



CITY OF MILWAUKEE  
OFFICE OF THE CITY CLERK

Tuesday, October 26, 2021


COMMITTEE MEETING NOTICE

AD 15

GHAFFAR, Farhan S, Agent  
Alhamd Inc  
8219 S Preserve WA  
Franklin, WI 53132

You are requested to attend a virtual hearing to be held on:

**Tuesday, November 09, 2021 at 10:05 AM**

**Regarding:** Your Extended Hours Establishments, Filling Station, Food Dealer and Weights & Measures License Applications with Operation Hours Sun to Sat From 12:00 AM to 11:59 PM as agent for "Alhamd Inc" for "786 Petro Mart" at 2905 W Fond du Lac 

This meeting will be held via GoToMeeting. Please see the enclosed best practices document for further instructions. The access code is <https://global.gotomeeting.com/join/333235981>. If you wish to call in, please call [+1 \(872\) 240-3311](tel:+18722403311) and use Access Code: [333-235-981](tel:333235981)

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 attend this meeting may result in the denial of your license. Individual applicants and partnership applicants must attend or attend by an attorney. The agent or attorney for corporate or limited liability applicants must attend. 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 attend the virtual hearing and are 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 request an interpreter attend the meeting with you, at your expense, so that you can answer questions and participate in your hearing.

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 meeting, please contact the staff assistant, Yadira Melendez at (414) 286-2775 or [stasst5@milwaukee.gov](mailto:stasst5@milwaukee.gov)

# MILWAUKEE POLICE DEPARTMENT LICENSING

## CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

**DATE:** 08/03/2021

**LICENSE TYPE:** Extended Hour Establishment

**NEW:**

**RENEWAL:**

**No. 327585**

**Application Date:** 08/02/2021

**License Location:** 2905 W Fond du lac Av

**Business Name:** 786 Petro Mart

**Licensee/Applicant:** GHAFAR, Farhan S  
(Last Name, First Name, MI)

**Date of Birth:** 03/06/1979

**Home Address:** 8219 Preserve Way

**City:** Franklin

**State:** WI **Zip Code:** 53132

**Home Phone:**

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

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

1. On 12/28/2011 the applicant was charged in Milwaukee County with 3 counts of Possession of Synthetic Cannabinoid Party to a crime (Misdemeanor).

**Charge:** Possession of Synthetic Cannabinoid (3 counts)

**Finding:** Guilty all charges

**Sentence:** 15 months probation

**Date:** 09/26/2013

**Case:** 2011CF000257

OCCUPANT	MAIL ADDRESS	CITY STATE ZIP
CURRENT OCCUPANT	2723 N 29TH ST	MILWAUKEE, WI 53210-2630
CURRENT OCCUPANT	2727 N 29TH ST	MILWAUKEE, WI 53210-2630
CURRENT OCCUPANT	2737 N 29TH ST	MILWAUKEE, WI 53210-2630
CURRENT OCCUPANT	2737A N 29TH ST	MILWAUKEE, WI 53210-2630
CURRENT OCCUPANT	2743 N 29TH ST	MILWAUKEE, WI 53210-2630
CURRENT OCCUPANT	2746 N 30TH ST	MILWAUKEE, WI 53210-2635
CURRENT OCCUPANT	2767 N 28TH ST	MILWAUKEE, WI 53210-2612
CURRENT OCCUPANT	2771 N 28TH ST	MILWAUKEE, WI 53210-2612
CURRENT OCCUPANT	2807 N 29TH ST	MILWAUKEE, WI 53210-2007
CURRENT OCCUPANT	2818 W FOND DU LAC AVE	MILWAUKEE, WI 53210-2627
CURRENT OCCUPANT	2943 W HADLEY ST	MILWAUKEE, WI 53210-2059

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Total Records: 11

Radius: 250.0 feet and Center of Circle: 2905 W Fond du Lac Av



Tuesday, October 26, 2021



# Notice of Public Hearing

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GHAFFAR, Farhan S

786 Petro Mart at 2905 W Fond du Lac Av.

Extended Hours Establishments, Filling Station, Food Dealer and Weights & Measures License  
Applications with Operation Hours Sun to Sat From 12:00 AM to 11:59 PM

