



**CITY OF MILWAUKEE  
OFFICE OF THE CITY CLERK**

Thursday, September 17, 2020

**COMMITTEE MEETING NOTICE**

AD 07


BHULLAR, Mandeep K, Agent  
NADAR AKAL CORP  
3801 N 39TH St

Milwaukee, WI 53216

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

**Tuesday, September 29, 2020 at 01:35 PM**

**Regarding:** Your Class A Malt and Food Dealer License Applications as agent for "NADAR AKAL CORP" for "Vienna Mini Mart" at 3801 N 39TH St.

This meeting will be held via GoToMeeting. Please see the enclosed ctices document for further instructions. The access code is <https://global.gotomeeting.com/join/945944877>. If you wish to call in, please call +1 (872) 240-3412 and use Access Code: 945-944-877.

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: \_\_\_\_\_

Jessica Celella

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](mailto:molly.kuether-steele@milwaukee.gov).**

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



CITY OF MILWAUKEE  
OFFICE OF THE CITY CLERK

Thursday, September 17, 2020

COMMITTEE MEETING NOTICE

AD 07

BHULLAR, Mandeep K, Agent  
NADAR AKAL CORP  
3661 W College Ave  
#58  
Milwaukee, WI 53221

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**Tuesday, September 29, 2020 at 01:35 PM**

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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/945944877>. If you wish to call in, please call +1 (872) 240-3412 and use Access Code: 945-944-877.

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

# MILWAUKEE POLICE DEPARTMENT LICENSING

## CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

DATE: 10/04/2019  
LICENSE TYPE: ALQML  
NEW:   
RENEWAL:

No. 300060  
Application Date: 10/02/2019

License Location: 3801 N. 39<sup>th</sup> Street  
Business Name: Indertip

Licensee/Applicant: Dhindsa, Amandeep K  
(Last Name, First Name, MI)  
Date of Birth: 05/12/1969

Home Address: 8175 S. 77<sup>th</sup> Street  
City: Franklin State: WI Zip Code: 53132  
Home Phone: 414-702-5812

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 06/23/2017 Milwaukee police conducted a licensed premise check at 3500 N. Port Washington (Corner Liquor). Officers discovered that the sole employee on the scene did not possess a Class D Operator's license and issued the 50% shareholder a citation.

Charge: Responsible Person on Premises Required  
 Finding: Guilty  
 Sentence: \$250.00 fine  
 Date: 09/06/2017  
 Case: 17029221

2. On 01/19/2018 the 50% shareholder was cited in the City of Milwaukee at 3500 N. Port Washington Rd for Responsible Person on Premises Required.

Charge: Responsible Person on Premises Required  
 Finding: Guilty  
 Sentence: Fined \$220.00  
 Date: 04/25/2018  
 Case: 18021144

=====

3. On 12/19/2018 at 8:43pm officers were dispatched to Vienna Food Mart, 3801 N. 39<sup>th</sup> St, for a reckless use complaint. The clerk stated a subject came in to buy a Swisher Sweet cigar. The clerk knows this person is underage and refused the sale. The subject became upset, yelling at the clerk. The subject left but returned a short time later and produced a firearm, threatening to shoot the clerk. The clerk provided the officers with the video surveillance of the incident. The officers spoke with Inderjit DHINDSA, 50% shareholder, who was cooperative.
4. On 05/11/2019 the applicant was cited in the City of Milwaukee at 3079 N. Holton St for Sale of Cigarette to Minor/Underage.

Charge: Sale of Cigarette to Minor/Underage  
Finding: Further Proceedings on 10/22/2019  
Sentence:  
Date:  
Case: 19025289

#### **PREVIOUS PREMISE**

Date: 7/10/2020

Officer: Bowie Buchner

City of Milwaukee Police Department

90-5-1.5 Crime Prevention Survey

Convenience Store/Liquor Store Inspection

Name of Business: Vienna Mini Mart

Address: 3801 N 39<sup>th</sup> St

Phone: 414-585-0111

Owner: Mandeep Bhullar

Owner address: 3661 W College Av #58

City State Zip: Greenfield, WI 53322

Owner Phone: 414-731-0668

Owner email: bhullarmandeep92@gmail.com

Manager: Click here to enter text.

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: Mandeep Bhullar

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: 8:00A.M. – 9:00P.M. 24 hours Y N

Mon: 8:00A.M. – 9:00P.M.

Tue: 8:00A.M. – 9:00P.M.

