



CITY OF MILWAUKEE  
OFFICE OF THE CITY CLERK

Thursday, April 14, 2022

COMMITTEE MEETING NOTICE

AD 01

SINGH, Amritpal, Agent  
Heer, Corp  
9032 W Elm Ct #1  
Franklin, WI 53132

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

**Tuesday, April 26, 2022 at 02:55 PM**

**Regarding:** Your Class A Fermented Malt Beverage, Food Dealer and Weights & Measures License Applications as agent for "Heer, Corp" for "Burbach's" at 1111 W Hampton Av.

This meeting will be held via GoToMeeting. Please see the enclosed best practices document for further instructions. The access code is <https://meet.goto.com/279418573>. If you wish to call in, please call [+1 \(872\) 240-3212](tel:+18722403212) and use Access Code: 279-418-573.

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 [stas5@milwaukee.gov](mailto:stas5@milwaukee.gov)

# MILWAUKEE POLICE DEPARTMENT LICENSING

## CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

**DATE:** 03/16/22

**LICENSE TYPE:** Class B Tavern

**NEW:**

**RENEWAL:**

**No.** n/a

**Application Date:** n/a

**License Location:** 5308 W. Hampton Avenue

**Business Name:** Hampton Meat Market

**Licensee/Applicant:** SINGH, Rajwinder  
(Last Name, First Name, MI)

**Date of Birth:** 09/28/1992

**Home Address:** 6807 85<sup>th</sup> Street

**City:** Kenosha

**State:** WI **Zip Code:** 53412

**Home Phone:** 908-494-0992

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This report is written by Police Officer Corstan D. COURT, assigned to the License Investigation Unit, Days.

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

1. On 02/07/22 at 6:14pm, Milwaukee Police were dispatched to 5308 W. Hampton Avenue for an armed robbery complaint. Investigation revealed that two subjects had robbed the store. The owner was helpful providing information.

**Item #1 was added to Previous Premise**

Date: 3/30/2022

Officer: Bowie Buchner

City of Milwaukee Police Department

90-5-1.5 Crime Prevention Survey

Convenience Store/Liquor Store Inspection

Name of Business: Burbach's

Address: 5308 W Hampton Av

Phone: 414-873-7854

Owner: Amritpal Singh

Owner address: 9032 W Elm Ct #1

City State Zip: Franklin, WI 53132

Owner Phone: 414-873-7854

Owner email: [ghumansaab1992@gmail.com](mailto:ghumansaab1992@gmail.com)

Manager: Same as owner

Home Address: Click here to enter text.

City State Zip: Click here to enter text.

Phone: Click here to enter text.

Email: Click here to enter text.

Preferred contact: Sukhwinder Singh 857-600-8036

Location currently open: YES NO

Projected open date: [Click here to enter text.](#)

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

Hours of Operation: Sun: 8:00AM – 6:00PM 24 hours Y N

Mon: 8:00AM – 9:00PM

Tue: 8:00AM – 9:00PM

Wed: 8:00AM – 9:00PM

Thu: 8:00AM – 9:00PM

Fri: 8:00AM – 9:00PM

Sat: 8:00AM – 9:00PM

Premise Type: Liquor Store

Convenience Store

Other:

Licenses currently held:

Alcohol: Yes No Class: A #: AMALT 335111

Tobacco: Yes No #: CIG 335113

Food: Yes No #: FOOD 335112

Extended Hours: Yes No #: [Click here to enter text.](#)

Secondhand Dealer: Yes No Type:[Click here to enter text.](#) #: [Click here to enter text.](#)

Other: Yes No Type:Weights & Measures #: W&M 335114

Other: Yes No Type: [Click here to enter text.](#) #: [Click here to enter text.](#)