**Tuesday, November 09, 2021 at 10:05 AM**

To whom it may concern:

The above application has been made by the above named applicant(s). This requires approval from the Licenses Committee and the Common Council of the City of Milwaukee. The hearing before the Licenses Committee will take place virtually on 11/09/2021 at 10:05 AM. 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 will be asked to do so by phone or internet and are asked to contact the staff assistant, Yadira Melendez at (414) 286-2775 or [stasst5@milwaukee.gov](mailto:stasst5@milwaukee.gov) for necessary information. Please make such requests no later than one business day prior to the start of the meeting. You are not required to attend the hearing, but please see the information below if you would like to provide testimony. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing.

## **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 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 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.**



**BUSINESS LICENSE PLAN OF OPERATION**  
 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

ccl-busplan 5/12/2020

<b>1. Type of Business</b>	
Applying for: <input checked="" type="checkbox"/> Extended Hours (12AM to 5AM) - If a food establishment, check all that apply: <input type="checkbox"/> Delivery <input type="checkbox"/> Drive Thru <input type="checkbox"/> Dining Room <input type="checkbox"/> Self Service Laundry <input type="checkbox"/> Massage Establishment <input checked="" type="checkbox"/> Filling Station <input type="checkbox"/> Other (supplemental application for specific license also required)	
Provide a detailed description of the type of business you plan on operating: <u>CAS station with convenience store</u>	
Do you have any experience operating this type of business? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, explain: <u>Operated Store at</u>	
<b>2. Business Operations</b>	
a. Proposed Opening Date: <u>ASAP</u>	
b. Is this premise under construction? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list estimated completion date: _____	
c. Is this a franchise? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
d. Is this premises currently licensed? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, list type of license: <u>Extended Hours, Filling</u>	
e. Is the current licensee operating? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If no, list date closed: _____	
f. Do you have future plans for other businesses, licenses or permits at this location? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain: _____	
g. Have you previously held an Extended Hours License in Milwaukee? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>(NO)</u> If yes, list address(es): <u><del>7905 N 70th St Milwaukee WI 53223</del></u>	
h. Are other businesses operating in the same building? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe: _____	
<b>3. Litter &amp; Noise</b>	
a. How are grounds kept clean? <input checked="" type="checkbox"/> Sweep <input type="checkbox"/> Pressure Wash <input checked="" type="checkbox"/> Pick Up Litter <input type="checkbox"/> Other: _____	
b. How often will grounds be cleaned? <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> As Needed <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	
c. Grounds cleaned by: <input type="checkbox"/> Licensee <input type="checkbox"/> Building Owner <input checked="" type="checkbox"/> Employees <input type="checkbox"/> Hired Maintenance <input type="checkbox"/> Other: _____	
d. How are noise issues prevented and/or addressed? <input checked="" type="checkbox"/> Security <input type="checkbox"/> Manager approaches customer(s) <input type="checkbox"/> Call Police <input checked="" type="checkbox"/> Signs Posted <input type="checkbox"/> Other: _____	
e. Will a sound amplification system be used? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe: _____	
<b>4. Smoking &amp; Sanitation</b>	
a. Are there designated outdoor smoking areas? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe: _____	
b. Number of Garbage Cans: Inside: <u>2</u> Locations: <u>one nearby coffee one in the cashier</u> Outside: <u>4</u> Locations: <u>nearby each pump and one entrance</u>	
c. Is a crowd control barrier used? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe: _____	
d. How many restrooms are on the premises? <u>1</u>	
e. Name of solid waste contractor: <input type="checkbox"/> Advanced Disposal <input type="checkbox"/> Waste Management <input checked="" type="checkbox"/> Other: <u>SA/CL</u>	

