/variances requested (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Acidified Rice | <input type="checkbox"/> Sale without Consumer Advisory |
| <input type="checkbox"/> Bare Hand Contact to Ready to Eat Foods | <input type="checkbox"/> Shellfish - Comingling |
| <input type="checkbox"/> Curing | <input type="checkbox"/> Shellfish - Display Tanks |
| <input type="checkbox"/> Dogs in Outside Dining Areas | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Non-continuous Cooking | <input type="checkbox"/> Sprouting |
| <input type="checkbox"/> Peddler Base | <input type="checkbox"/> Time as a Public Health Control |
| <input type="checkbox"/> Reduced Oxygen Packaging | <input type="checkbox"/> Wild Game |
| <input type="checkbox"/> Other, specify | |

- Amending existing license to reflect an increase in annual gross sales or change in food operation (fee is the difference in the cost between the food licenses plus \$25 for transfer fee)

- No significant changes are being proposed in how food is prepared/processed or substantial menu changes. No addition of specialized process or activities requiring approval is being requested (no fee)

2. Premises Description

Will food be prepared or sold at a single or multiple food preparation and/or sale sites: Single Multiple

If multiple sites will be used, how many distinct sites will be used?

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

Note: Multiple sites may require more than one license or an additional site license depending upon the food activity conducted at any one site.

Indicate where on the premises food will be sold, served, consumed and/or stored: 1st Floor 2nd Floor Rooftop Basement

Other Floor, specify _____

Other location, specify _____

Are any outdoor operations planned? Yes No Unknown

What activities will be conducted outdoors (check all that apply)

Bar

Cooking/grilling

Dining – Patio

Dining – Sidewalk (DPW permit required)

Storage

Other, specify

Seating provided on site for dining? Yes No

If yes, what is the seating capacity both inside and outside?

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

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

Annual Gross Food Sales: Sales Based on: Previous Year Previous Establishment Best Estimate

Note: Inspector will request to review receipts periodically to validate if establishment has the appropriate license.

Number of Full Time Employees

Number of Part Time Employees

The following items must be included with a new application at the time of filing:

- Site Plan/Floor Plan: Site plan must identify the building in relation to streets, sidewalks, parking & garbage area, see sample and instructions. Food manufacturers, distributors, commissaries, and meal service establishments as defined in section 4 are exempt.
- Shared Kitchen Agreement, if applicable: If not using your own establishment as your base, provide a written and signed commissary agreement. The agreement must include a list of all services provided by the commissary, such as restroom use, dry goods storage, use of refrigerator space (including the number of cubic feet of refrigeration space allocated to you), etc.

The following items must be submitted to inspector, prior to approval of inspection.

- Floor Plan: The plan must show the location of all equipment (sinks, refrigeration, stoves, ware-washing, etc.), plumbing, electrical services, mechanical ventilation, storage areas and restrooms. Plans must be a minimum of 11 X 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch = 1 foot. Plans may be submitted in an electronic format.
- Equipment List: Provide the make and model number of all significant equipment (cooking, cooling, warewashing, etc.) All food equipment must be ANSI/NSF certified. No home-style equipment is allowed. Equipment specification sheets do not have to be provided at the time of submission, but must be provided upon Health Department request
- Finish Materials List: Provide a list of all finish materials (floors, walls, ceilings, counter tops). Surfaces must be smooth, nonabsorbent and easily cleanable, and ceramic, porcelain or quarry tile must have set in base cove.
- Lighting Plan: Provide a list of all light fixtures to be used in the food establishment. All light used in any food prep or storage areas must be shielded or covered and flush or integral to the ceiling. Lighting in food preparation area must meet minimum illumination standards defined in the WI Food Code.
- Pest Management Plan: Describe the establishments integrated pest management plan. Describe strategies to prevent pest entry into the food establishment & harborage of pests Identify if a licensed pest control service has been contracted, provide the name of the company and frequency of service.

3. Construction, Renovations, Kitchen Equipment Changes or Remodeling

Any construction, remodeling or equipment changes planned? Yes No If no, skip to section 4.

Scope of the planned project?

- New construction or conversion of an existing structure to be used as a food establishment
- Renovation/remodeling impacting 300ft² or more than of food preparation or display area
- Renovation/remodeling impacting less than 300ft² of food preparation or display area
- Renovation/remodeling limited to the instillation/change/replacement of food equipment

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

Note: Building permits may be required, contact the Department of Neighborhood Services

Date alterations/changes planned to begin _____

Contact information for general contractor _____

Contact information for architect _____

4. BUSINESS TYPE

Overall Establishment Type (select the one that best describes the proposed business)

- Bed and Breakfast
- Commissary or Mobile Food Peddler Base – a commercial kitchen used for the production of food to be served or sold at another location; a base of operations for a mobile food peddler where the vehicle, cart or unit which is used at a minimum for the service or cleaning of the peddler vehicle, cart or container. A base of operations for a caterer or seasonal market vendor for the preparation of food.
- Community Food Program – free meal site or food pantry. Any site in which all food is provided free of cost to those in need or to organizations who serve person's in need.
- Distiller or Brewer – facilities that are primarily engaged in the production of alcoholic beverages
- Food Distributor – a business that transports food for sale to retail and wholesale establishments and does not perform any processing or repacking of food items
Is food stored on site Yes No
- Food Manufacturer - commercial operation that produces, packages, labels, or stores food for human consumption, but primarily does not provide food directly to a consumer, food is sole to distributors, retailers or restaurants, there may be a small store on site 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** – a food establishment either mobile or permanent 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 business whose primary business is other than food, but offer convenience food items.
Are you considered a convenience food store? 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 – educational institution including elementary, middle and high schools, technical schools, colleges and university, where food service is limited to students (no sales to faculty or general public)

A.K. Restaurant – a food establishment either mobile or permanent in which the majority food sales consist of meals **(r n d)**
A.K.

