



CITY OF MILWAUKEE  
OFFICE OF THE CITY CLERK

Friday, September 20, 2019

COMMITTEE MEETING NOTICE

AD 01

FORE, Charles S, Agent  
Accelerate Car Center LLC  
5845 N Lovers Lane Rd

Milwaukee, WI 53225

You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall on:

**Tuesday, October 01, 2019 at 10:30 AM**

**Regarding:** Your Secondhand Motor Vehicle Dealer's License Application as agent for "Accelerate Car Center LLC" for "Accelerate Car Center LLC" at 5420 W Hampton Av.

There is a possibility that your application may be denied for one or more of the following reasons: Neighborhood Objections to the granting of such a license due to the creation of undesirable neighborhood problems, such as: parking and traffic problems which cause the normal flow of traffic on roadways and alleys to be impeded, loitering, littering, noise, loud music, and conduct which will have an adverse impact on the public health, safety and welfare of the community. Additionally, the over concentration of secondhand motor vehicle dealers in the neighborhood such that the concentration will have an adverse impact on the public health, safety and welfare of the neighborhood. you do not meet the statutory and municipal requirements; the appropriateness of the location to be licensed and whether the location will create undesirable neighborhood problems, whether or not you have been charged with or convicted of any felony, misdemeanor, municipal offense or other offense, the circumstances of which substantially relate to the licensed activity; and any other factors which reasonably relate to the public health, safety and welfare. Please be advised the public will be able to provide information to the committee in person or in writing. The committee will receive and consider evidence regarding the above mentioned criteria.

**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 appear at this meeting may result in the denial of your license. Individual applicants must appear only in person or by an attorney. Corporate or Limited Liability applicants must appear only by the agent designated on the application or by an attorney. Partnership applicants must appear by a partner listed on the application or by an attorney. 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 are present at the committee hearing and 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 bring an interpreter with you, at your expense, so that you can answer questions and participate in your hearing.

You may examine the application file at this office during regular business hours prior to the hearing date. Inquiries regarding this matter may be directed to the person whose signature appears below.

Limited parking for persons attending meetings in City Hall is available at reduced rates (5 hour limit) at the Milwaukee Center on the southwest corner of East Kilbourn and North Water Street. Parking tickets must be validated in the first floor information booth in City Hall.

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 Ceella  
License Division Manager

If you have questions regarding this notice, please contact the License Division at (414) 286-2238.



Friday, September 20, 2019



# Notice of Public Hearing

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FORE, Charles S, Agent  
Accelerate Car Center LLC at 5420 W Hampton Av  
Secondhand Motor Vehicle Dealer's License Application

**Tuesday, October 01, 2019 at 10:30 AM**

To whom it may concern:

The above application has been made by the above named applicant(s). This requires approval from the Licenses Committee and the Common Council of the City of Milwaukee. The hearing before the Licenses Committee will take place on 10/1/2019 at 10:30 AM, in Room 301-B, Third Floor, City Hall. If you wish, you may provide testimony at the hearing regarding the request; see below for further information. You are not required to attend the hearing. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing. Please review the information below and if you have further questions regarding this process, please contact the License Division at (414) 286-2238.