7905 N 70th St  
 MILWAUKEE WI 53223  
 Station, Cigarette and  
 Tobacco, Food Dealer,  
 Weight and MEASURES

**5. Security**

a. Are there onsite parking spaces?  No  Yes If yes, how many? 4 and describe the parking security plan: Security Cameras In use

b. Is there a loading zone?  No  Yes If yes, describe the loading area security plan: \_\_\_\_\_

c. Will you have security personnel on premise?  No  Yes If yes, how many? \_\_\_\_\_ and answer the following:  
 What are their responsibilities? \_\_\_\_\_  
 Is security equipment used?  No  Yes If yes, describe security camera system  
 List their licensing, certification, or training credentials \_\_\_\_\_

d. Will there be security cameras?  No  Yes If yes, how many? 9 and list locations: Outdoor and Indoor

e. Will searches/identification checks be done upon entry?  No  Yes if yes, describe \_\_\_\_\_

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

Alcohol <u>N/A</u> %	Food <u>25</u> %	Secondhand Merchandise <u>N/A</u> %	Precious Metals & Gems <u>N/A</u> %
Entertainment <u>N/A</u> %	Cigarettes <u>25</u> %	Personal Services (such as tattoo, body piercing, salon, tanning, etc.) <u>N/A</u> %	Other <u>N/A</u> % Describe: <u>N/A</u>
Pawnbroker Activity <u>N/A</u> %	Salvaged Materials <u>N/A</u> % (such as scrap metal)		

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

**Type 1**

Full Service Restaurant  Cafe/Coffee Shop  Deli or Fast Food Restaurant  Private/Fraternal/Veterans Club

Night Club  Tavern  Cocktail Lounge  Teen Club

Banquet Hall  Sports Facility  Bowling Alley

Hotel/Motel: Number of Floors: \_\_\_\_\_ Number of Rooms: \_\_\_\_\_  Rooming House: Number of Floors: \_\_\_\_\_ Number of Rooms: \_\_\_\_\_

**Type 2**

Liquor Store  Coiner Store  Supermarket  Convenience Store

Gas Station  Amusement/Phonograph Distributor  Recycling, Salvage or Towing

Used Car Dealer  Personal Service Establishment (such as tattoo business, hair salon, tailor, etc.)  Recording Studio

What other licenses/permits will you hold at this location? (check all that apply)

Occupancy Permit  Cigarette & Tobacco  Gas Station  Extended Hours  Class "B" Tavern  Weights & Measures

Secondhand Dealer  Precious Metal & Gem  Others: \_\_\_\_\_

**8. Legal Capacity (only if a Type 1 premises in #7 above)**

Capacity \_\_\_\_\_ (Call the Milwaukee Development Center at 414-266-8211 if you have questions.)

**9. Premises Description**

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

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

c. Nearest Major Cross Street: 79th St & Fond du Lac 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. Building Owner Name: ALHAMB INC Phone Number: 414/801-0786  
 Building Owner Address: 2905 W Fond du Lac Ave Milwaukee WI 53210

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**10. Hours of Operation & Customers**

Will customers be entering the premises?  No  Yes

Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (if none, write 'None')
	Open Time (Include a.m. or p.m.)	Close Time (Include a.m. or p.m.)			
Sunday	24 hr	24 hr	275		None
Monday	24 hr	24 hr	300		None
Tuesday	24 hr	24 hr	325		None
Wednesday	24 hr	24 hr	300		None
Thursday	24 hr	24 hr	325		None
Friday	24 hr	24 hr	350		None
Saturday	24 hr	24 hr	300		None

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

Alcohol Establishments: Class A: 8:00 am to 9:00 pm Sunday thru Saturday  
 Permitted Hours of Operation: Class B: 6:00 am to 2:00 am Sunday thru Thursday, 6:00 am to 2:30 am Friday & Saturday  
 Entertainment Outdoor Closing Hours: 10:00pm Sunday-Thursday; 12:00am Friday & Saturday; unless a different time, either earlier or later, is established by the Common Council in its approval of the licensee's plan of operation.