5. FOOD OPERATION SCOPE

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?

20 % from meals (ready-to-eat food sold to in single portions)

40 % from grocery items (multi-serving food products, typically requiring preparation before serving, includes beverages, bakery items and raw produce)

Will 25% or more of your sales be to highly susceptible populations (defined as persons with medical conditions, elderly, or preschool age children)?

Yes No

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 reason why the food will be transported

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

Other, specify

6. FOOD, FOOD PREPERATION, FOOD PROCESSING

For restaurants provide a copy of the proposed menu or a detailed menu of all the foods and drinks you will be serving.

For all other establishments provide a summary below of the brief types of food products being sold.

wraps, hot dogs, frozen pizza, soup
& hot beverages

Will any potentially hazardous food (food that requires temperature control) be offered for sale? Yes No

Examples of potentially hazardous foods are meats, dairy, poultry, eggs, cut tomatoes or leafy greens, cut melons, cooked rice, beans or potatoes, or garlic in oil.

Will food be prepared or processed on site? Yes No

Examples of processing are assembling, grinding, cutting, mixing, baking, grilling, frying, coating, stuffing, packing, bottling, packaging, canning, extracting, fermenting, distilling, pickling, freezing, drying, smoking.

If yes, indicate the type of food processing that will be conducted:

all pre cooked food, warmed-heated-they served

If performing processing, will there be any processing of potentially hazardous food? Yes No

7. WEIGHTS AND MEASURES

Will any items be offered for sale by weight or by volume? Yes No

If yes, describe number and type of devices used:

A separate weights and measures license is required for each scale.

Will electronic scanning devices be used for pricing/check out? Yes No

If yes, how many devices will be used

A scanner license is required if using an electronic scanning device.

8. 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 (check all that apply)?

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

If yes, if your food license is approved prior to the alcohol license, would you like the food license issued (check one)

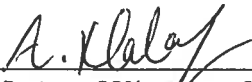
immediately so you can open your food business at the same time as the alcohol license

9. Affirmation of Understanding – Permit Needed to Operate

READ AND INITIAL EACH ITEM CONFIRMING YOUR UNDERSTANDING:

1. A.K I understand that an inspection and sign off by the Health Department is required before my permit may be issued.
2. A.K 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.
3. A.K I understand that the Department of Neighborhood Services must sign off on my application with the License Division before my permit may be issued.
4. A.K 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 be scheduled for a hearing before the License Committee of the Common Council.
5. A.K I understand that I must pay and the License Division must have proof of payment for the associated permit fees before my permit may be issued.
6. A.K I understand that all of the above must be complete before my permit is eligible to be issued.
7. A.K I understand that the license/permit for which I am applying must be issued and posted in my business premises prior to opening for business.
8. A.K I will not operate my food business until the permit has been issued and posted in the establishment.

10. Required Signature(s)



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

Signature of additional partner or 20% or more shareholder

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



BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 11/5/14

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

Is this application for an Extended Hours Establishment License ^{A.K} No Yes

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

Do you have any experience operating this type of business? No Yes
If yes, explain: it is all precooked food with a warmer.

2. Business Operations

- a) Proposed Opening Date: 02/05/15
- 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: occupancy license
- e) Is the current licensee operating? No Yes If no, list date closed: _____
- f) What other types of 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: _____
- g) Do you have future plans for other businesses, licenses or permits at this location? No Yes
If yes, explain: _____
- h) Have you previously held an Extended Hours License in Milwaukee? No Yes
If yes, list address(es): _____
- i) Are other businesses operating in the same building? No Yes If yes, describe: strip mall

3. Premises Description

- a) Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage):
 1st Floor 2nd Floor Basement Storage Patio Beer Garden Sidewalk Café Deck Rooftop
 Other: Describe: _____
- b) Describe Location: Major Thoroughfare Secondary Street Other: Strip mall
- c) Nearest Major Cross Street: Howard Ave
- 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) Are there off-street parking places? No Yes If yes, how many? _____
- h) Property Owner's Name: Peter Langhoff Phone Number: 414-273-4000
Address: P.O. Box 170170, Milwaukee, WI 53217

(Handwritten mark)

4. Businesses 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
 Bowling Alley Hotel Banquet Hall Sports Facility

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 Recording Studio

5. Legal Capacity (only if a Type 1 premises in #4 above)

Capacity 49 (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)

6. Percentage of Sales (must total 100%)

Alcohol <u>0</u> %	Cigarettes <u>0</u> %	Secondhand Merchandise _____ %	Precious Metals & Gems _____ %
Food <u>50%</u> %	Entertainment _____ %	Other <u>Hookah</u> % Describe: <u>50%</u>	
Pawnbroker Activity _____ %	Salvaged Materials _____ % (such as scrap metal)		

7. Litter and Noise Control

- a. How are grounds kept clean? Sweep Pressure Wash Pick Up Litter Other: _____
- b. How often will grounds be cleaned? Daily Weekly Other: _____
- c. Grounds cleaned by: Licensee Building Owner Employees Hired Maintenance Other: _____
- d. Number of Garbage Cans: Inside: 5 Locations: within the seating area
Outside: 1 Locations: _____
- e. Describe sanitation facilities (restrooms): 2 Bathroom
- f. Name of solid waste contractor: ireelia Solid Waste Management
- g. How are noise issues prevented and/or addressed? Security Manager approaches customer(s) Call Police
 Signs Posted Other: _____
- h. Will a sound amplification system be used? No Yes If yes, describe: _____

