



CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Friday, September 03, 2021

COMMITTEE MEETING NOTICE

AD 15

SINGH, Satpal, Agent
Ansh Grocery Store Inc
4737 W CENTER St

Milwaukee, WI 53210

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

Monday, September 20, 2021 at 01:55 PM

Regarding: Your Public Entertainment Premises License Application requesting 5 Amusement Machines as agent for "Ansh Grocery Store Inc" for "Hannawi Meat & Deli" at 4737 W CENTER St.

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/733111181>. If you wish to call in, please call +1 (646) 749-3122 and use Access Code: 733-111-181.

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.

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, Molly Kuether-Steele at (414) 286-2775 or molly.kuether-steele@milwaukee.gov.

200 E. Wells Street, Room 105, City Hall, Milwaukee, WI 53202. www.milwaukee.gov/license
Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: License@milwaukee.gov



Friday, September 03, 2021



Notice of Public Hearing

blank
notice

SINGH, Satpal, Agent
Hannawi Meat & Deli at 4737 W CENTER St
Public Entertainment Premises License Application Requesting 5 Amusement Machines

Monday, September 20, 2021 at 1:55 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 9/20/2021 at 1:55 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, Molly Kuether-Steele at (414) 286-2775 or molly.kuether-steele@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.

OCCUPANT	MAIL ADDRESS	CITY STATE ZIP
CURRENT OCCUPANT	2639 N 48TH ST	MILWAUKEE, WI 53210-2415
CURRENT OCCUPANT	2640 N 48TH ST	MILWAUKEE, WI 53210-2414
CURRENT OCCUPANT	2641 N 48TH ST	MILWAUKEE, WI 53210-2415
CURRENT OCCUPANT	2644 N 48TH ST	MILWAUKEE, WI 53210-2414
CURRENT OCCUPANT	2644A N 48TH ST	MILWAUKEE, WI 53210-2414
CURRENT OCCUPANT	2645 N 47TH ST	MILWAUKEE, WI 53210-2413
CURRENT OCCUPANT	2645 N 48TH ST	MILWAUKEE, WI 53210-2415
CURRENT OCCUPANT	2647 N 47TH ST	MILWAUKEE, WI 53210-2413
CURRENT OCCUPANT	2647 N 48TH ST	MILWAUKEE, WI 53210-2415
CURRENT OCCUPANT	2648 N 48TH ST	MILWAUKEE, WI 53210-2414
CURRENT OCCUPANT	2649 N 47TH ST	MILWAUKEE, WI 53210-2413
CURRENT OCCUPANT	2650 N 48TH ST	MILWAUKEE, WI 53210-2414
CURRENT OCCUPANT	2651 N 47TH ST	MILWAUKEE, WI 53210-2413
CURRENT OCCUPANT	2651 N 48TH ST	MILWAUKEE, WI 53210-2415
CURRENT OCCUPANT	2651A N 48TH ST	MILWAUKEE, WI 53210-2415
CURRENT OCCUPANT	2654 N 49TH ST	MILWAUKEE, WI 53210-2301
CURRENT OCCUPANT	2654A N 49TH ST	MILWAUKEE, WI 53210-2301
CURRENT OCCUPANT	2655 N 47TH ST	MILWAUKEE, WI 53210-2413
CURRENT OCCUPANT	2655 N 48TH ST	MILWAUKEE, WI 53210-2415
CURRENT OCCUPANT	2656 N 48TH ST	MILWAUKEE, WI 53210-2414
CURRENT OCCUPANT	2656A N 48TH ST	MILWAUKEE, WI 53210-2414
CURRENT OCCUPANT	2657 N 48TH ST	MILWAUKEE, WI 53210-2415
CURRENT OCCUPANT	2658 N 48TH ST	MILWAUKEE, WI 53210-2414
CURRENT OCCUPANT	2659 N 48TH ST	MILWAUKEE, WI 53210-2415
CURRENT OCCUPANT	2660 N 48TH ST	MILWAUKEE, WI 53210-2414
CURRENT OCCUPANT	2660 N 49TH ST	MILWAUKEE, WI 53210-2301
CURRENT OCCUPANT	2661 N 47TH ST	MILWAUKEE, WI 53210-2413
CURRENT OCCUPANT	2661 N 48TH ST	MILWAUKEE, WI 53210-2415
CURRENT OCCUPANT	2662 N 49TH ST	MILWAUKEE, WI 53210-2301
CURRENT OCCUPANT	2663 N 47TH ST	MILWAUKEE, WI 53210-2413
CURRENT OCCUPANT	2702 N 49TH ST	MILWAUKEE, WI 53210-2354
CURRENT OCCUPANT	2704 N 49TH ST	MILWAUKEE, WI 53210-2354
CURRENT OCCUPANT	2706 N 48TH ST	MILWAUKEE, WI 53210-2446
CURRENT OCCUPANT	2706 N 49TH ST	MILWAUKEE, WI 53210-2354
CURRENT OCCUPANT	2707 N 48TH ST	MILWAUKEE, WI 53210-2447
CURRENT OCCUPANT	2708 N 48TH ST	MILWAUKEE, WI 53210-2446
CURRENT OCCUPANT	2708 N 49TH ST	MILWAUKEE, WI 53210-2354
CURRENT OCCUPANT	2709 N 48TH ST	MILWAUKEE, WI 53210-2447
CURRENT OCCUPANT	2718 N 48TH ST	MILWAUKEE, WI 53210-2446
CURRENT OCCUPANT	2719 N 47TH ST	MILWAUKEE, WI 53210-2445
CURRENT OCCUPANT	2719 N 48TH ST	MILWAUKEE, WI 53210-2447
CURRENT OCCUPANT	2719A N 48TH ST	MILWAUKEE, WI 53210-2447
CURRENT OCCUPANT	2720 N 48TH ST	MILWAUKEE, WI 53210-2446
CURRENT OCCUPANT	2721 N 47TH ST	MILWAUKEE, WI 53210-2445
CURRENT OCCUPANT	2722 N 48TH ST	MILWAUKEE, WI 53210-2446
CURRENT OCCUPANT	2723 N 48TH ST	MILWAUKEE, WI 53210-2447