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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 appear in person and 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 present at the committee hearing and 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	5520A W HAMPTON AVE	MILWAUKEE, WI 53218
CURRENT OCCUPANT	5514A W HAMPTON AVE	MILWAUKEE, WI 53218
CURRENT OCCUPANT	4820 N 55TH ST	MILWAUKEE, WI 53218
CURRENT OCCUPANT	4829 N 55TH ST	MILWAUKEE, WI 53218
CURRENT OCCUPANT	4830 N 55TH ST	MILWAUKEE, WI 53218
CURRENT OCCUPANT	4833 N 54TH ST	MILWAUKEE, WI 53218
CURRENT OCCUPANT	4832 N 54TH ST	MILWAUKEE, WI 53218
CURRENT OCCUPANT	5431 W HAMPTON AVE	MILWAUKEE, WI 53218
CURRENT OCCUPANT	4777 N 54TH ST	MILWAUKEE, WI 53218
CURRENT OCCUPANT	4845 N 54TH ST	MILWAUKEE, WI 53218
CURRENT OCCUPANT	5433 W HAMPTON AVE	MILWAUKEE, WI 53218
CURRENT OCCUPANT	4842 N 55TH ST	MILWAUKEE, WI 53218
CURRENT OCCUPANT	4814 N 56TH ST	MILWAUKEE, WI 53218
CURRENT OCCUPANT	4831 N 55TH ST	MILWAUKEE, WI 53218
CURRENT OCCUPANT	4764 N 54TH ST	MILWAUKEE, WI 53218
CURRENT OCCUPANT	4845 N 55TH ST	MILWAUKEE, WI 53218
CURRENT OCCUPANT	4839 N 54TH ST A	MILWAUKEE, WI 53218
CURRENT OCCUPANT	4827 N 55TH ST	MILWAUKEE, WI 53218
CURRENT OCCUPANT	4826 N 54TH ST	MILWAUKEE, WI 53218
CURRENT OCCUPANT	4775 N 54TH ST	MILWAUKEE, WI 53218
CURRENT OCCUPANT	5343A W HAMPTON AVE	MILWAUKEE, WI 53218
CURRENT OCCUPANT	5520 W HAMPTON AVE	MILWAUKEE, WI 53218
CURRENT OCCUPANT	5428 W HAMPTON AVE	MILWAUKEE, WI 53218
CURRENT OCCUPANT	5334 W HAMPTON AVE	MILWAUKEE, WI 53218
CURRENT OCCUPANT	4825 N 54TH ST	MILWAUKEE, WI 53218
CURRENT OCCUPANT	4826A N 54TH ST	MILWAUKEE, WI 53218
CURRENT OCCUPANT	4764A N 54TH ST	MILWAUKEE, WI 53218
CURRENT OCCUPANT	4839 N 54TH ST	MILWAUKEE, WI 53218
CURRENT OCCUPANT	4826 N 55TH ST	MILWAUKEE, WI 53218
CURRENT OCCUPANT	4778 N 54TH ST	MILWAUKEE, WI 53218
CURRENT OCCUPANT	4836 N 55TH ST	MILWAUKEE, WI 53218
CURRENT OCCUPANT	4815 N 55TH ST	MILWAUKEE, WI 53218
CURRENT OCCUPANT	4815 N 54TH ST	MILWAUKEE, WI 53218
CURRENT OCCUPANT	4820 N 56TH ST	MILWAUKEE, WI 53218
CURRENT OCCUPANT	4814 N 54TH ST	MILWAUKEE, WI 53218

Total Records: 35

Radius: 250.0 feet and Center of Circle: 5420 W Hampton Ave



# BUSINESS LICENSE PLAN OF OPERATION

ccl-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:

Second hand motor vehicle Sales

Do you have any experience operating this type of business?  No  Yes If yes, explain: 3 years wholesaler

## 2. Business Operations

- a. Proposed Opening Date: 8/1/19
- 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: Second hand motor vehicle Sales / light repair
- e. Is the current licensee operating?  No  Yes If no, list date closed: (I would like current license 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: restroom, office  
Outside: 2 Locations: front door, lot
- 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? 18 and describe the parking security plan: 2 cameras (east & west end) Nightly Checks
- 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? 4 and list locations: a camera on east & west end of lot as well as sitting area & office
- e. Will searches/identification checks be done upon entry?  No  Yes If yes, describe \_\_\_\_\_

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

Alcohol _____%	Food _____%	Secondhand Merchandise <u>100</u> %	Precious Metals & Gems _____%
Entertainment _____%	Cigarettes _____%		
Pawnbroker Activity _____%	Salvaged Materials _____% (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____%	Other _____% 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)