Who is your alcohol distributor? Beer Capitol

**Exterior Survey:**

1. Is the area around the location clean? Yes No
2. What surrounds the location? (Check all the apply)
  - a. Park
  - b. School
  - c. Youth Center
  - d. Church
  - e. Tavern(s) If so, how many 1 (not currently open)
  - f. Residential
  - g. Other businesses
  - h. Other: Click here to enter text.
3. Can you see from the outside of the location into the interior Yes No
4. Can you see the employees inside of the location from the outside Yes No
5. Are exterior windows free of signage Yes No
6. Is there a parking lot Yes No
7. Is the parking lot clean? Yes No
8. Is the parking lot well lit? Yes No
9. Are there areas where a person could conceal themselves Yes No
10. Is there exterior lighting? Yes No. Does it appears to be adequate Yes No
11. Exterior Payphone? Yes No, inoperable
12. Are there No Loitering Signs posted? Yes No
13. Are the address numbers prominently displayed and easy to see Yes No

**Camera Survey:**

14. Does this location have security cameras? Yes No

15. Are they in working order? Yes No

16. What format are the cameras?

a. Color Yes No

b. Digital Yes No

c. VCR Yes No

d. Recorded Yes No

17. How long is footage stored for later viewing: 6 months

18. Are there exterior cameras Yes No How many: 2

19. Are there interior cameras Yes No How many: 7

20. Do all employees know how to retrieve recorded digital images/footage? Yes No

**Interior Survey:**

21. Is the storeowner willing to be a standing complainant regarding loitering? Yes No

a. If yes have them fill out the standing complaint form and give them two of the commercial signs Yes No

22. Is the interior of the location neat and clean? Yes No

23. Does an interior camera face the entrance/exit? Yes No

24. Is there a lockable area that separates employees from customers? Yes No

25. Does the store sell single chore boy? Yes No

26. Does the store sell blunt wraps? Yes No

27. Does the store sell scales? Yes No

28. Does the store sell items that may be used as crack pipes? Yes No

a. Describe item : Click here to enter text.

29. Does the store have an overabundance of sandwich baggies: Yes No

30. Does the owner understand that these items are often used for drug use? Yes No

31. Do the products in the store appear to be new and rotated often? Yes No

32. Are emergency and non-emergency numbers posted near the phone? Yes No

33. Does the owner know how to contact their police district directly? Yes No

a. Did you provide a district contact guide to the owner? Yes No

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

(\*\* Read full ordinance for all details "68-55 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 No \*\*
2. Are the glass entrance and exit doors clear of any signs or advertisements with the exception of a sign which states that the cash register contains \$50 or less and that the safe is no accessible to employees? Yes No
3. Does the store maintain one of the following on the licensed premise:
  - a. A safe that was in use at the convenience food store on August 17, 1994?  
Yes No
  - b. A drop-safe or time release safe that weighs at least 500 pounds or which is attached to or set into the floor in a manner approved by the police department? Yes No
4. Is lighting provided for the store's parking area during all hours of darkness when employees or customers are on the premises at a minimum average of 2-foot candles per square foot, unless the store is not open for business after sunset and before sunrise? Yes No N/A
5. Are at least two high-resolution surveillance security cameras installed?  
Yes No
6. Are the security cameras in working order? Yes No
7. Does one camera show an overall view of the counter and register area?  
Yes No
8. Does one camera show a clear, identifiable, full frame image of the face of each person entering and leaving the store? Yes No
9. Are the camera views obstructed by fixtures or displays? Yes No



10. Is the recorded footage stored for at least 30 days? Yes No

11. Do all store employees know how to record footage from the camera system to media capable of being transferred to police custody? Yes No

12. Are customer entrances/exits made of glass or other transparent material?

Yes No

- a. Exception: A store that does not have such doors on August 17, 1994 shall not be required to install such doors until the holder of the store's food dealer license changes.

13. Has the owner and their employees attended the Robbery Prevention Training within 120 days of ownership or employment? Yes No

- a. Contact Community Outreach and Education at 935-7836 for schedule.

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

a-1. The store is located in an enclosed shopping structure, enclosed commercial building or hospital. A convenience food store is not in an enclosed structure or building if a customer can enter it directly from the outside.

Does store conform to a-1 Yes No

a-2 The store physically separates employees from customers with a solid partition that bars a person from entering the employee area from the customer area, has a secure lock on the employee side of any door between the employee area and the customer, and conducts all transaction through a service window or similar arrangement.

