



**DWELLING FACILITIES LICENSE SUPPLEMENTAL APPLICATION**

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

<b>Legal Entity Name:</b>	K&F Hospitality LLC
<b>Premises Address:</b>	6331 S 13th St, Milwaukee, WI 53221
<b>Plan of Operation</b>	
Is the applicant (sole proprietor, partners, or agent of Corp/LLC) a resident of Milwaukee County? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If NO, a local representative (natural person) residing in Milwaukee County must be appointed. Provide the person's name and street address. P.O. Boxes are not acceptable.	
<b>Name of Person:</b>	CRISTINA A. Rodriguez
<b>Street Address:</b> (include city and zip code)	3267 W. Colony Drive, Milwaukee, WI 53221
Please describe your plans to train employees to recognize and report guest or resident behaviors that are indicative of human trafficking at the premises: 1- Create a Checklist 2- Train Frequently 3- Form a relationship with the law enforcement 4- watch for the warning signs. 5- take action	
<b>Signature</b>	
I shall not willfully refuse to provide those services offered under this license or add charges or require deposits not required of the general public because of a person's place of residence	
<u>X Charan Singh</u> 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)	<u>Sandeep Kumar</u> Signature of additional partner or 20% or more shareholder