8. Customers

- a. Will customers be entering the premises? No Yes
- b. Are there designated outdoor smoking areas? No Yes If yes, describe: _____
- c. Is a crowd control barrier used? No Yes If yes, describe: _____

9. Hours of Operation

Day of the Week	Proposed Hours of Operation:		Number of Customers expected each day	Potential Age Range of Customers	Class B Applicants: Age Restriction (If none, write 'None')
	Open (include a.m. or p.m.)	Close (include a.m. or p.m.)			
Sunday	5:00 p.m.	12: A.M	25	20 sup	
Monday	5:00 p.m.	12: A.M	25	11	
Tuesday	5:00 p.m.	12: A.M	25	11	
Wednesday	5:00 p.m.	12: A.M	25	11	
Thursday	5:00 PM	12: AM	25	11	
Friday	5:00 PM	2:00 AM	60	11	
Saturday	5:00 PM	2:00 AM	60	11	

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.

10. Required Signature(s)



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

Signature of additional partner or 20% or more
shareholder

SUBMIT THIS FORM WITH:

BUSINESS LICENSE APPLICATION &

SUPPLEMENTAL PLAN OF OPERATION

FOR THE SPECIFIC LICENSE TYPE FOR WHICH YOU ARE APPLYING



BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 11/5/14

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

Is this application for an Extended Hours Establishment License ^{A.K.} No Yes

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

Do you have any experience operating this type of business? No Yes
If yes, explain: it is all precooked food with a warmer.

2. Business Operations

a) Proposed Opening Date: 02/05/15

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: occupancy license

e) Is the current licensee operating? No Yes If no, list date closed: _____

f) What other types of 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: _____

g) Do you have future plans for other businesses, licenses or permits at this location? No Yes
If yes, explain: _____

h) Have you previously held an Extended Hours License in Milwaukee? No Yes
If yes, list address(es): _____

i) Are other businesses operating in the same building? No Yes If yes, describe: strip mall

3. Premises Description

a) Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage):
 1st Floor 2nd Floor Basement Storage Patio Beer Garden Sidewalk Café Deck Rooftop
 Other: Describe: _____

b) Describe Location: Major Thoroughfare Secondary Street Other: Strip mall

c) Nearest Major Cross Street: Howard Ave

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) Are there off-street parking places? No Yes If yes, how many? _____

h) Property Owner's Name: Peter Langhoff Phone Number: 414-273-4000
Address: P.O. Box 170170, Milwaukee, WI 53217

(Handwritten signature)

4. Businesses 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
 Bowling Alley Hotel Banquet Hall Sports Facility

Type 2

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Pawnbroker Activity _____ %	Salvaged Materials _____ % (such as scrap metal)		

7. Litter and Noise Control

- a. How are grounds kept clean? Sweep Pressure Wash Pick Up Litter Other: _____
- b. How often will grounds be cleaned? Daily Weekly Other: _____
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- d. Number of Garbage Cans: Inside: 5 Locations: within the seating area
 Outside: 1 Locations: _____
- e. Describe sanitation facilities (restrooms): 2 Bathroom
- f. Name of solid waste contractor: veelia Solid Waste Management
- g. How are noise issues prevented and/or addressed? Security Manager approaches customer(s) Call Police
 Signs Posted Other: _____
- h. Will a sound amplification system be used? No Yes If yes, describe: _____

8. Customers

- a. Will customers be entering the premises? No Yes
- b. Are there designated outdoor smoking areas? No Yes If yes, describe: _____
- c. Is a crowd control barrier used? No Yes If yes, describe: _____


9. Hours of Operation

Day of the Week	Proposed Hours of Operation:		Number of Customers expected each day	Potential Age Range of Customers	Class B Applicants: Age Restriction (If none, write 'None')
	Open (include a.m. or p.m.)	Close (include a.m. or p.m.)			
Sunday	5:00 P.M.	12: A.M.	25	20 sup	
Monday	5:00 P.M.	12: A.M.	25	11	
Tuesday	5:00 P.M.	12: A.M.	25	11	
Wednesday	5:00 P.M.	12: A.M.	25	11	
Thursday	5:00 P.M.	12: A.M.	25	11	
Friday	5:00 P.M.	2:00 A.M.	60	11	
Saturday	5:00 P.M.	2:00 A.M.	60	11	

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.

10. Required Signature(s)

 _____ Sole Proprietor, Partner, 20% or more Shareholder, or Agent - only if there are no 20% or more shareholders	_____ Signature of additional partner or 20% or more shareholder
---	---

SUBMIT THIS FORM WITH:

BUSINESS LICENSE APPLICATION &

SUPPLEMENTAL PLAN OF OPERATION
 FOR THE SPECIFIC LICENSE TYPE FOR WHICH YOU ARE APPLYING



CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Friday, March 27, 2015

COMMITTEE MEETING NOTICE

AD 11

SINGH, Harjeet, Agent
Singh & Kaur LLC
6730 W Morgan Av

Milwaukee, WI 53220

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

Monday, April 06, 2015 at 09:00 AM

Regarding: Your Class A Fermented Malt Beverage Retailer's License Application as agent for "Singh & Kaur LLC" for "Villager Food Mart" at 6730 W Morgan 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 OWZARSKI, 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
Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: License@milwaukee.gov

Date:02/23/2015
Officer:

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

Name of Premise: Villager
Address: 6730 W. Morgan Ave
Phone: 327- 1977

Owner: Singn Harjeet
Owner address: 1916 W. Timber Ridge LN #301
City State Zip: Oak Creek, WI 53154
Owner Phone: 975-4170
Owner email: Harjeetsingh656@gmail.com

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

Preferred contact: Store Phone

Location currently open: YES

Projected open date: Open

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

Hours of Operation: Sun: 10AM – 6PM 24 hours Y N
Mon: 7AM- 9PM
Tue: 7AM- 9PM
Wed: 7AM- 9PM
Thu: 7AM- 9PM
Fri: 7AM- 9PM
Sat: 7AM- 9PM

Premise Type: Convenience Store

Licenses currently held:

Alcohol: No
Tobacco: Yes #: 1023456
Food: Yes #: 0004151
Extended Hours: Yes No #:
Secondhand Dealer: Yes No Type: #:
Other: Yes Type: Lottery #: 205755
Other: Yes No Type: #:

Exterior Survey:

1. Is the area around the location clean? X Yes No
2. What surrounds the location? (Check all the apply)
 - a. Park
 - b. X School
 - c. Youth Center
 - d. Church
 - e. Tavern(s) If so, how many
 - f. X Residential
 - g. X Other businesses
 - h. Other:
3. Can you see from the outside of the location into the interior X Yes No
4. Can you see the employees inside of the location from the outside X Yes No
5. Are exterior windows free of signage Yes X No
6. Is there a parking lot Yes
7. Is the parking lot clean? Yes
8. Is the parking lot well lit? Yes
9. Are there areas where a person could conceal themselves Yes
10. Is there exterior lighting? Yes No. Does it appears to be adequate Yes
11. Exterior Payphone? No
12. Are there No Loitering Signs posted? Yes
13. Are there exterior security cameras Yes How Many: 1
14. Are the address numbers prominently displayed and easy to see Yes

Camera Survey:

15. Does this location have security cameras? Yes
16. Are they in working order? No
17. What format are the cameras?
 - a. Color Yes
 - b. Digital Yes
 - c. VCR
 - d. Recorded Yes
18. How long is footage stored for later viewing: **Not in working order**
19. Are there exterior cameras Yes How many: 1
20. Are there interior cameras Yes How many: 5
21. Do all employees know how to retrieve recorded digital images/footage? No

Interior Survey:

22. Is the storeowner willing to be a standing complainant regarding loitering? Yes
a. If yes have them fill out the standing complaint form and give them two of the commercial signs No
23. Is the interior of the location neat and clean? Yes
24. Does an interior camera face the entrance/exit? Yes
25. Is there a lockable area that separates employees from customers? No
26. Does the store sell single chore boy? No
27. Does the store sell blunt wraps? No
28. Does the store sell scales? No
29. Does the store sell items that may be used as crack pipes? No
a. Describe item N/A
30. Does the store have an over abundance of sandwich baggies: No
31. Does the owner understand that these items are often used for drug use? Yes
32. Do the products in the store appear to be new and rotated often? Yes
33. Are emergency and non-emergency numbers posted near the phone? Yes
34. Does the owner know how to contact their police district directly? Yes
a. Did you provide a district contact guide to the owner? Yes

Complete this section if alcohol establishment is a convenience store:

(** Read full ordinance for all details "68-55 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 **
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
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
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
5. Are at least two high-resolution surveillance security cameras installed? No
6. Are the security cameras in working order? No
7. Does one camera show an overall view of the counter and register area? Yes
8. Does one camera show a clear, identifiable, full frame image of the face of each person entering and leaving the store? Yes
9. Are the camera views obstructed by fixtures or displays? No
10. Is the recorded footage stored for at least 30 days? No
11. Do all store employees know how to record footage from the camera system to media capable of being transferred to police custody? No
12. Are customer entrances/exits made of glass or other transparent material? Yes