Does store conform to a-2 Yes No

a. At the commissioner's discretion, a convenience store may be exempted from any or all of the regulations specified in sub 2.

Does this location hold an exemption from the commissioner regarding any of the requirements of Sub 2? Yes No

**ADDITIONAL COMMENTS/RECOMMENDATIONS:**

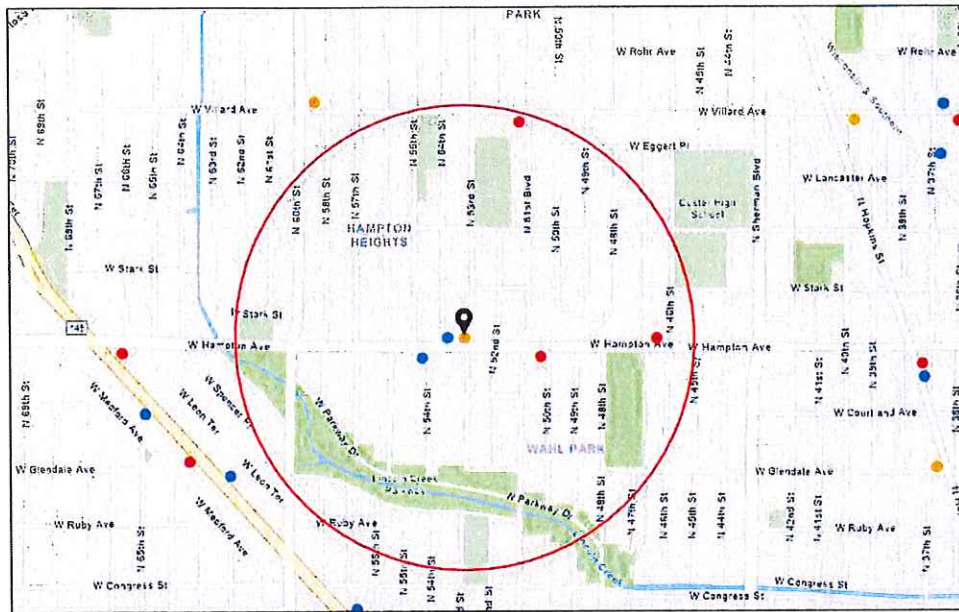


# Concentration Map for 5308 W Hampton Ave

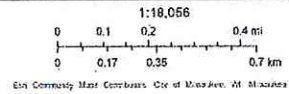
## Area of Interest (AOI) Information

Area : 21,862,585.93 ft<sup>2</sup>

Mar 14 2022 13:15:00 Central Daylight Time



- Alcohol Licenses
  - Class B Tavern
  - Class A Fermented Malt Beverage
  - Class A Liquor and Malt
- City Limits



## Summary

Name	Count	Area(ft <sup>2</sup> )	Length(mi)
Alcohol Licenses	6		

## Alcohol Licenses

#	Legal Entity	Trade Name	Licensee	Address	License Type Name	Total Capacity	Expiration Date	Count
1	4616 Stark INC.	Stark Foods II	CHARNJIT KAUR, Agt	4616 W Hampton AV	Class A Malt & Class A Liquor License		12/3/2021, 6:00 PM	1
2	ASR, INC	VILLARD FOODS	AHMAD A ABDALLAH, Agt	5123 W VILLARD AV	Class A Malt & Class A Liquor License		2/20/2022, 6:00 PM	1
3	Il Life Bar LLC	Il Life Bar	TIPHANNIE M ROBY, Agt	5334 W Hampton AV	Class B Tavern License	88	3/28/2022, 7:00 PM	1
4	BIL-MAC, INC	HAMPTON HOUSE	JEFFREY P KAMERMAYE R, Agt	5403 W HAMPTON AV	Class B Tavern License	100	4/24/2022, 7:00 PM	1
5	Toor Stores LLC	Jack's Liquor	Davinder S Toor, Agt	5009 W Hampton AV	Class A Malt & Class A Liquor License		6/18/2022, 7:00 PM	1
6	HAMPTON MEAT MARKET INC.	HAMPTON MEAT MARKET	Rajwinder Singh, Agt	5308 W Hampton AV	Class A Fermented Malt Beverage Retailer's License		11/2/2022, 7:00 PM	1

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



Thursday, April 14, 2022



# Notice of Public Hearing

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SINGH, Amritpal  
Burbach's at 5308 W Hampton Av.  
Class A Fermented Malt Beverage, Food Dealer and Weights & Measures License Applications

**Tuesday, April 26, 2022 at 02:55 PM**

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 04/26/2022 at 02:55 PM. 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.

