

### CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Tuesday, May 06, 2025

#### COMMITTEE MEETING NOTICE

AD 02

GODWIN ABILI W131N6610 CRESTWOOD DR Menomonee Falls, WI 53051

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.

#### Tuesday, May 20, 2025 at 09:10 AM

The access code is https://meet.goto.com/724980021. Please see the enclosed best practices document for further instructions.

Regarding: Your Secondhand Motor Vehicle Dealer's License Application for "G and H Auto Sales" at 5186 N 76th St.

There is a possibility that your application may be denied for one or more of the following reasons: Neighborhood Objections to the granting of such a license due to the creation of undesirable neighborhood problems, such as: parking and traffic problems which cause the normal flow of traffic on roadways and alleys to be impeded, loitering, littering, noise, loud music, and conduct which will have an adverse impact on the public health, safety and welfare of the community. Additionally, the over concentration of secondhand motor vehicle dealers in the neighborhood such that the concentration will have an adverse impact on the public health, safety and welfare of the neighborhood. you do not meet the statutory and municipal requirements; the appropriateness of the location to be licensed and whether the location will create undesirable neighborhood problems, whether or not you have been charged with or convicted of any felony, misdemeanor, municipal offense or other offense, the circumstances of which substantially relate to the licensed activity; and any other factors which reasonably relate to the public health, safety and welfare. See attached police report and/or written correspondence regarding this application. Please be advised the public will be able to provide information to the committee in person or in writing. The committee will receive and consider evidence regarding the above mentioned criteria.

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 during normal business hours is available at reduced rates (5 hour limit) at the Milwaukee Center on the southwest corner of Kilbourn Avenue and Water Street. You must present a copy of the meeting notice to the parking cashier.

PLEASE NOTE: Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through sign language interpreters or other auxiliary aids. For additional information or to request this service, contact the Council Services Division ADA Coordinator at (414) 286-2998, Fax - (414) 286-3456, TDD - (414) 286-2025.

JIM OWCZARSKI, CITY CLERK

BY:

Jim Cooney License Division Manager

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



Tuesday, May 06, 2025



## Notice of Public Hearing

**Blank Notice** 

ABILI, Godwin G and H Auto Sales at 5186 N 76th St Secondhand Motor Vehicle Dealer's License Application

### Tuesday, May 20, 2025 at 9:10 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 5/20/2025 at 9:10 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 internet are asked to contact the staff assistant, Yadira Melendez at (414) 286-2775 or 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.