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: Outside lot

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

c. Nearest Major Cross Street: W Fond Du Lac ave

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

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

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

g. Building Owner Name: BNCforemost Properties LLC Phone Number: 414-467-1469

Business Owner Address: 5845 N Lovers Lane RD. Milwaukee, WI 53225

## 10. Hours of Operation & Customers

Will customers be entering the premises?  No  Yes

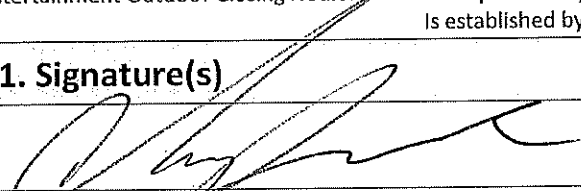
Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	Closed	Closed	0		
Monday	10am	5pm	3	18-75	
Tuesday	10am	5pm	3	18-75	
Wednesday	10am	5pm	3	18-75	
Thursday	10am	5pm	3	18-75	
Friday	10am	5pm	5	18-75	
Saturday	10am	4pm	5	18-75	

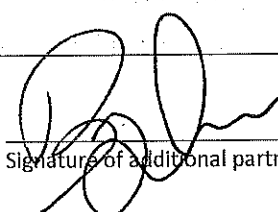
An Extended Hours Establishment License is required for any convenience store, filling station, personal service establishment (such as tattoo, body piercing, salon, tailor, tanning, etc.), recording studio or restaurant which is open between the hours of 12:00 a.m. and 5:00 a.m.

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)

  
 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.



## SECONDHAND MOTOR VEHICLE DEALER LICENSE SUPPLEMENTAL PLAN OF OPERATION

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](mailto:license@milwaukee.gov)

Legal Entity Name: Accelerate Car Center

Premises Address: 5420 W Hampton ave

### SECTION 1 LICENSE TYPE

What type of license are you applying for? (check one)     Retail     Wholesale

### SECTION 2

Will you also be dealing in secondhand vehicle parts?     Yes     No

If wholesale, is the premises address a residential (home) address?     Yes     No

If yes, you must obtain a Home Occupational Statement from the Department of Neighborhood Services (414) 286-3874.

No vehicles can be parked and no customers are allowed at the premises.

The following questions in Section 2 do not apply to wholesale from a residential address. Go to Section 3.

Number of parking spaces available to customers/employees    3

Number of parking spaces that will be used for display/storage of Secondhand Motor Vehicles    15

Do you understand that all vehicles associated with the business must be stored on the licensed premise?     Yes     No

What are your plans to ensure this requirement is met (check all that apply)?     Employee Training

Supervisor Monitoring     Fenced Lot     Keys Kept in Locked Box     Other: \_\_\_\_\_

Do you understand all maintenance/repair work to these vehicles must be confined to the licensed premise?     Yes     No

What are your plans to ensure this requirement is met (check all that apply)?     Employee Training

Supervisor Monitoring     Designated Repair Area     Other: \_\_\_\_\_

Do you understand all keys to used motor vehicles offered for sale must be kept in a secure lockbox inside the dealership building at all times when the dealership is not open for business?     Yes     No

What are your plans to ensure this requirement is met (check all that apply)?     Employee Training

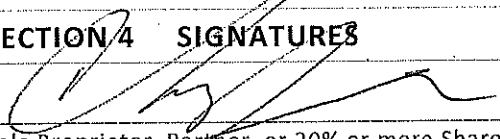
Supervisor Monitoring     Other: \_\_\_\_\_

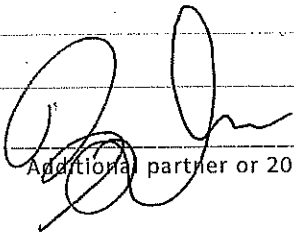
### SECTION 3 DISCLOSURE

Has any person on the application ever had a license relating to the activities licensed in Milwaukee Code of Ordinances Chapter 92 denied, not renewed, suspended, or revoked?     No     Yes