**11. Signature(s)**

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

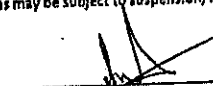
\_\_\_\_\_  
 Signature of additional partner or 20% or more shareholder

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



**FILLING STATION LICENSE AND  
WEIGHTS & MEASURES (RETAIL PETROLEUM METERS)  
LICENSE SUPPLEMENTAL APPLICATION**

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

Legal Entity Name: <u>AL HAMD INC</u>	
Premise Address: <u>2905 W FORD AVE LAC AVE MILWAUKEE WI 53210</u>	
Filling Station License Fee	\$ 275
Weights & Measures License Fee	
Number of Retail Petroleum Meters* <u>18</u>	x \$60 per meter = \$ <u>1080</u>
*For each nozzle, count the number of grades (not including midgrade if mixed in the pump), add the number of all grades together and that is your number of retail petroleum meters.	
Will electronic scanners be used to determine/record the price of items?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Will scales be used to price items based on their weight?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes to either or both questions, a separate Weights & Measures License Application must be submitted for these devices.	
<b>Acknowledgements and Signature</b>	
I confirm that all information is true and correct. I understand any changes to the information in this application must be reported to the City Clerk License Division within 10 days. I have knowledge of the City of Milwaukee ordinances currently regulating the licenses applied for and understand that the licenses may be subject to suspension, non-renewal, or revocation if I violate these regulations.	
 _____ Signature of Sole Proprietor, Partner, or 20% or more Shareholder (If no 20% or more Shareholder, Corporate Officer must sign and provide title)	
_____ Signature of Additional Partner or 20% or more Shareholder	
Submit this form with the following: <ul style="list-style-type: none"> <li>• Business License Application</li> <li>• Business Plan of Operation</li> <li>• Floor plan</li> <li>• License fees</li> </ul> Forms can be obtained online at <a href="http://www.milwaukee.gov/licenses">www.milwaukee.gov/licenses</a>	

<b>Office Use Only:</b>			
App#	_____	Filed	_____
Paid	_____	MPD	_____
HO	_____	DNS	_____
Initials	_____	CC	_____
Lic #	_____		_____






# FOOD DEALER LICENSE PLAN OF OPERATION

ccl-foodplan 2/28/19

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

Legal Entity Name: <b>ALHAMD INC.</b>	
Premises Address: <b>2905 W Fond Du Lac Ave Milwaukee WI 53206</b>	
<b>SECTION 1 TYPE OF BUSINESS</b>	
What will be the majority of your food sales? (check one)	
<input type="checkbox"/> Restaurant Items (meals): MEALS include, but are not limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, nachos w/ cheese and meat, French fries, cooked or deep fried vegetables/fruit, cooked cheese curds, corn dogs, egg rolls, salads.	
<input checked="" type="checkbox"/> Retail Items (snacks and beverages): RETAIL items include, but are not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino, tea, fruit juice, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, kettle corn, cotton candy, funnel cakes, fritters, tortilla chips w/ cheese.	
Will it be a convenience store? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No A convenience store contains less than 5,000 square feet of retail space and has, as its primary business, the sale of basic food items and in addition, sells household products or is a filling station that sells basic food items and household products.	
<input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Micro Market	
All Applicants: Submit a menu or a list of food items that will be sold.	
Will any wholesale business be done? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, what percentage of food sales will be wholesale?	
<input type="checkbox"/> Less than 25%	
<input type="checkbox"/> 25% or More AND:	
<input type="checkbox"/> Restaurant items (meals) will be sold – Complete this application and also contact DATCP.	
<input type="checkbox"/> NO restaurant items (meals) will be sold - Do NOT complete this application. Contact DATCP only.	
<b>SECTION 2 FOOD PROCESSING</b>	
Will any food processing be done? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Processing is defined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, extracting, fermenting, distilling, pickling, freezing, drying, smoking, or packaging.	
<b>SECTION 3 FOOD REQUIRING TEMPERATURE CONTROL</b>	
Will any food that requires temperature control be sold? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)	
<b>Milk, Cheese, And Ice Cream, eggs</b>	
If yes, list the types of food items: _____	