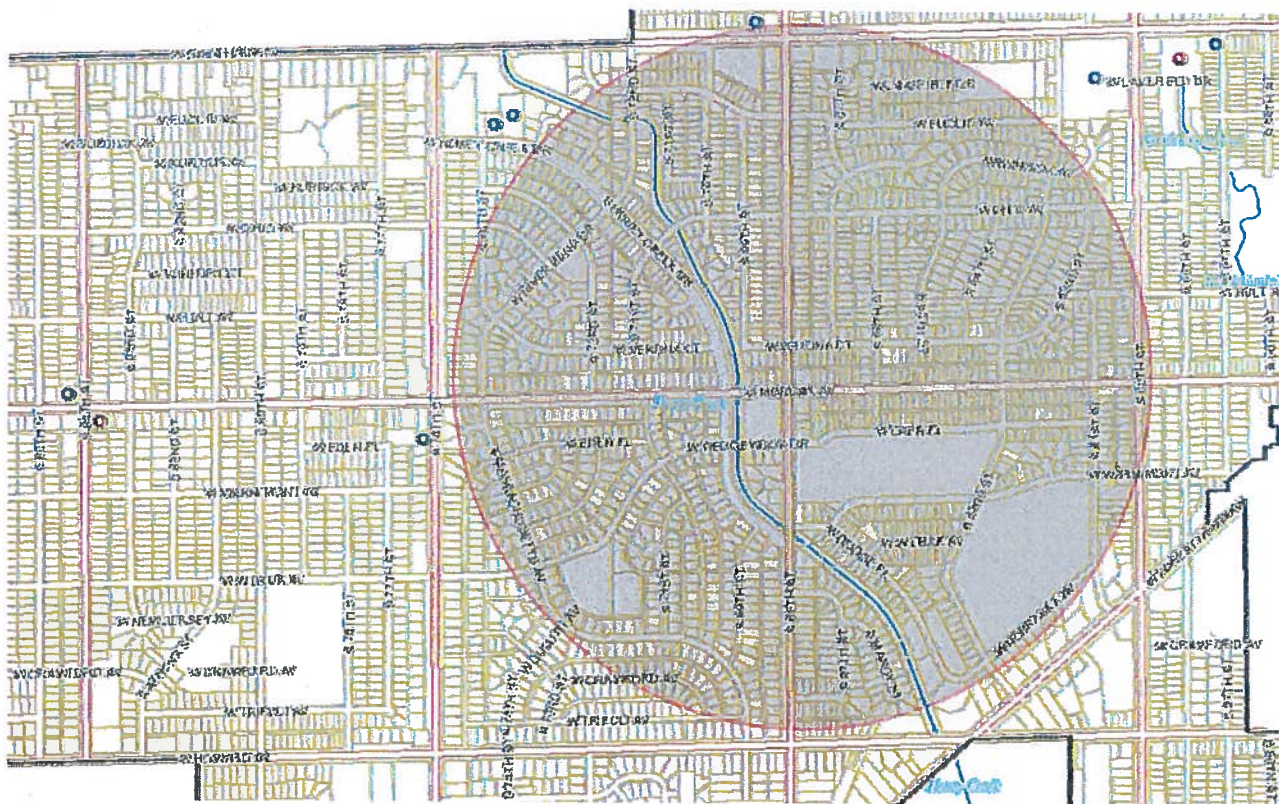
- a. Exception: A store that does not have such doors on August 17, 1994 shall not be required to install such doors until the holder of the store's food dealer license changes.
- 13. Has the owner and their employees attended the Robbery Prevention Training within 120 days of ownership or employment? 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
- 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 transactions through a service window or similar arrangement.
Does store conform to a-2 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? No

ADDITIONAL COMMENTS/RECOMMENDATIONS:

The owner was advised to have the security cameras fixed and in working order by February 27, 201, or he would be cited for an incident that occurred at the store.





Friday, March 27, 2015



Notice of Public Hearing

SINGH, Harjeet, Agent
Villager Food Mart at 6730 W Morgan Av
Class A Fermented Malt Beverage Retailer's License Application

Monday, April 06, 2015 at 9:00 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 4/6/2015 at 9:00 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.

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.

RESIDENT	MAIL ADDRESS	CITY AND ZIP CODE
CURRENT RESIDENT	3433 S 67TH ST	MILWAUKEE, WI 53219-4223
CURRENT RESIDENT	3467 S 68TH ST 1	MILWAUKEE, WI 53219-4033
CURRENT RESIDENT	3467 S 68TH ST 2	MILWAUKEE, WI 53219-4033
CURRENT RESIDENT	3467 S 68TH ST 3	MILWAUKEE, WI 53219-4033
CURRENT RESIDENT	3467 S 68TH ST 4	MILWAUKEE, WI 53219-4033
CURRENT RESIDENT	3502 S 68TH ST	MILWAUKEE, WI 53220-1207
CURRENT RESIDENT	3504 S 68TH ST	MILWAUKEE, WI 53220-1207
CURRENT RESIDENT	3506 S 68TH ST	MILWAUKEE, WI 53220-1207
CURRENT RESIDENT	3508 S 68TH ST	MILWAUKEE, WI 53220-1207
CURRENT RESIDENT	3510 S 68TH ST	MILWAUKEE, WI 53220-1207
CURRENT RESIDENT	3512 S 68TH ST	MILWAUKEE, WI 53220-1207
CURRENT RESIDENT	3520 S 68TH ST	MILWAUKEE, WI 53220-1207
CURRENT RESIDENT	6628 W MORGAN AVE	MILWAUKEE, WI 53220-1338
CURRENT RESIDENT	6629 W MORGAN AVE	MILWAUKEE, WI 53220-1337
CURRENT RESIDENT	6629 W VERONA CT	MILWAUKEE, WI 53219-4258
CURRENT RESIDENT	6634 W MORGAN AVE	MILWAUKEE, WI 53220-1338
CURRENT RESIDENT	6635 W MORGAN AVE	MILWAUKEE, WI 53220-1337
CURRENT RESIDENT	6635 W VERONA CT	MILWAUKEE, WI 53219-4258
CURRENT RESIDENT	6640 W EDEN PL	MILWAUKEE, WI 53220-1334
CURRENT RESIDENT	6640 W MORGAN AVE	MILWAUKEE, WI 53220-1338
CURRENT RESIDENT	6643 W VERONA CT	MILWAUKEE, WI 53219-4258
CURRENT RESIDENT	6701 W MORGAN AVE	MILWAUKEE, WI 53220-1339
CURRENT RESIDENT	6704 W EDEN PL	MILWAUKEE, WI 53220-1336
CURRENT RESIDENT	6704 W MORGAN AVE	MILWAUKEE, WI 53220-1340
CURRENT RESIDENT	6705 W MORGAN AVE	MILWAUKEE, WI 53220-1339
CURRENT RESIDENT	6705 W VERONA CT	MILWAUKEE, WI 53219-4260
CURRENT RESIDENT	6710 W MORGAN AVE	MILWAUKEE, WI 53220-1340
CURRENT RESIDENT	6710 W VERONA CT	MILWAUKEE, WI 53219-4259
CURRENT RESIDENT	6711 W MORGAN AVE	MILWAUKEE, WI 53220-1339
CURRENT RESIDENT	6712 W EDEN PL	MILWAUKEE, WI 53220-1336
CURRENT RESIDENT	6713 W VERONA CT	MILWAUKEE, WI 53219-4260
CURRENT RESIDENT	6719 W VERONA CT	MILWAUKEE, WI 53219-4260
CURRENT RESIDENT	6722 W VERONA CT	MILWAUKEE, WI 53219-4259
CURRENT RESIDENT	6725 W VERONA CT	MILWAUKEE, WI 53219-4260
CURRENT RESIDENT	6730 W VERONA CT	MILWAUKEE, WI 53219-4259
CURRENT RESIDENT	6731 W VERONA CT	MILWAUKEE, WI 53219-4260
CURRENT RESIDENT	6800 W VERONA CT	MILWAUKEE, WI 53219-4043
CURRENT RESIDENT	6803 W VERONA CT	MILWAUKEE, WI 53219-4044
CURRENT RESIDENT	6810 W MORGAN AVE 1	MILWAUKEE, WI 53220-1213
CURRENT RESIDENT	6810 W MORGAN AVE 2	MILWAUKEE, WI 53220-1213
CURRENT RESIDENT	6810 W MORGAN AVE 3	MILWAUKEE, WI 53220-1213
CURRENT RESIDENT	6810 W MORGAN AVE 4	MILWAUKEE, WI 53220-1213
CURRENT RESIDENT	6811 W VERONA CT	MILWAUKEE, WI 53219-4044
CURRENT RESIDENT	6818 W MORGAN AVE	MILWAUKEE, WI 53220-1213
CURRENT RESIDENT	6819 W VERONA CT	MILWAUKEE, WI 53219-4044