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

1. The license application is scheduled to be heard at the above time. Due to other hearings running longer than scheduled, you may have to wait some time to provide your testimony.
2. You must 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.**

OCCUPANT	MAIL ADDRESS	CITY STATE ZIP
CURRENT OCCUPANT	4762 N 53RD ST	MILWAUKEE, WI 53218-5013
CURRENT OCCUPANT	4814 N 54TH ST	MILWAUKEE, WI 53218-4201
CURRENT OCCUPANT	4815 N 53RD ST	MILWAUKEE, WI 53218-4311
CURRENT OCCUPANT	4820 N 53RD ST	MILWAUKEE, WI 53218-4310
CURRENT OCCUPANT	4821 N 52ND ST	MILWAUKEE, WI 53218-4307
CURRENT OCCUPANT	4821 N 53RD ST	MILWAUKEE, WI 53218-4311
CURRENT OCCUPANT	4826 N 54TH ST	MILWAUKEE, WI 53218-4201
CURRENT OCCUPANT	4826A N 54TH ST	MILWAUKEE, WI 53218-4201
CURRENT OCCUPANT	4829 N 52ND ST	MILWAUKEE, WI 53218-4307
CURRENT OCCUPANT	4829 N 53RD ST	MILWAUKEE, WI 53218-4311
CURRENT OCCUPANT	4832 N 54TH ST	MILWAUKEE, WI 53218-4201
CURRENT OCCUPANT	4836 N 53RD ST	MILWAUKEE, WI 53218-4310
CURRENT OCCUPANT	4837 N 52ND ST	MILWAUKEE, WI 53218-4307
CURRENT OCCUPANT	4837 N 53RD ST	MILWAUKEE, WI 53218-4311
CURRENT OCCUPANT	4840 N 54TH ST	MILWAUKEE, WI 53218-4201
CURRENT OCCUPANT	4844 N 53RD ST	MILWAUKEE, WI 53218-4310
CURRENT OCCUPANT	4844 N 54TH ST	MILWAUKEE, WI 53218-4201
CURRENT OCCUPANT	4847 N 53RD ST	MILWAUKEE, WI 53218-4311
CURRENT OCCUPANT	5210 W HAMPTON AVE	MILWAUKEE, WI 53218-5016
CURRENT OCCUPANT	5334 W HAMPTON AVE	MILWAUKEE, WI 53218-5018

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Total Records: 20

Radius 250.0 feet and Center of Circle: 5308 W Hampton Av



# BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 5/12/2020

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

## 1. Type of Business

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

Provide a detailed description of the type of business you plan on operating:  
CONVENIENCE STORE SERVING NEIGHBOR HOOD RESIDENTS

Do you have any experience operating this type of business?  No  Yes If yes, explain: Worked in Retail for 2+ years.

## 2. Business Operations

- a. Proposed Opening Date: 5/1/2022
- 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: CLASS A MALT
- e. Is the current licensee operating?  No  Yes If no, list date closed: \_\_\_\_\_
- f. Do you have future plans for other businesses, licenses or permits at this location?  No  Yes  
If yes, explain: \_\_\_\_\_
- g. Have you previously held an Extended Hours License in Milwaukee?  No  Yes  
If yes, list address(es): \_\_\_\_\_
- h. Are other businesses operating in the same building?  No  Yes If yes, describe: \_\_\_\_\_