Wed: 8:00A.M. – 9:00P.M.

Thu: 8:00A.M. – 9:00P.M.

Fri: 8:00A.M. – 9:00P.M.

Sat: 8:00A.M. – 9:00P.M.

Premise Type: Liquor Store

Convenience Store

Other:

Licenses currently held:

Alcohol: Yes No Class: A #: AMALT 309496

Tobacco: Yes No #: CIG 309499

Food: Yes No #: FOOD 309498

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

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

Who is your alcohol distributor? [Waiting to see if license gets approved](#)

**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 Click here to enter text.
  - 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: 15 days

18. Are there exterior cameras Yes No How many:

19. Are there interior cameras Yes No How many:

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:**

I was unable to enter answers to Camera Survey questions 18 and 19 above so they are answered here. There are six cameras on the exterior of the building and 5 cameras on the interior. Also, the alcohol license listed above is applied for, but has not been granted yet. The owners stated that she did not want to be a standing complainant at this time, but that she would keep the form in case she changed her mind.



## 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	PARMSAT, INC	NORTHEND BEVERAGE II	SATNAM S KHERA, Agt	4409 W FOND DU LAC AV	Class A Malt & Class A Liquor License		3/3/2021, 6:00 PM	1
2	DN Group LLC	Best Buy Liquor	Navneet K Randhawa, Agt	4426 W Capitol DR	Class A Malt & Class A Liquor License		10/23/2020, 7:00 PM	1
3	IN AETERNUM, INC	GENE BAR & GRILL	EUGENE F SMITH, Agt	3910 W FOND DU LAC AV	Class B Tavern License	120	6/1/2020, 7:00 PM	1
4	Indertip Corp	Vienna Mini Mart	AMANDEEP K DHINDSA, Agt	3801 N 39th ST	Class A Fermented Malt Beverage Retailer's License		1/13/2021, 6:00 PM	1
5	JLJones LLC	Mr J's Lounge	Jeffrey L Jones, Agt	4610 W FOND DU LAC AV F	Class B Tavern License	99	1/20/2021, 6:00 PM	1
6	Whiskey Still, LLC	BNB Cap Tap	Bill G Farrow, Agt	4221 W Capitol DR	Class B Tavern License	79	1/19/2021, 6:00 PM	1

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



Thursday, September 17, 2020

## Licenses Committee Notice of Hearing

Tipinder LLC  
8175 S 77th St  
Franklin, WI 53132

The Licenses Committee will consider the following license application:

Class A Malt and Food Dealer License Applications  
BHULLAR, Mandeep K, Agent  
Vienna Mini Mart at 3801 N 39TH St

Date: 9/29/2020

Time: 01:35 PM

Location: The hearing before the Licenses Committee will take place virtually on Tuesday, September 29, 2020. 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](mailto: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.

Please note this application may be recommended for denial based on fitness of the location due to concentration of alcohol beverage outlets in the area. If the application is denied for this reason, no other application for an alcohol beverage license for this location shall be recommended for approval by the Licenses Committee within three years of the date of denial unless the applicant has demonstrated a change of circumstances since the prior denial.





Thursday, September 17, 2020



# Notice of Public Hearing

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notice

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BHULLAR, Mandeep K, Agent  
Vienna Mini Mart at 3801 N 39TH St  
Class A Malt and Food Dealer License Applications

**Tuesday, September 29, 2020 at 1:35 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 9/29/2020 at 1:35 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](mailto: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.

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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	3807 N 38TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3749 N 39TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3753 N 40TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3758A N 40TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3824 N 40TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3816 N 40TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3769 N 38TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3834A N 39TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3806 N 39TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3823 N 38TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3825 N 38TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3803 N 38TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3815A N 40TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3801 N 40TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3837 N 39TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3744 N 39TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3821 N 39TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3823 N 39TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3805 N 39TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3828 N 39TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3766A N 40TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3809 N 40TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3830 N 40TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3809 N 39TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3809 N 38TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3755 N 40TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3836 N 40TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3831A N 39TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3768 N 39TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3808 N 39TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3821 N 40TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3831 N 39TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3803 N 39TH ST 1	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3803 N 39TH ST 2	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3834 N 39TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3822 N 39TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3818 N 39TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3830 W VIENNA AVE	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3819 N 38TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3815 N 38TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3748 N 40TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3759 N 40TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3769 N 40TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3825 N 40TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3815 N 40TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3810 N 40TH ST	MILWAUKEE, WI 53216