If yes, provide the circumstances and jurisdiction in which the event occurred (including a record of any actions from the State Department of Transportation and Financial Institutions relating to suspensions, revocations, forfeitures and warnings imposed by these departments relating to the operation of any automotive sales business by the applicant):

### SECTION 4 SIGNATURES

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

  
Additional partner or 20% or more shareholder



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

Friday, September 20, 2019

**COMMITTEE MEETING NOTICE**

AD 01

.KAUR, Jatinder, Agent  
Tavleen Enterprises Inc.  
602 Mink Ranch Rd

Burlington, WI 53105

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You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall on:

**Tuesday, October 01, 2019 at 10:30 AM**

**Regarding:** Your Class A Malt, Secondhand Dealer, Food Dealer, and Weights & Measures License Applications as agent for "Tavleen Enterprises Inc." for "Spring Food Market" at 3432 W Silver Spring DR.

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.

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Failure to appear at this meeting may result in the denial of your license. Individual applicants must appear only in person or by an attorney. Corporate or Limited Liability applicants must appear only by the agent designated on the application or by an attorney. Partnership applicants must appear by a partner listed on the application or by an attorney. 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.

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JIM OWCZARSKI, CITY CLERK

BY: \_\_\_\_\_

Jessica Celella

License Division Manager

**If you have questions regarding this notice, please contact the License Division at (414) 286-2238.**

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  
LICENSE INVESTIGATION UNIT

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS  
SYNOPSIS

DATE: 07/26/2018  
LICENSE TYPE: AMALT  
NEW:  
RENEWAL: X

No. 278070  
Application Date: 07/25/2015  
Expiration Date:

License Location: 3432 W Silver Spring Drive  
Business Name: Spring Food Mart

Aldermanic District: 01

Licensee/Applicant: Singh, Harminder  
(Last Name, First Name, MI)  
Date of Birth: 04/10/1970

Home Address: 7201 W Edgemont Avenue  
City: Greendale State: WI Zip Code: 53219  
Home Phone: (414) 627-0979

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 07/11/2001 the applicant was charged in Waukesha County with Resisting or Obstructing Officer §946.41(1).

Charge: Resisting or Obstructing Officer  
Finding: Guilty  
Sentence: Fine  
Date: 02/19/2002  
Case: 2001CM001877

- =====
2. On 05/02/13 at 11:00 am, Milwaukee police, working in an undercover capacity, conducted an investigation involving a second hand dealer's license at the business located at 3432 W Silver Spring Drive. The UC Officer spoke to Harminder Singh, who is owner of the store, who agreed to purchase two of the four phones the UC Officer offered to sell to him for \$200.00. Singh stated he would purchase the other two if the UC Officer had the password or if UC Officer knew the phone company. A Detective and Police Lieutenant later spoke to Singh, and informed Singh that he needed a second hand dealer's permit and provided Singh with a copy of Chapter 92 of the Wisconsin Statutes.
- =====

3. On 09/20/2014 a 16 year old, working in conjunction with Milwaukee police, was able to purchase three mini Swisher Sweet brand cigars from the cashier at 3432 West Silver Spring Drive (Spring Food Market). The applicant was cited.

Charge: Sale of Cigarettes to Minor/Underage  
Finding: Guilty  
Sentence: \$260.00 fine  
Date: 11/13/2014  
Case: 14067784

- 
4. On 08/26/2017 a 17 year old working in conjunction with the Milwaukee Police Department and WI WINS Tobacco initiative, was able to purchase a 2-pack of Swisher Sweet cigars from the clerk at 3432 W. Silver Spring Dr. The clerk was identified as Nith JAMM, who admitted to the sale. The applicant was mailed a MARTS enrollment letter.