CURRENT OCCUPANT	2724 N 48TH ST	MILWAUKEE, WI 53210-2446
CURRENT OCCUPANT	2725 N 47TH ST	MILWAUKEE, WI 53210-2445
CURRENT OCCUPANT	2725 N 48TH ST	MILWAUKEE, WI 53210-2447
CURRENT OCCUPANT	2727 N 47TH ST	MILWAUKEE, WI 53210-2445
CURRENT OCCUPANT	4730 W CENTER ST	MILWAUKEE, WI 53210-2418
CURRENT OCCUPANT	4807 W CENTER ST, 1	MILWAUKEE, WI 53210-2308
CURRENT OCCUPANT	4807 W CENTER ST, 2	MILWAUKEE, WI 53210-2308
CURRENT OCCUPANT	4807 W CENTER ST, 3	MILWAUKEE, WI 53210-2308
CURRENT OCCUPANT	4807 W CENTER ST, 4	MILWAUKEE, WI 53210-2308
CURRENT OCCUPANT	4807 W CENTER ST, 5	MILWAUKEE, WI 53210-2308
CURRENT OCCUPANT	4813A W CENTER ST	MILWAUKEE, WI 53210-2308
CURRENT OCCUPANT	4821 W CENTER ST	MILWAUKEE, WI 53210-2308
CURRENT OCCUPANT	4823 W CENTER ST	MILWAUKEE, WI 53210-2308
CURRENT OCCUPANT	4825 W CENTER ST	MILWAUKEE, WI 53210-2308

blank

notice

Total Records: 60

Radius: 250.0 feet and Center of Circle: 4737 W Center St



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

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: CONVENIENCE STORE WITH BEER

Do you have any experience operating this type of business? No Yes If yes, explain: I currently operate this store from last 5 yrs.

2. Business Operations

- a. Proposed Opening Date: 01/01/2021
- 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 Beer, Food, Cig & Tobacco
- 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: 3 Locations: By Cash Register, Rest Room and Deli AREA
Outside: 1 Locations: By Front Door
- 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? _____ and describe the parking security plan: _____
- 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? 16 and list locations: Monitors Inside and store surroundings.
- 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>60</u> %	Secondhand Merchandise <u>0</u> %	Precious Metals & Gems <u>0</u> %
Entertainment <u>0</u> %	Cigarettes <u>25</u> %	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) <u>0</u> %	Other <u>5</u> % Describe: <u>Lottery</u>
Pawnbroker Activity <u>0</u> %	Salvaged Materials <u>0</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: _____ 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)