# 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.



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|   | OCCUPANT          | MAIL ADDRESS              | CITY STATE ZIP           |
|---|-------------------|---------------------------|--------------------------|
|   | CURRENT OCCUPANT  | 5142 N 76TH ST            | MILWAUKEE, WI 53218-3803 |
|   | CURRENT OCCUPANT  | 5143 N 76TH ST# 1         | MILWAUKEE, WI 53218-3807 |
| Ň | CURRENT OCCUPANT  | 5143 N 76TH ST# 10        | MILWAUKEE, WI 53218-3868 |
|   | CURRENT OCCUPANT  | 5143 N 76TH ST# 11        | MILWAUKEE, WI 53218-3868 |
|   | CURRENT OCCUPANT  | 5143 N 76TH ST# 2         | MILWAUKEE, WI 53218-3807 |
|   | CURRENT OCCUPANT  | 5143 N 76TH ST# 3         | MILWAUKEE, WI 53218-3807 |
|   | CURRENT OCCUPANT  | 5143 N 76TH ST# 4         | MILWAUKEE, WI 53218-3807 |
|   | CURRENT OCCUPANT  | 5143 N 76TH ST# 5         | MILWAUKEE, WI 53218-3807 |
|   | CURRENT OCCUPANT  | 5143 N 76TH ST# 6         | MILWAUKEE, WI 53218-3868 |
|   | CURRENT OCCUPANT  | 5143 N 76TH ST# 7         | MILWAUKEE, WI 53218-3868 |
|   | CURRENT OCCUPANT  | 5143 N 76TH ST# 8         | MILWAUKEE, WI 53218-3868 |
|   | CURRENT OCCUPANT  | 5143 N 76TH ST# 9         | MILWAUKEE, WI 53218-3868 |
|   | CURRENT OCCUPANT  | 5144 N 76TH ST            | MILWAUKEE, WI 53218-3803 |
|   | CURRENT OCCUPANT  | 5146 N 76TH ST            | MILWAUKEE, WI 53218-3803 |
|   | CURRENT OCCUPANT  | 5148 N 76TH ST            | MILWAUKEE, WI 53218-3803 |
|   | CURRENT OCCUPANT  | 5153 N 76TH ST# 1         | MILWAUKEE, WI 53218-3808 |
|   | CURRENT OCCUPANT  | 5153 N 76TH ST# 10        | MILWAUKEE, WI 53218-3869 |
|   | CURRENT OCCUPANT  | 5153 N 76TH ST# 11        | MILWAUKEE, WI 53218-3869 |
|   | CURRENT OCCUPANT  | 5153 N 76TH ST# 2         | MILWAUKEE, WI 53218-3808 |
|   | CURRENT OCCUPANT  | 5153 N 76TH ST# 3         | MILWAUKEE, WI 53218-3808 |
|   | CURRENT OCCUPANT  | 5153 N 76TH ST# 4         | MILWAUKEE, WI 53218-3808 |
|   | CURRENT OCCUPANT  | 5153 N 76TH ST# 5         | MILWAUKEE, WI 53218-3808 |
|   | CURRENT OCCUPANT  | 5153 N 76TH ST# 6         | MILWAUKEE, WI 53218-3869 |
|   | CURRENT OCCUPANT  | 5153 N 76TH ST# 7         | MILWAUKEE, WI 53218-3869 |
|   | CURRENT OCCUPANT  | 5153 N 76TH ST# 8         | MILWAUKEE, WI 53218-3869 |
|   | CURRENT OCCUPANT  | 5153 N 76TH ST# 9         | MILWAUKEE, WI 53218-3869 |
|   | CURRENT OCCUPANT  | 7422 W GRANTOSA DR        | MILWAUKEE, WI 53218-3810 |
|   | CURRENT OCCUPANT  | 7430 W GRANTOSA DR        | MILWAUKEE, WI 53218-3810 |
|   | CURRENT OCCUPANT  | 7432 W GRANTOSA DR        | MILWAUKEE, WI 53218-3810 |
|   | CURRENT OCCUPANT  | 7504 W GRANTOSA DR# 1     | MILWAUKEE, WI 53218-3812 |
|   | CURRENT OCCUPANT  | 7504 W GRANTOSA DR# 2     | MILWAUKEE, WI 53218-3812 |
|   | CURRENT OCCUPANT  | 7504 W GRANTOSA DR# 3     | MILWAUKEE, WI 53218-3812 |
|   | CURRENT OCCUPANT  | 7518 W FOND DU LAC AVE# 1 | MILWAUKEE, WI 53218-2816 |
|   | CURRENT OCCUPANT  | 7518 W MEDFORD AVE        | MILWAUKEE, WI 53218-3814 |
|   | Blank Notice      |                           |                          |
|   | Total Records: 34 |                           |                          |
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Radius 250 feet and Center of the Circle: 5186 N 76th St

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|-------------------|---------------------------|---------------|
| CURRENT OCCUPANT  | 5142 N 76TH ST            | MILWAUKEE,    |
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| CURRENT OCCUPANT  | 5143 N 76TH ST# 10        | MILWAUKEE,    |
| CURRENT OCCUPANT  | 5143 N 76TH ST# 11        | MILWAUKEE,    |
| CURRENT OCCUPANT  | 5143 N 76TH ST# 2         | MILWAUKEE,    |
| CURRENT OCCUPANT  | 5143 N 76TH ST# 3         | MILWAUKEE,    |
| CURRENT OCCUPANT  | 5143 N 76TH ST# 4         | MILWAUKEE,    |
| CURRENT OCCUPANT  | 5143 N 76TH ST# 5         | MILWAUKEE,    |
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| CURRENT OCCUPANT  | 5143 N 76TH ST# 7         | MILWAUKEE,    |
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| CURRENT OCCUPANT  | 5153 N 76TH ST# 1         | MILWAUKEE,    |
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|                   |                           |               |