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5. On 11/28/2018 officers conducted a licensed premise check at Ring Foods, 3432 W. Silver Spring Dr. No violations were observed.
  6. On 02/03/2019 officers conducted a CI buy of single cigarettes at Ring Market, 3432 W. Silver Spring Dr. The informant was able to purchase 4 single cigarettes from the clerk.

Items #5 & 6 added as part of **PREVIOUS PREMISE**

Date: 04/24/19  
Officer: Tracey Geniesse

City of Milwaukee Police Department  
90-5-1.5 Crime Prevention Survey  
Convenience Store/Liquor Store Inspection

Name of Premise: Spring Food Mart  
Address: 3432 W Silver Spring Dr  
Phone: 414-466-2994

Owner: Jatinder Kaur I/F 04-02-83  
Owner address: 602 Mink Ranch Rd  
City State Zip: Burlington, WI. 53105  
Owner Phone: 262-661-3470  
Owner email: None

Manager: Manjit Singh  
Home Address: 602 Mink Ranch Rd  
City State Zip: Burlington, WI. 53105  
Phone: 414-477-5535  
Email: manjit\_lalia@yahoo.com

Preferred contact: Manjit Singh

Location currently open:  YES  NO

Projected open date:

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

Hours of Operation: Sun: 8A-9P 24 hours Y N  
Mon: 8A-9P  
Tue: 8A-9P  
Wed: 8A-9P  
Thu: 8A-9P  
Fri: 8A-9P  
Sat: 8A-9P

Premise Type: Liquor Store  
Convenience Store  
Other: Sells beer

Licenses currently held:

- Alcohol:  Yes  No Class: #:  
Tobacco:  Yes  No #:  
Food:  Yes  No #:  
Extended Hours:  Yes  No #:  
Secondhand Dealer:  Yes  No Type: #:  
Other:  Yes  No Type: #:  
Other:  Yes  No Type: #:

Who is your alcohol distributor?

**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
  - f.  Residential
  - g.  Other businesses
  - h.  Other:
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
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: 30 days
18. Are there exterior cameras  Yes  No How many: 2
19. Are there interior cameras  Yes  No How many: 13
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 Glass pipes
29. Does the store have an over abundance 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