Total Records: 46

Radius: 250.0 feet and Center of Circle: 6730 W Morgan AV



Friday, March 27, 2015

Licenses Committee Notice of Hearing

NAHALI PROPERTIES LLC
8241 S Country Club Cir

Franklin, WI 53132

Date: 4/6/2015
Time: 09:00 AM
Location: Room 301-B, Third Floor, City Hall

The Licenses Committee will consider the following license application:

Class A Fermented Malt Beverage Retailer's License Application
SINGH, Harjeet, Agent
Villager Food Mart at 6730 W Morgan 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.





Friday, March 27, 2015

Licenses Committee Notice of Hearing

NAHALI PROPERTIES LLC
6730 W Morgan Ave

Milwaukee, WI 53220

Date: 4/6/2015
Time: 09:00 AM
Location: Room 301-B, Third Floor, City Hall

The Licenses Committee will consider the following license application:

Class A Fermented Malt Beverage Retailer's License Application
SINGH, Harjeet, Agent
Villager Food Mart at 6730 W Morgan 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.



Singh & Kaur LLC 6730 W. Morgan Ave



ccl-amend 6/25/13
APPLICATION AMENDMENT
OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 EMAIL: LICENSE@MILWAUKEE.GOV

Date: 03/03/15

To the License Division of the City of Milwaukee:

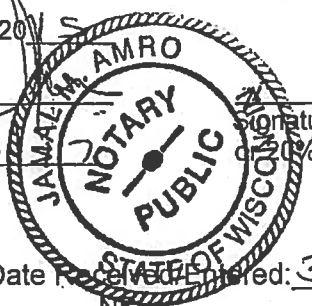
I, SINGH & KAUR LLC, wish to amend my answer(s) on the application for
(Full legal name)
a CLASS 'A' MART license at 6730 W. MORGAN AVE, MILWAUKEE WI 53220
(Type of license) (Premise address on pending application, if applicable)

by adding or amending the following information (complete only those sections being amended):

1. Answer to Question(s) # 14 should be: as indicated below
2. Agent should be (full legal name): HARJEET SINGH Also complete 3, 4, 5 & 6
3. Date of birth should be: 03/06/1981
4. Home address should be (include city/state/zip): 1916 W. TIMBER RIDGE LN, APT #4301, OAK CREEK WI 53154
5. Home phone number should be (include area code): 414-975-4170
6. Driver's License Number/State ID Number should be: S520-3208-1086-06
7. Corporation/LLC name should be (full legal name): SINGH & KAUR LLC
8. Business name should be: VILLAGER FOOD MART
9. Business address should be (include city/state/zip): 6730 W. MORGAN AVE, MILWAUKEE WI 53220
10. Business phone number should be (include area code): 414 329 1977
11. Premises description should be: GROCERY STORE
12. Location where vehicle will be parked should be (include city/state/zip): _____
13. Age Distinction should be (for Class B Taverns only): _____
14. Other: Hours From 8am - 9pm Mondays - Sundays

Subscribed and sworn to before me this 3rd day of March 2015

Notary Public - State of Wisconsin
My Commission expires 10/15
Notary Seal must be affixed



Harjeet Singh
Signature of Sole Proprietor, Partner, Agent or 20% or more Shareholder

Office Use Only:
Application #: 201539 Date Received Entered: 3/5/15 Initials: DH
Date LC Advised LIU: _____ NS: _____ Health: _____ Initials: _____