CURRENT OCCUPANT	3843 N 39TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3763 N 38TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3817 N 39TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3811 N 39TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3744 N 40TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3754 N 40TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3761 N 39TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3766 N 40TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3819 N 40TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3842 N 40TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3800 N 40TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3762 N 39TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3756 N 39TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3746 N 39TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3812 N 39TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3755 N 39TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3758 N 40TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3765 N 40TH ST	MILWAUKEE, WI 53216
CURRENT OCCUPANT	3769 N 39TH ST	MILWAUKEE, WI 53216
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Total Records: 65

Radius: 250.0 feet and Center of Circle: 3801 N 39th St



# BUSINESS LICENSE PLAN OF OPERATION

cci-busplan 3/15/18

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)

Provide a detailed description of the type of business you plan on operating:

CORNER STORE

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

## 2. Business Operations

- a. Proposed Opening Date: 5/1/2020
- b. Is this premise under construction?  No  Yes If yes, list estimated completion date: INDERTIP
- c. Is this a franchise?  No  Yes
- d. Is this premises currently licensed?  No  Yes If yes, list type of license: INDERTIP CORP
- 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: Front Door Center  
Outside: 1 Locations: 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: Eagle Disposal

## 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? \_\_\_\_\_ and list locations: Entrance  
Counter
- e. Will searches/identification checks be done upon entry?  No  Yes If yes, describe \_\_\_\_\_

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

Alcohol <u>20</u> %	Food <u>60</u> %	Secondhand Merchandise _____ %	Precious Metals & Gems _____ %
Entertainment _____ %	Cigarettes _____ %	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____ %	Other <u>20</u> % <u>HBA</u> Describe: <u>Cigg. + Tobacco</u>
Pawnbroker Activity _____ %	Salvaged Materials _____ % (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: Lobby

## 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: 39th & CAPITOL
- d. Describe Building:  Free Standing Building  Strip Mall  Other: \_\_\_\_\_
- e. Describe Premises Structure:  Single Story  Multi-Story - # of Stories 2  Other: \_\_\_\_\_
- f. Describe Surrounding Area:  Commercial  Residential  Industrial  Other: \_\_\_\_\_
- g. Building Owner Name: TIPINDER LLC Phone Number: 414-795-8101  
 Business Owner Address: 8175 S 77th ST FRANKLIN WI 53132

## 10. Hours of Operation & Customers

Will customers be entering the premises?  No  Yes

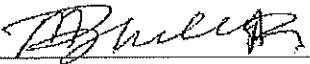
Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day.	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	8:00 AM	9:00 PM	400		
Monday	8:00 AM	9:00 PM	425		
Tuesday	8:00 AM	9:00 PM	435		
Wednesday	8:00 AM	9:00 PM	475		
Thursday	8:00 AM	9:00 PM	450		
Friday	8:00 AM	9:00 PM	500		
Saturday	8:00 AM	9:00 PM	480		

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 Permitted Hours of Operation: Class A: 8:00 am to 9:00 pm Sunday thru Saturday  
 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.



## 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: <u>NADAR AKAL CORP</u>	
Premise Address: <u>3801 N 39th ST. MILWAUKEE WI 53221</u>	
<b>Proximity of Premises to Church, School, Daycare Center or Hospital</b>	
Is the building within 300 feet of any church, school, daycare center or hospital? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>"Service Bar Only" Designation</b>	
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.	
<b>Business Information</b>	
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: _____	
<b>Proof of Ownership, Lease, or Offer to Purchase (New &amp; Transfer Applicants Only)</b>	
Submit proof of ownership, lease, or offer to purchase the building with this application. A lease or offer to purchase must:	
a) Be in the same legal entity name as that apply for the license	
b) Reflect the same address as the premises address on this application	
c) Reflect current dates and	
d) Be signed by the lessor/seller and lessee/buyer	
<b>Property Information (New &amp; Transfer Applicants Only)</b>	
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.)?	<u>Land Lotel</u>
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	\$ <u>0</u>
e) Total amount paid for goodwill of the business	\$ <u>0</u>
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

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

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

- a) Date lease begins 5/1/2020 Ends 4/30/2025
- b) Monthly rental \$ 3500.00
- 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)? 5 Year + 5 year
- 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:**

- Proof of ownership, lease or offer to purchase the building
- 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: NAOAR AKAL CORP

Premises Address: 3801 N 39th St Milwaukee WI 53216

## 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 ice cream Fish Meat Pantry 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 (cci-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:

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