Radius 250 feet and Center of the Circle: 5186 N 76th St

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WI 53218-3803 WI 53218-3807 WI 53218-3868 WI 53218-3868 WI 53218-3807 WI 53218-3807 WI 53218-3807 , WI 53218-3807 E, WI 53218-3868 , WI 53218-3868 , WI 53218-3868 , WI 53218-3868 E, WI 53218-3803 E, WI 53218-3803 E, WI 53218-3803 E, WI 53218-3808 E, WI 53218-3869 E, WI 53218-3869 E, WI 53218-3808 E, WI 53218-3808 E, WI 53218-3808 E, WI 53218-3808 E, WI 53218-3869 E, WI 53218-3869 E, WI 53218-3869 E, WI 53218-3869 E, WI 53218-3810 E, WI 53218-3810 E, WI 53218-3810 E, WI 53218-3812 E, WI 53218-3812 E, WI 53218-3812 E, WI 53218-2816 E, WI 53218-3814

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| 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<br>(414) 286-2238 www.milwaukee.gov/license e-mail address: <u>license@milwaukee.gov</u>  |              |
| MILWAUKEE  |              |
| 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:  |              |
| Mator Vehicle Nhile Sales  | <del>.</del> |
| Do you have any experience operating this type of business? No A Yes If yes, explain: 4 Gcl previous License   |              |
| 2. Business Operations   |              |
| a. Proposed Opening Date: 2-1112-5   |              |
| b. Is this premise under construction? 🕅 No 🗌 Yes If yes, list estimated completion date:  |              |
| c. Is this a franchise? No X Yes   |              |
| d. Is this a matchinger in the particular of the second se |              |
| 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? X No 🗌 Yes   |              |
| If yes, explain:   |              |
| g. Have you previously held an Extended Hours License in Milwaukee? $\Box$ No $\Box$ Yes   |              |
| g. Have you previously need an extended nous electric in minutation in 25 Miles. WI 53224<br>If yes, list address(es): 9310 N. 107th street #4105 Miles. WI 53224  |              |
| h. Are other businesses operating in the same building? No X Yes If yes, describe: Nor HSide Auto Sales  |              |
| 3. Litter & Noise  |              |
| a. How are grounds kept clean? X 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: 12 Locations: INSIDE OFFICE   | -            |
| Outside: Locations: North S-ste  |              |
| c. Is a crowd control barrier used? 🕅 No 🗌 Yes If yes, describe:   |              |
| d. How many restrooms are on the premises?   |              |
| e. Name of solid waste contractor: Advanced Disposal Waste Management Other:   |              |
|  |              |