PLAN OF OPERATION

1. Premises Location
<input type="checkbox"/> Free Standing Building <input checked="" type="checkbox"/> Strip Mall <input type="checkbox"/> Other _____
2. Describe Premises Structure
<input checked="" type="checkbox"/> Single Story <input type="checkbox"/> Multi-Story - # of Stories _____ <input type="checkbox"/> Other _____
3. Describe Surrounding Area
<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Other _____
4. Premises Location
a) <input checked="" type="checkbox"/> Major Thoroughfare <input type="checkbox"/> Secondary Street <input type="checkbox"/> Other _____ b) Nearest Cross Street _____
5. Proximity of Premises to Church, School, Daycare Center or Hospital
Is there at least 300 feet between the building and any church, school, daycare center or hospital? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Miscellaneous Business Questions
a) Proposed Opening Date: <u>It's open</u> b) Is this premise under construction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list estimated completion date: _____ c) Is this a franchise? <input type="checkbox"/> Yes <input type="checkbox"/> No d) Is this premises currently licensed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list type of license: <u>Food Lic, occupancy</u> e) Is the current licensee operating? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, list date closed: _____ f) What other types of licenses/permits will you or do you hold at this location? (check all that apply) <input checked="" type="checkbox"/> Occupancy Permit <input checked="" type="checkbox"/> Cigarette & Tobacco <input type="checkbox"/> Gas Station <input type="checkbox"/> Extended Hours <input type="checkbox"/> Other: _____ g) Do you have future plans for other businesses, licenses or permits at this location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain: _____
7. Food
Will food be served on the premises? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, a Food Dealer license is required. Check all that apply: <input checked="" type="checkbox"/> Prepackaged Food <input checked="" type="checkbox"/> Snacks <input type="checkbox"/> Appetizers <input type="checkbox"/> Catered Events <input type="checkbox"/> Full Meals – Hours of Food Service: From _____ To _____ A menu must be submitted with this Plan of Operation for all restaurants.
8. Type of Business
Briefly describe the type of business you plan to operate if granted a license (attach additional sheets as necessary.) <u>Food (convenience) store</u>

9. Litter and Noise

How are the grounds kept clean? Sweep Pressure Wash Pick Up Litter Other: _____

How often will grounds be cleaned? Daily Weekly Other: _____

Grounds Cleaned By: Licensee Building Owner Employees Hired Maintenance Other: _____

How are noise issues prevented and/or addressed? Security Manager approaches customer(s) Call Police
 Signs Posted Other: _____

10. Smoking and Sanitation

Are there designated outdoor smoking areas? No Yes
 If yes, describe the area(s) and provide location(s): _____

Number of Garbage Cans: Inside: 1 Locations: COFFEE ISLAND
 Outside: 2 Locations: ENTRANCE

Is a Crowd Control Barrier used? No Yes If yes, describe: _____

Describe sanitation facilities (restrooms): Restrooms for employees

Provide name of solid waste contractor: WASTE MANAGEMENT

11. Security

Are there parking spaces on the premises? No Yes If yes, number of spaces: 15 and describe security provisions:
SECURITY CAMERA

Are there designated loading areas? No Yes If yes, describe security provisions _____

Do you have security personnel on the premise? No Yes If yes, how many? _____

AND What are their responsibilities? _____

What security equipment do they use? _____

List their licensing, certification or training credentials: _____

Are there security cameras? No Yes If yes, list all locations: Inside & outside

Are searches and/or identification checks conducted upon entry? No Yes If yes, describe: _____

12. Percentage of Sales (must total 100%)

Alcohol 0 % | Food Sales 100 % | Entertainment _____ % | Other _____ %

13. Businesses On The Premise (choose 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

Bowling Alley Hotel Banquet Hall Sports Facility

Type 2

Liquor Store Corner Store Supermarket Convenience Store

Gas Station Other _____

14. Legal Capacity of Premises (Only premises identified as Type I in Question #13)

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

15. Hours of Operation

Day of the Week	Proposed Hours of Operation:		Number of Customers expected each day	Potential Age Range of Customers	Class B Applicants: Age Restriction (If none, write 'None')
	Open	Close			
Sunday	8 am	7 pm	50	-	None
Monday	7 am	9 pm	60	-	-
Tuesday	7 am	9 pm	60	-	-
Wednesday	7 am	9 pm	60	-	-
Thursday	7 AM	9 pm	60	-	-
Friday	7 AM	9 pm	60	-	-
Saturday	7 AM	9 pm	60	-	-

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.

16. This Section to be Completed by Alcohol Applicants Only

a) Property Owners Name: WAHALI PROPERTIES LLC Phone Number: 417-546-2222
Address: 1730 W. Morgan Ave Mtn View MO 63220

b) Are you taking out this application for anyone that may not be eligible for a license? No Yes
If yes, list name and address: _____

c) Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the business? No Yes
If no, list the name and address of the person(s) who will: _____

Class B Applicants: If the agent, a partner or the individual licensee will not be conducting the day-to-day operations of the business, the person(s) listed above must obtain a Class B Managers license.

d) Does anyone else have money invested or any other interest in this business? No Yes
If yes, explain: _____

e) Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business?
 No Yes If yes, list name and address: _____

f) Will any of the following types of businesses be conducted at this location? (check all that apply)
 Bed & Breakfast Billiard/Pool Hall Comedy Club Indoor Golf Facility
 Video Game Center(6 or more games) Brew Pub Volleyball Court Theater Wine Tasting Room
 Department Store Pharmacy Gift Shop Museum Center for the Visual & Performing Arts

g) If applying for Class B or C license, are you applying for "Service Bar Only"? No Yes
Service Bar Only means customers cannot sit at the bar. Alcohol is served to patrons seated at tables. No stools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.

17. Proof of Ownership, Lease, or Offer to Purchase (new & transfer applicants only)

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 lease/buyer

18. Property Information (new & transfer applicants only)

- a) Do you own or lease the building? Own Lease
- b) Who owns the fixtures (for example, coolers, etc.)? OWNER
- c) Are you purchasing the stock and/or fixtures? No Yes If yes, amount paid \$ _____
- d) Total amount paid for business \$ 0
- e) Total amount paid for goodwill of the business \$ 0

Goodwill comprises the reputation and customer relationships of an existing business. If the price you pay for the business exceeds the fair market value of all of the rest of the assets of the business, the excess may be considered goodwill.