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

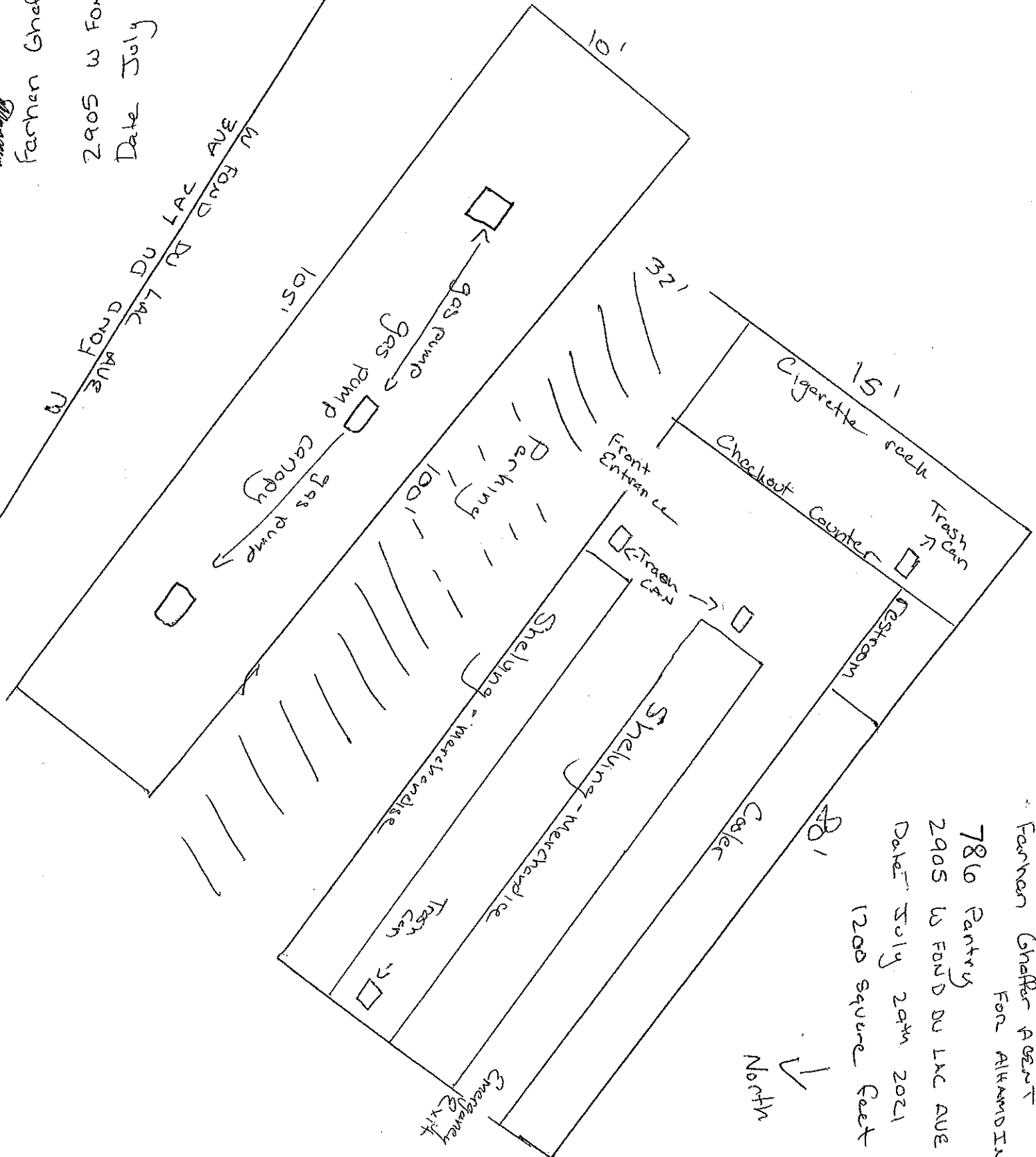
~~XXXXXXXXXX~~

Farhan Ghafoor Agent for Alkandia

2905 W FOND DU LAC AVE

Date July 29th 2021

N 29th St



Farhan Ghafoor Agent for Alkandia

7860 Pantry

2905 W FOND DU LAC AVE

Date July 29th 2021

1200 square feet