| . Security                  |   | · · · · · ·    |  |                     |                           |  |
|-----------------------------|---|----------------|--|---------------------|---------------------------|--|
|                             | Are there onsite parking spaces? No X Yes If yes, how many? and describe the parking security |                |  |                     |                           |  |
| plan: North S.              | de.   |                |  |                     |                           |  |
| b. Is there a loading zone? | No Ves If yes, de   | escribe the lo | bading area security pla                   | n:                  |                           |  |
|                             | ecurity on premise?   | -              |  |                     |                           |  |
| What are their re           | esponsibilities?  | <u>P</u> P_    |  |                     |                           |  |
| Describe equipm             | ent used  | Ĩ              |  |                     |                           |  |
| List their License          |   |                |  |                     |                           |  |
| d. Will there be security o | ameras? 🗌 No 🅅 Yes  | If yes, how I  | many? and list                             | locations: <u>(</u> | OUTSAL                    |  |
| e. Will searches/identifica | ation checks be done upor   | n entry? 🕅 I   | No 🗌 Yes If yes, desci                     | ribe                |                           |  |
| . Percentage of Sale        | es (must total 100%   | 6)             | A/A  |                     |                           |  |
| lcohol%                     |   | %              | Secondhand Merchand                        | ise                 | Precious Metals & Gems    |  |
|                             | Cigarettes, Electronic<br>Vape Devices,   | %              | %  |                     | %                         |  |
| ntertainment%               |   |                | Personal Services (such                    | as tattoo.          | Other 100 %               |  |
| awnbroker Activity          | %<br>(such as scrap metal)  | %              | body piercing, salon, ta<br>tanning, etc.) | ilor,               | Describe: CAR SALES       |  |
| . Businesses/Licens         | es on the Premise   | s (check       | all that apply):                           | N/A                 |                           |  |
| ype 1                       |   | Dollari        | Fast Food Restaurant                       | /<br>Private        | e/Fraternal/Veterans Club |  |
| Full Service Restaurant     | Cafe/Coffee Shop  |                |  | Teen (              |                           |  |
| Night Club                  | Tavern  | Cocktai        | •  |                     | Sidb                      |  |
| Banquet Hall                | Sports Facility   |                |  |                     |                           |  |
| Hotel/Motel : Number o      |   | 🔄 Roomir       | ng House: Number of Fl                     |                     |                           |  |
|                             | f Rooms:  |                | Number of R                                |                     |                           |  |
| Fype 2                      | Corner Store  | Superm         | arket                                      | Conve               | nience Store              |  |
| Gas Station                 | Amusement/Phono   | graph Distribu | itor                                       | Recycl              | ling, Salvage or Towing   |  |
| Used Car Dealer             | Personal Service E<br>(such as tattoo bus   |                | on, tailor, etc.)                          | Record              | ding Studio               |  |
| What other licenses/permits | will you hold at this location?   | (check all tha | t apply)                                   |                     |                           |  |
| Occupancy Permit            |   |                |  | s "B" Tavern        | Weights & Measures        |  |
| Secondhand Deale            | r 🗌 Precious Metal & Gem [  | Other:         |  |                     |                           |  |
| 8. Legal Capacity (c        | only if a Type 1 pre  | mises in       | #7 above)                                  | MA                  |                           |  |
|                             | I the Milwaukee Developme   |                |  | uestions.)          |                           |  |
| Capacity (Ca                | ii the Milwaukee Developme  | ni Center at 4 | TA 200 OFTIN AOR HOAD                      | 1                   |                           |  |

| a. Identify all area(<br>) (11 <sup>st.</sup> Floor []2 | s) of the premises that will b<br><sup>Id</sup> Floor □Basement Storag | e used in operating this busi<br>ge □Patio □Beer Garder  | ness (include areas used<br>□ □Sidewalk Café □De        | only for storage):<br>ck □Rooftop      | 5<br>8  |
|---|--|--|---|--|---|
| / ∩<br>□Other: Descril                                  | oe:  |  |   | <i></i>                                |   |
| b. Describe Locatio                                     | n: 📉 Major Thoroughfare  | 🗌 Secondary Street 🔲 Otl                                 | ner:  |  |   |
| c. Nearest Major C                                      | ross Street: Nilava  | 7643 Street  |   |  |   |
| d. Describe Buildin                                     | g: KFree Standing Buildin  | g Strip Mall Other:                                      |   | •                                      |   |
| e. Describe Premis                                      | es Structure: 🕅 Single Stor  | y 🔲 Multi-Story - # of Stor                              | ies U other:  |  |   |
| f. Describe Surrou                                      | nding Area: X Commercia  | Residential Industr                                      | Ial [] Other:   | 1412500                                |   |
| g. Building Owner                                       | Name: <u>NOT 945 1912</u>  | TWITE SAIS   | Phone Number: <u>equal</u>                              | 101                                    |   |
| Building Owner  | Address:   |  | ······································                  |  |   |
| 10. Hours of O  | peration & Custor  | mers   |   |  |   |
| Will customers be ente                                  | ering the premises? 🕅 No   | Yes  |   |  |   |
|   | Proposed Hours of Operation:   |  | Estimated Number  | Potential<br>Age Range                 | Class B Tavern<br>Applicant Only:                   |
| Day of the Week   | Open Time<br>(include a.m. or p.m.)                                    | Close Time<br>(include a.m. or p.m.)                     | expected each day                                       | of<br>Customers                        | Age Restriction<br>(If none, write 'None')          |
| Sunday  |  |  | ·   |  |   |
| Monday  |  |  |   |  |   |
| Tuesday   |  |  |   |  |   |
| Wednesday   |  |  |   |  |   |
| Thursday  |  |  |   |  | 1   |
| Friday  |  |  |   |  |   |
| Saturday  | 10 2413  | 12-pm  |   | 26 yrs                                 |   |
| An Extended Hours E                                     | te blichmant Liconco is regu   | ired for any convenience sto                             | ore, filling station, persona                           | al service establis                    | hment (such as tattoo, body                         |
| piercing, salon, tailor                                 | , tanning, etc.), recording stu  | udio or restaurant which is o                            | pen between the hours o                                 | T 12:00 a.m. anu                       | 5,00 8,11,  |
| Alcohol Establishmer<br>Permitted Hours of C            | peration: Class B: 6:0   | 0 am to 9:00 pm Sunday thr<br>0 am to 2:00 am Sunday thr | u Thursday, 6:00 am to 2:                               | 30 am Friday & S                       | aturday   |
| Entertainment Outdo                                     | oor Closing Hours: 10:<br>Is e   | 00pm Sunday-Thursday; 12:<br>established by the Common   | 00am Friday & Saturday;<br>Council in its approval of t | unless a differen<br>he licensee's pla | t time, either earlier or later,<br>n of operation. |
| 11. Signature   |  |  | ······  | •                                      |   |
| 1. 18 Ng  | hatenti  |  |   |  |   |
| 1 Viae  | Mart Marker  | more Shareholder   | Signature of additional                                 |  |   |