## 3. Litter & Noise

- a. How are grounds kept clean?  Sweep  Pressure Wash  Pick Up Litter  Other: \_\_\_\_\_
- b. How often will grounds be cleaned?  Daily  Weekly  As Needed  Monthly  Other: \_\_\_\_\_
- c. Grounds cleaned by:  Licensee  Building Owner  Employees  Hired Maintenance  Other: \_\_\_\_\_
- d. How are noise issues prevented and/or addressed?  Security  Manager approaches customer(s)  Call Police  
 Signs Posted  Other: \_\_\_\_\_
- e. Will a sound amplification system be used?  No  Yes If yes, describe: \_\_\_\_\_

## 4. Smoking & Sanitation

- a. Are there designated outdoor smoking areas?  No  Yes If yes, describe: \_\_\_\_\_
- b. Number of Garbage Cans: Inside: 2 Locations: Counter Restroom  
Outside: 2 Locations: Entrance
- c. Is a crowd control barrier used?  No  Yes If yes, describe: \_\_\_\_\_
- d. How many restrooms are on the premises? 1
- e. Name of solid waste contractor:  Advanced Disposal  Waste Management  Other: \_\_\_\_\_

## 5. Security

- a. Are there onsite parking spaces?  No  Yes If yes, how many? 7 and describe the parking security plan: Security Camera's Installed Signs Posted.
- b. Is there a loading zone?  No  Yes If yes, describe the loading area security plan: \_\_\_\_\_
- c. Will you have security personnel on premise?  No  Yes If yes, how many? \_\_\_\_\_ and answer the following:  
 What are their responsibilities? \_\_\_\_\_  
 Is security equipment used?  No  Yes If yes, describe \_\_\_\_\_  
 List their licensing, certification, or training credentials \_\_\_\_\_
- d. Will there be security cameras?  No  Yes If yes, how many? 10 and list locations: Counters, Entrance  
Isles
- e. Will searches/identification checks be done upon entry?  No  Yes If yes, describe \_\_\_\_\_

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

Alcohol <u>10</u> %	Food <u>85</u> %	Secondhand Merchandise _____ %	Precious Metals & Gems _____ %
Entertainment _____ %	Cigarettes <u>3</u> %	_____ %	_____ %
Pawnbroker Activity _____ %	Salvaged Materials _____ % (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____ %	Other <u>2</u> % Describe: _____

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

### Type 1

- Full Service Restaurant     Cafe/Coffee Shop     Deli or Fast Food Restaurant     Private/Fraternal/Veterans Club
- Night Club     Tavern     Cocktail Lounge     Teen Club
- Banquet Hall     Sports Facility     Bowling Alley
- Hotel/Motel: Number of Floors: \_\_\_\_\_     Rooming House: Number of Floors: \_\_\_\_\_  
 Number of Rooms: \_\_\_\_\_    Number of Rooms: \_\_\_\_\_

### Type 2

- Liquor Store     Corner Store     Supermarket     Convenience Store
- Gas Station     Amusement/Phonograph Distributor     Recycling, Salvage or Towing
- Used Car Dealer     Personal Service Establishment  
(such as tattoo business, hair salon, tailor, etc.)     Recording Studio

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

- Occupancy Permit     Cigarette & Tobacco     Gas Station     Extended Hours     Class "B" Tavern     Weights & Measures
- Secondhand Dealer     Precious Metal & Gem     Other: \_\_\_\_\_

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

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



## 9. Premises Description

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

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

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

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

c. Nearest Major Cross Street: HAMPTON AND 51<sup>ST</sup> ST.

d. Describe Building:  Free Standing Building  Strip Mall  Other: \_\_\_\_\_

e. Describe Premises Structure:  Single Story  Multi-Story - # of Stories \_\_\_\_\_  Other: \_\_\_\_\_

f. Describe Surrounding Area:  Commercial  Residential  Industrial  Other: \_\_\_\_\_

g. Building Owner Name: SUKHWINDER SINGH Phone Number: 857-600-8036

Building Owner Address: 9032 W Elm Ct. Unit I, Franklin WI 53132

## 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.)			
<u>5:00</u> Sunday	<u>8:00 AM</u>	<u>9:00 PM</u>	<u>80</u>		
Monday			<u>80</u>		
Tuesday			<u>80</u>		
Wednesday			<u>80</u>		
Thursday			<u>90</u>		
Friday			<u>100</u>		
<u>5:00</u> Saturday	<u>8:00 AM</u>	<u>9:00 PM</u>	<u>110</u>		