Capacity n/a (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):
 1st Floor 2nd 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: Center St and 47th 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: ASK Real Estate Holding Inc Phone Number: 414-628-5248
 Building Owner Address: 1515 E Mapleview Dr, Oak Creek, WI 53154

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	8:00am	9:00pm	250	all	n/a
Monday	8:00am	9:00pm	250	all	n/a
Tuesday	8:00am	9:00pm	250	all	n/a
Wednesday	8:00am	9:00pm	250	all	n/a
Thursday	8:00am	9:00pm	250	all	n/a
Friday	8:00am	9:00pm	250	all	n/a
Saturday	8:00am	9:00pm	250	all	n/a

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)

X Scott P. Sink
 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

Legal Entity Name: ANSH GROCERY STORE INC	
Premise Address: 4737 W CENTER ST, MILWAUKEE, WI 53210	
Proximity of Premises to Church, School, Daycare Center or Hospital	
Is the building within 300 feet of any church, school, daycare center or hospital? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
"Service Bar Only" Designation	
If applying for Class B or C license, are you applying for "Service Bar Only"? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input checked="" type="checkbox"/> 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? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list name and address: _____	
Property Information (New & Transfer Applicants Only)	
a) Do you own or lease the building? <input type="checkbox"/> Own <input checked="" type="checkbox"/> Lease	
b) Who owns the fixtures (for example, coolers, etc.)? ANSH GROCERY STORE INC	
c) Are you purchasing the stock and/or fixtures? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Lease Information (New & Transfer Applicants who are leasing the premises only)	
a) Date lease begins 11/25/2020 Ends 11/24/2030	
b) Monthly rental \$ 4000	
c) Do you have an option to renew the lease? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
d) Does your lease allow for assignment to another party without the consent of the owner? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
e) For what length of time have you been guaranteed occupancy (number of years)? 20	

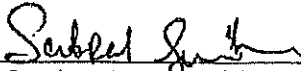
Lease Information (Continued)

- 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



PUBLIC ENTERTAINMENT PREMISES LICENSE SUPPLEMENTAL APPLICATION

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

PREMISES ADDRESS: Ansh Grocery Store Inc. - 4737 W Center St., Milwaukee, WI, 53210

TYPES OF ENTERTAINMENT (CHECK ALL THAT APPLY)

<input type="checkbox"/> Instrumental Musicians	<input type="checkbox"/> Battle of the Bands	<input type="checkbox"/> Dancing by Performers	<input checked="" type="checkbox"/> Amusement Machines How many? <u>5</u>
<input type="checkbox"/> Bands	<input type="checkbox"/> Comedy Acts	<input type="checkbox"/> Adult Entertainment/ Strippers/Erotic Dance	<input type="checkbox"/> Concerts Approx. # per year? _____
<input type="checkbox"/> Bowling Alley How many? _____	<input type="checkbox"/> Disc Jockey	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Theatrical Performances Approx. # per year? _____
<input type="checkbox"/> Pool Tables How many? _____	<input type="checkbox"/> Magic Shows	<input type="checkbox"/> Patron Contests	<input type="checkbox"/> Jukebox
<input type="checkbox"/> Motion Pictures (movies by admission) - How many? _____	<input type="checkbox"/> Poetry Readings	<input type="checkbox"/> Patrons Dancing	<input type="checkbox"/> Karaoke
<input type="checkbox"/> Other: _____			

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.

PROMOTERS/SOUND AMPLIFICATION

Will promoters ever be used for any of the entertainment? No Yes If Yes, Describe:

At any time will sound amplification be used? No Yes If Yes, Describe:

LEGAL CAPACITY OF PREMISES

25 (Call the Development Center at 414-286-8211 with questions.) Legal capacity determines the fee for your Public Entertainment Premises License. If you would like to request the license be approved with a lower capacity than that listed above, indicate the lower capacity here: _____. If approved, this lower capacity will print on your license and override the capacity listed on your Occupancy Permit.

ACKNOWLEDGEMENT/SIGNATURE

I understand that after the license has been issued, a change to the plan of operation will require a written request to change and approval from the Common Council. I agree to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application. I understand that I shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; and shall not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.

I have knowledge of the City Ordinances currently regulating public entertainment, and understand that the license may be subject to suspension, non-renewal or revocation, if I violate any rule, law or regulation of the city of Milwaukee and State of Wisconsin.

