

GRANVILLE-HAVENWOODS ADVISORY COUNCIL BUSINESS QUESTIONNAIRE

Date 1 / 7 / 26

The Granville-Havenwoods Advisory Council reviews plans and proposals for redevelopment projects in the Granville-Havenwoods Development Area for consistency with the goals, needs, and desires of the Granville-Havenwoods community and its residents, businesses, property owners and other stakeholders. The Granville-Havenwoods Development Area is bounded by W. County Line Road, Good Hope Road, N. 43rd Street, and N. 107th Street. Additionally, the council would like to be informed of new businesses or developments coming into the Granville-Havenwoods Development Area or altering operations within the area. The council would like to review those businesses/developments and possibly offer recommendations or provide input on them. Any recommendations made by this council are advisory only to other required processes.

Please be prepared to present on your business or proposed business for roughly 5 minutes. If you are not confident in your command of English, please bring a translator with you. Applicants must meet with the local Council member prior to appearing at this meeting and may be moved to the next meeting date, if the meeting runs long.

Individual Name: <small>INCLUDE ALIASES AND PRIOR NAMES</small>	<u>Auburni Sanders</u>
Email:	<u>Brightfuture.childcar@gmail.com</u>
1. What is the legal name and D/B/A name of your business?	<u>Bright futures Learning academy LLC</u>
2. What is the address of your business or proposed business?	<u>5730 W good hope ave. Milwaukee WI 53223</u>
3a. Are you a new or existing business?	<u>Existing Business Expanding to group childcare</u>
3b. How many years have you been in business?	<u>4 years</u>
4. Describe the product(s) or service(s) you offer. <small>Include specific activities to be held at the proposed location. Include all licensing needed/applied for.</small>	<u>Will Provide licensed group childcare services for Infants toddlers and School age Children. Full day care, structured learning activities, social-emotional support, meals, Family Engagement</u>
5. What problem does your business solve?	<u>Bright futures Learning academy address the Need For safe, affordable and high quality care in the 9th district</u>
6a. How will you involve the community?	<u>Family engagement Events, open house, Partnership with local organizations and schools</u>
6b. How will you give back to the community?	<u>creating Jobs, support families</u>

Continued ➡

15e. Are you going to hire within the community and how do you plan to recruit/train these individuals?

Plan to hire locally staff will receive required training

15f. What insurance coverage do you have?

General liability insurance

16. If needed, have you contacted the Department of Public Works?

Not at this time

17. Do you have a contractor for plumbing, HVAC, and architect? If yes, who are they?

Contracted will be contacted as needed

18. Have you obtained your seller's permit?

N/A

19. Have you registered with the Department of Financial Institutions?

yes

20. Do you have an accountant and a lawyer? If yes, who are they?

yes

21. Do you currently have any unpaid financial judgments against you personally or any businesses you are involved with and/or in?

No

GRANVILLE-HAVENWOODS ADVISORY COUNCIL INDIVIDUAL QUESTIONNAIRE

Date

All individuals involved in the business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)	Bright Futures Learning academy LLC
2. Business Trade Name or DBA	Bright Futures Learning academy LLC
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation
<input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information

1. Last Name	Sanders	2. First Name	Auburni	3. M.I.	
4. Relationship to Business (Title)	Owner	5. Email	Bright Future. childcar@gmail	6. Phone	414 595 6841
7. Home Address	2029 W galena Street				
8. City	Milwaukee	9. State	WI	10. Zip Code	53205
				11. Date of Birth	10/07/1989
12. Driver License/State ID Number	S536-0148-9867-05		13. Driver License/State ID State of Issuance		
			S536-0148-9867-05		

Part C: Address History

1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?						Years	Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1		City		State	Zip Code		
3553 E Layton		Milwaukee		WI	53210		
Previous Address 2		City		State	Zip Code		
Previous Address 3		City		State	Zip Code		
Previous Address 4		City		State	Zip Code		
Previous Address 5		City		State	Zip Code		
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued ➡

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses)
for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No
If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

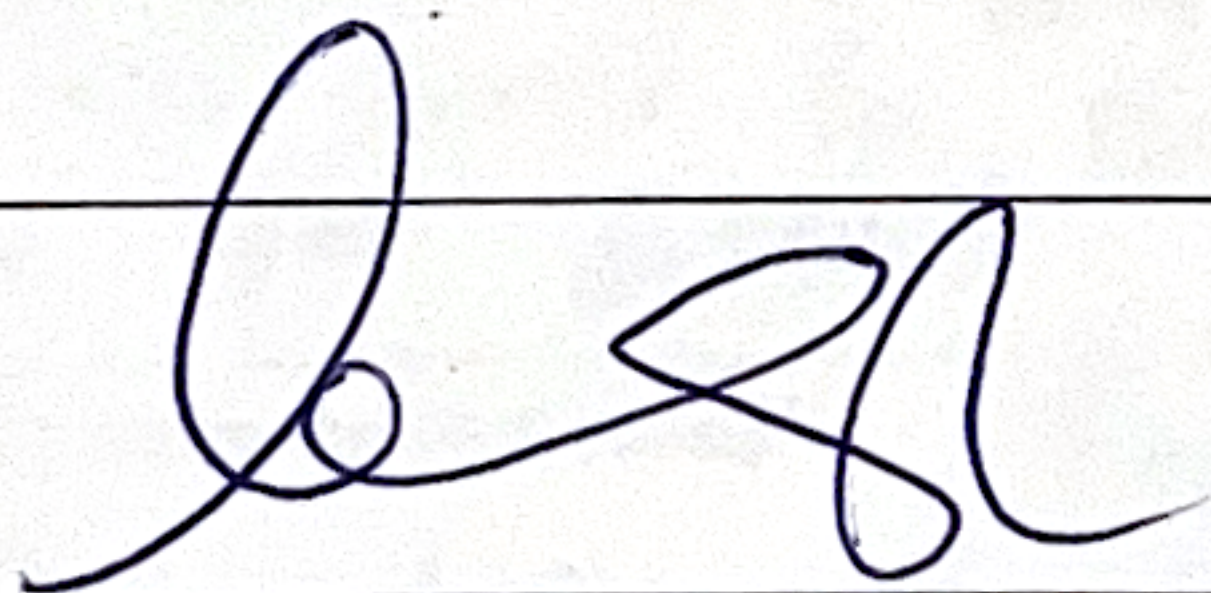
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses currently pending against you (excluding traffic offenses)
for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No
If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully.

Signature



Date

01/07/20