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

Alcohol Establishments **Class A:** 8:00 am to 9:00 pm Sunday thru Saturday  
 Permitted Hours of Operation: **Class B:** 6:00 am to 2:00 am Sunday thru Thursday, 6:00 am to 2:30 am Friday & Saturday

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

## 11. Signature(s)

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

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

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



# ALCOHOL BEVERAGE & PUBLIC ENTERTAINMENT PREMISES SUPPLEMENTAL APPLICATION

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

Legal Entity Name: Heer Corp

Premise Address: 5308 W Hampton Ave, Milwaukee, WI 53218

**Proximity of Premises to Church, School, Daycare Center or Hospital**

Is the building within 300 feet of any church, school, daycare center or hospital?  No  Yes

**"Service Bar Only" Designation**

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 employees who serve patrons seated at tables. No stools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.

**Business Information**

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

b) Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the business?  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.

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

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

**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.)? NO

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

**Lease Information (New & Transfer Applicants who are leasing the premises only)**

a) Date lease begins 5/1/2022 Ends: 4/30/2032

b) Monthly rental \$ 5000.00

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)? 20 years

**Lease Information (Continued)**

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

**Change of Agent Applicants Only**

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

**Signature**



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

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

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

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



# FOOD DEALER LICENSE PLAN OF OPERATION

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: Heen Corp

Premises Address: 5308 W HAMPTON AVE Milwaukee WI 53218

## SECTION 1 TYPE OF BUSINESS

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

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

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

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

Bed & Breakfast  
 Micro Market

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

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

Less than 25%

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

## SECTION 2 FOOD PROCESSING

Will any food processing be done?  No  Yes

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

## SECTION 3 FOOD REQUIRING TEMPERATURE CONTROL

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

If yes, list the types of food items: Milk, Cheese, Eggs, Poultry, Meat, Fish, ice cream, Pizza.

**SECTION 4 DETAILS OF OPERATION**

Will you have seating on site for dining?  No  Yes

Will you be doing any catering?  No  Yes

Will you be doing any delivery?  No  Yes

Will you have outdoor activities?  No  Yes - Check all that apply:  Bar  Cooking/Grilling  Dining

Will you have a drive thru window?  No  Yes - Are hours different from inside?  No  Yes  
 If Yes, provide drive thru hours: \_\_\_\_\_

Will scales or barcode scanners be used?  No  Yes - You must also apply for a Weights & Measures License.

**SECTION 5 ADDITIONAL SITES**

Where will food be prepared and/or sold?  
 At a single site  At multiple sites: How many? \_\_\_\_\_ (for example, a hotel with several dining rooms or bars)  
 If multiple sites, attach a Food Dealer Additional Site Addendum (ccl-foodadd) for each additional site.

**SECTION 6 CONSTRUCTION OR CHANGES**

Are you planning any construction, remodeling or equipment changes?  
 No If No, SKIP to Section 8  
 Yes If Yes, check all that apply:  New construction of a building  Renovation or remodeling  
 Construction changes to existing building  Equipment changes only

Provide a brief description of the changes: \_\_\_\_\_  
 Start date: \_\_\_\_\_  
 Name, Address & Phone Number of Architect: \_\_\_\_\_  
 \_\_\_\_\_  
 Name, Address & Phone Number of Contractor: \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 7 ALCOHOL BEVERAGES**

Are you applying for an alcohol beverage license?  
 No If No, SKIP to Section 8  
 Yes IF YES, if your food license is approved prior to the alcohol license, when do you want the food license issued?  
 Immediately  At the same time as the alcohol license

**SECTION 8 ACKNOWLEDGEMENTS & SIGNATURE**

You must initial each item confirming your understanding:

S-S I understand the Health Department must conduct an inspection and advise the License Division of their approval before the license may be issued.

S-S 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.

S-S 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.