Satpal Singh

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

Office Use Only:

Initials: _____ Filed: _____ App: _____

Only PEP? No Yes If Yes, Queue to MPD and Email Mgrs/Team Lead (must be heard w/in 60 days)

" MR. SATPAL SINGH, AGENT "

ANSH GROCERY STORE INC

D/B/A HANNAWI MEAT & DELI

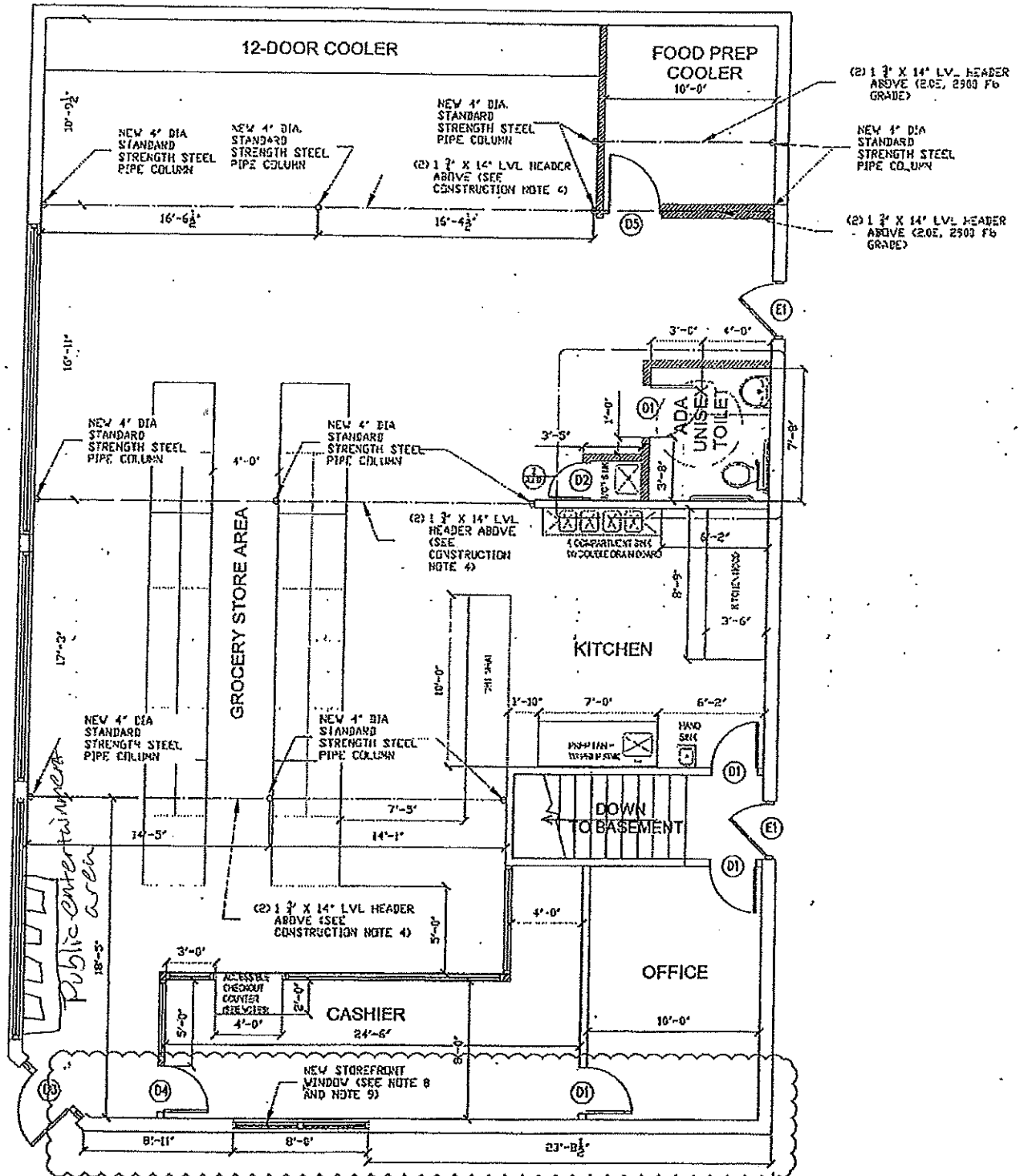
4737 W. CENTER ST.

MILWAUKEE, WI 53210

PH: 414-628-5248

6/17/2021

W. CENTER ST.



1

FLOOR PLAN - PROPOSED

SCALE: 1/4" = 1' - 0"

N 48th St