- f) Have you made arrangements with the seller for payment of personal property taxes? No Yes

19. Lease Information (new & transfer applicants who are leasing the premises only)

- a) Date lease begins 2/2014 Ends 1/2019
- b) Monthly rental \$ 2100
- c) Do you have an option to renew the lease? No Yes
- d) Does your lease allow for assignment to another party without the consent of the owner? No Yes
- e) For what length of time have you been guaranteed occupancy (number of years)? 10 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 _____

20. 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): _____

21. Notarized Signatures of Applicants

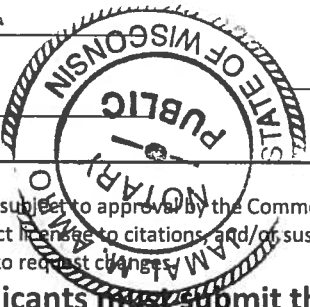
SUBSCRIBED AND SWORN TO BEFORE ME

This 1st day of December, 2014

[Signature]
Agent/Owner/Partner

(Clerk/Notary Public)

My Commission Expires 10/15/17



Additional Owner/Partner

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

If you do not provide all required information, your application will be returned to you.

Singh & Kaur LLC
 AGENT: HARJEET SINGH
 VILLAGER FOOD MART
 6730 W. Morgan Ave
 MILWAUKEE, WI 53220

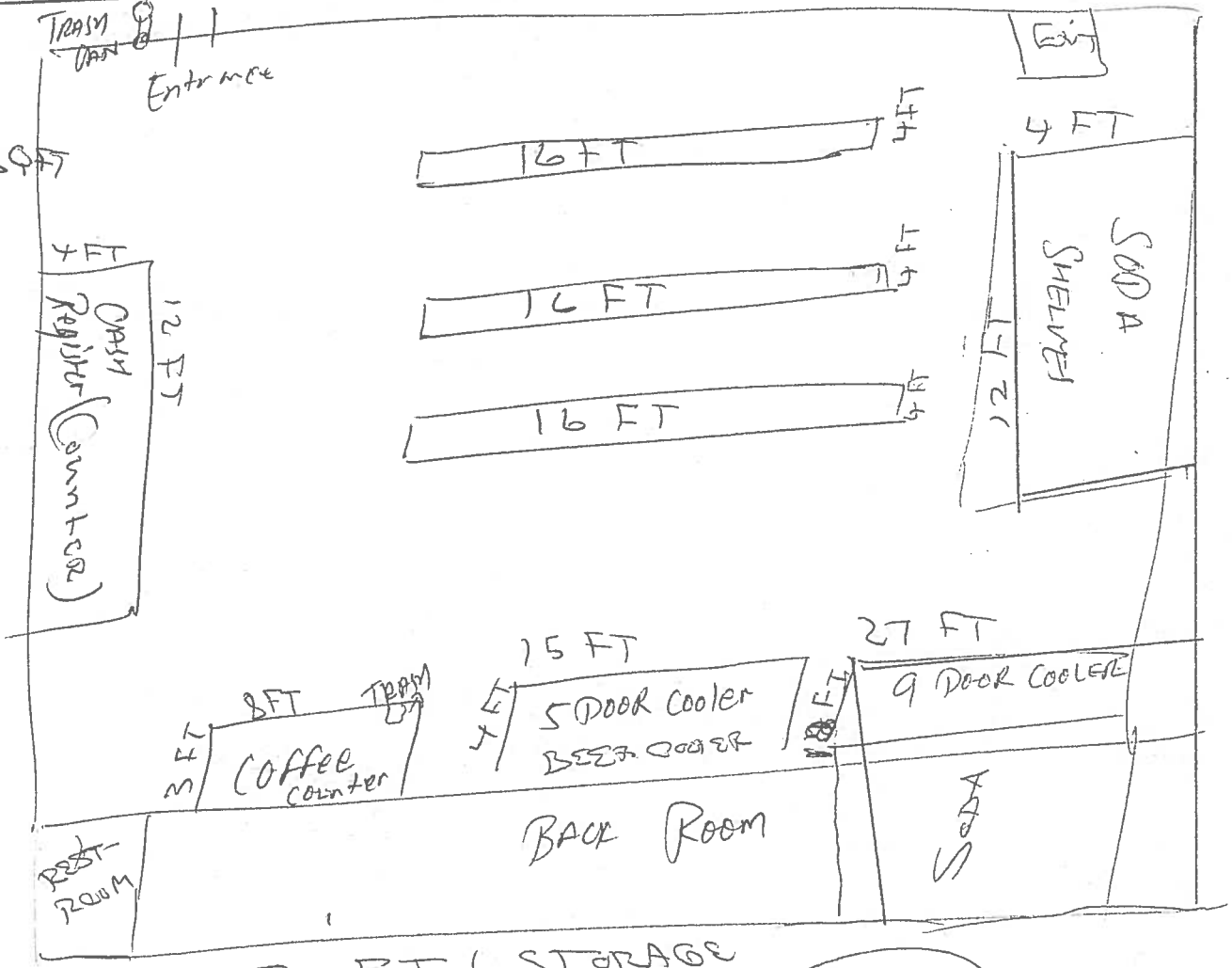
50 FT

SOUTH

Morgan St

TOTAL SQ FT
 2400
 TOTAL STORAGE
 20x10 = 200 SQ FT

EAST



WEST

68 FT ST
 48 FT

NORTH

Dec. 01, 2014