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ccl-ucarplan 7/16/18

| MILWAUKEE |
|-----------|
| MILWAUKEE |

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

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

| Legal Entity Name: Crodwin Abili  |
|---|
| Premises Address: 5186 N. 7643 Street Milwoulde WE 53218  |
| SECTION 1 LICENSE TYPE  |
| What type of license are you applying for? (check one)  |
| SECTION 2   |
| Will you also be dealing in secondhand vehicle parts? XYes No   |
| If wholesale, is the premises address a residential (home) address? Yes 🕅 No  |
| If yes, you must obtain a Home Occupational Statement from the Department of Neighborhood Services (414) 286-3874.  |
| No vehicles can be parked and no customers are allowed at the premises.   |
| The following questions in Section 2 do not apply to wholesale from a residential address. Go to Section 3.   |
| Number of parking spaces available to customers/employees   |
| Number of parking spaces that will be used for display/storage of Secondhand Motor Vehicles   |
| Do you understand that all vehicles associated with the business must be stored on the licensed premise?  |
| What are your plans to ensure this requirement is met (check all that apply)?   |
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|   |
| Do you understand all maintenance/repair work to these vehicles must be confined to the licensed premise? A Yes No  |
| What are your plans to ensure this requirement is met (check all that apply)?   |
| Supervisor Monitoring 🕅 Designated Repair Area 🗌 Other:   |
| Do you understand all keys to used motor vehicles offered for sale must be kept in a secure lockbox inside the dealership   |
| building at all times when the dealership is not open for business? XYes No   |
| What are your plans to ensure this requirement is met (check all that apply)?  Employee Training  |
| Supervisor Monitoring 🔲 Other:  |
| SECTION 3 DISCLOSURE  |
| Has any person on the application ever had a license relating to the activities licensed in Milwaukee Code of Ordinances Chapter<br>92 denied, not renewed, suspended, or revoked? No Yes<br>If yes, provide the circumstances and jurisdiction in which the event occurred (including a record of any actions from the State<br>Department of Transportation and Financial Institutions relating to suspensions, revocations, forfeitures and warnings imposed<br>by these departments relating to the operation of any automotive sales business by the applicant): |
|   |
| SECTION 4 SIGNATURES  |
| Vis dustinle'   |
| Y A Comparison       Additional partner or 20% or more shareholder         Sole Proprietor, Partner, or 20% or more shareholders,       Additional partner or 20% or more shareholder         (If there are no 20% or more shareholders,       Corporate Officer-print name/title and sign)   |
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