S-S 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.

S-S 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]

Signature of Additional Partner: \_\_\_\_\_



**WEIGHTS & MEASURES LICENSE  
SUPPLEMENTAL APPLICATION**

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

**Office Use Only:**

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

Legal Entity Name: HEER CORP

Premise Address: 5308 W HAMPTON AVE MILWAUKEE WI 53218

**Device Type(s)**

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

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

**Total Fee Due**

**Signature**

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

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

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

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

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

*[Signature]*

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

Signature of additional partner or 20% or more shareholder

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

Burbachs

5308 W Hampton Ave  
Milwaukee, WI, 53218

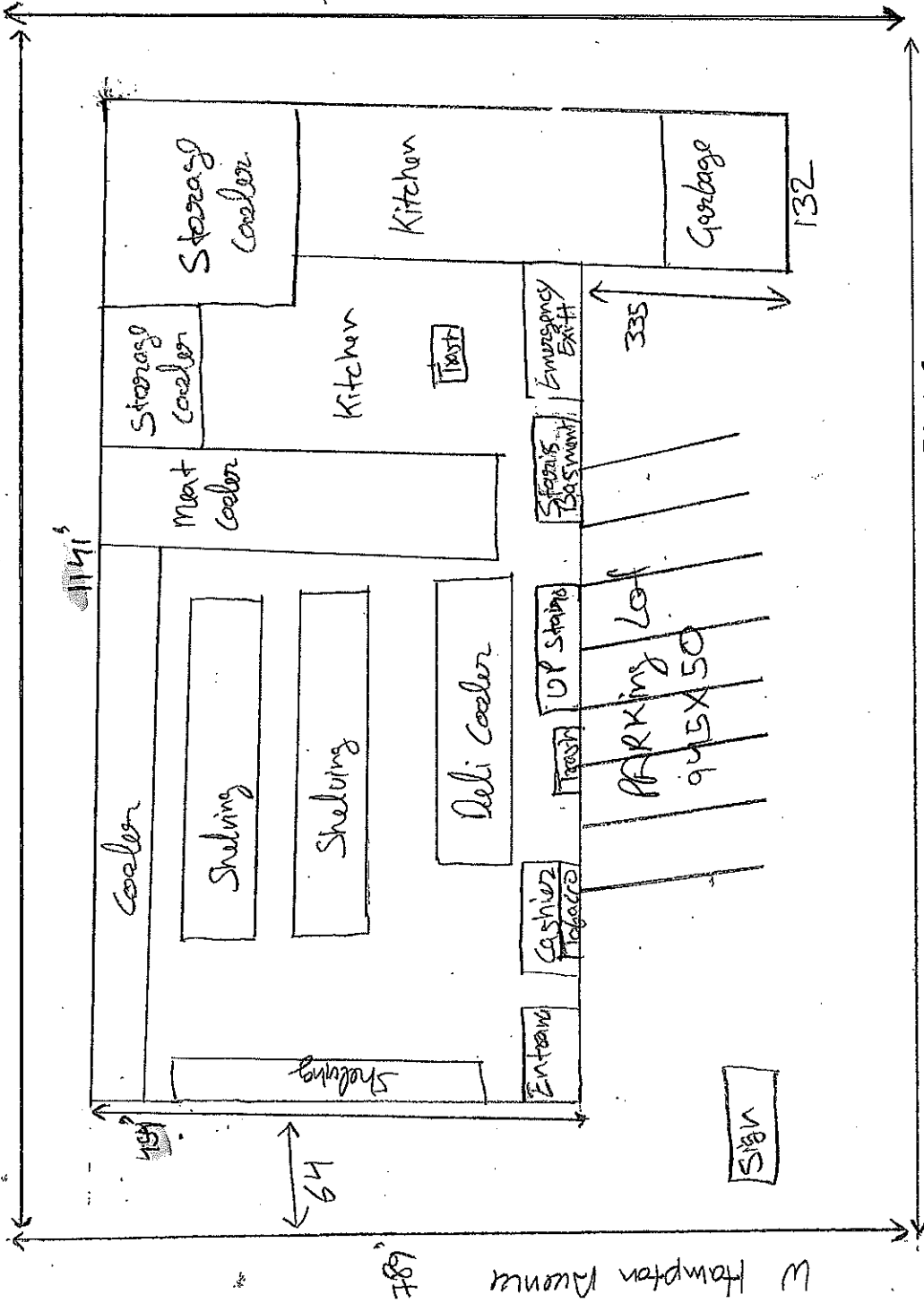
Heer Corp

789 Anantpal Singh Agent

Total Square

Lot ~~6175~~ 6175

Store ~~3515~~ 3515

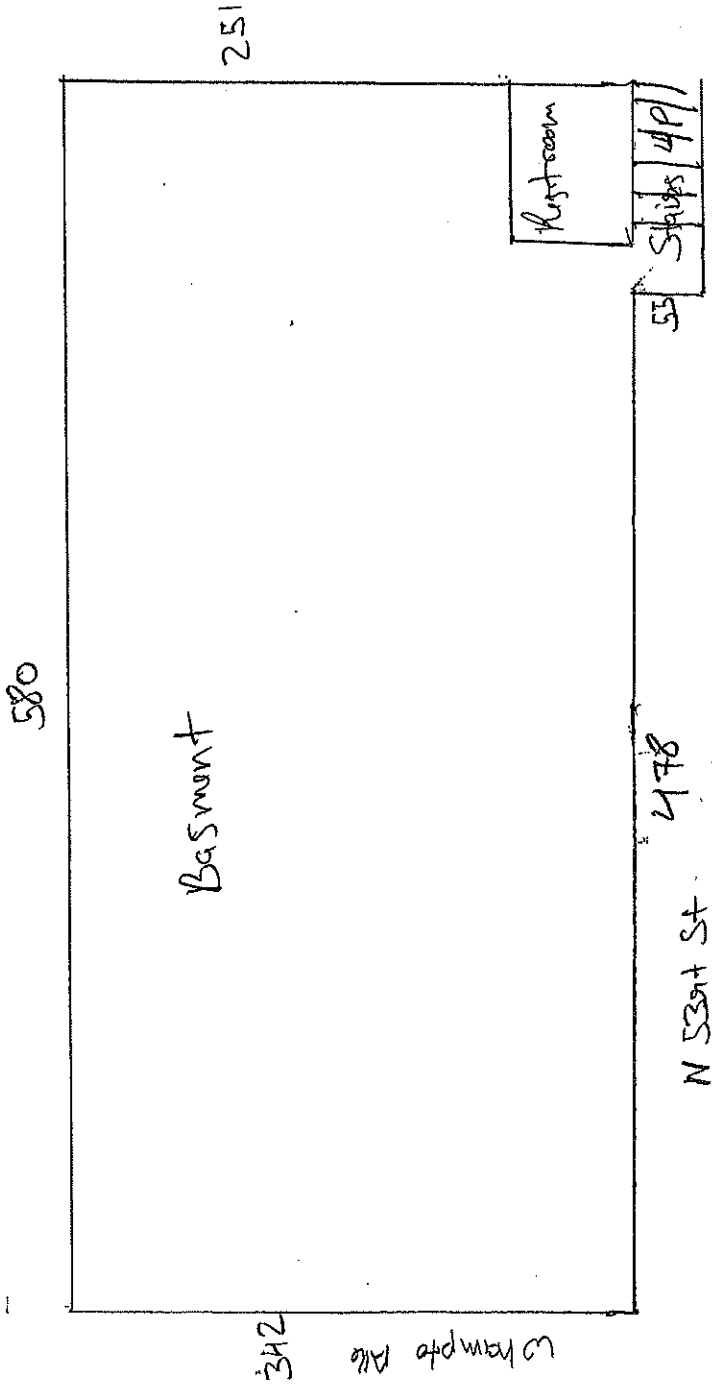


03/14/2022

Barbachs  
5308 W Hampton Ave  
Milwaukee, WI, 53218

Huez Corp  
Anandpal Singh Agent

Total Square  
Lot 6175'  
Stores 3615'



03/14/2022