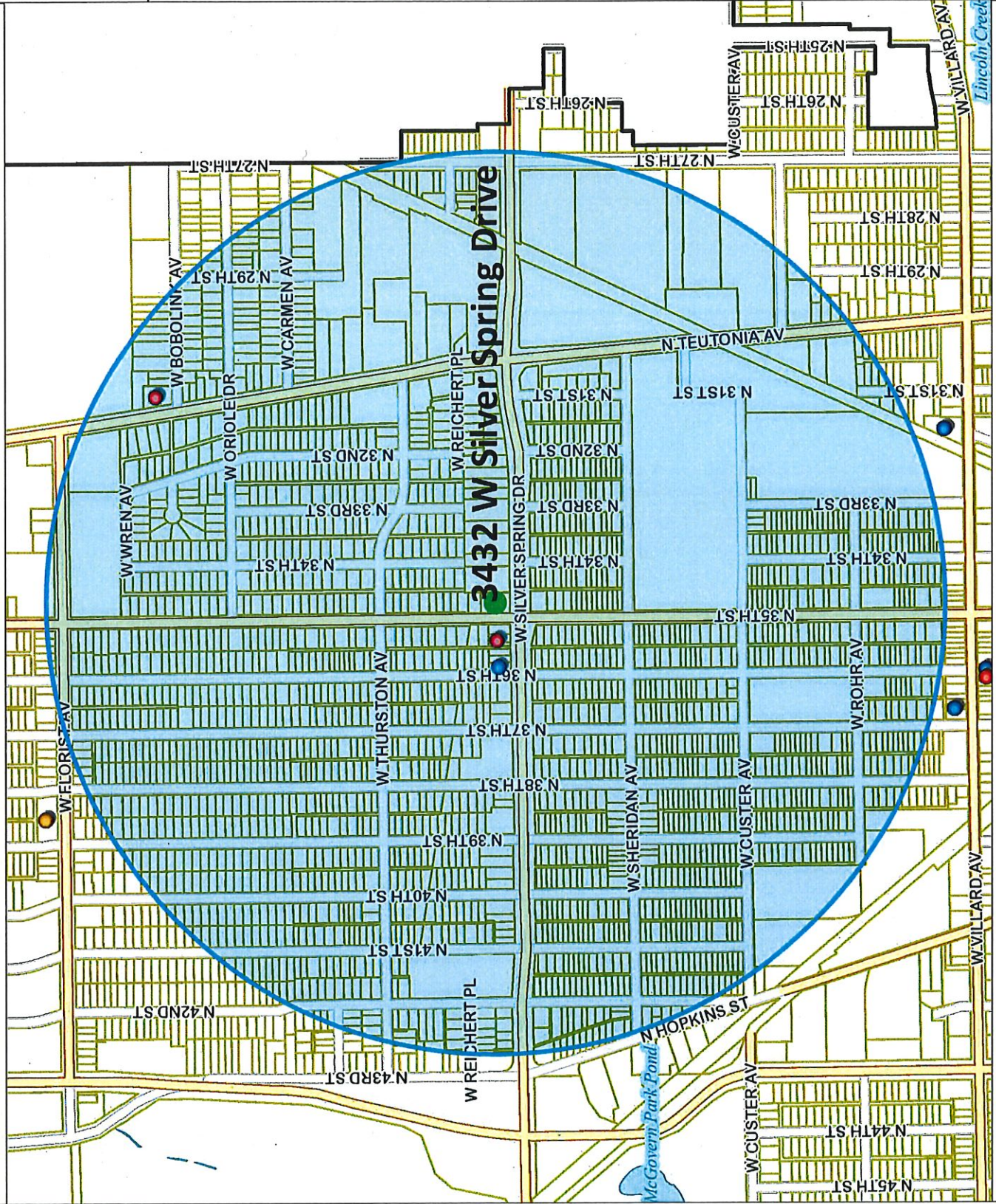
**ADDITIONAL COMMENTS/RECOMMENDATIONS:**

Continue to have a working relationship with MPD. Fill out standing complainant form. Post a few more "No Loitering" Signs on the exterior sides of the building. Call the Police if there are continuous problems.



# Alcohol Concentration for 3432 W Silver Spring Drive

City of Milwaukee, Wisconsin



Map Scale: 1: 10,000

Disclaimer  
4/4/2019

© City of Milwaukee, Wisconsin  
Map Milwaukee: Property Information



Department of Administration - ITMD









Friday, September 20, 2019

## Licenses Committee Notice of Hearing

Gurfateh Enterprises, LLC  
602 Mink Ranch Rd  
Burlington, WI 53105

Date: 10/1/2019  
Time: 10:30 AM  
Location: Room 301-B, Third Floor, City Hall

The Licenses Committee will consider the following license application:

Class A Malt, Secondhand Dealer, Food Dealer, and Weights & Measures License  
Applications  
KAUR, Jatinder, Agent  
Spring Food Market at 3432 W Silver Spring DR

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.

If you have any questions, please call (414) 286-2238.





Friday, September 20, 2019

## Licenses Committee Notice of Hearing

Harminder Singh  
7201 Edgemount Ave  
Greendale, WI 53129

Date: 10/1/2019  
Time: 10:30 AM  
Location: Room 301-B, Third Floor, City Hall

The Licenses Committee will consider the following license application:

Class A Malt, Secondhand Dealer, Food Dealer, and Weights & Measures License  
Applications  
KAUR, Jatinder, Agent  
Spring Food Market at 3432 W Silver Spring DR

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.

If you have any questions, please call (414) 286-2238.





Friday, September 20, 2019



# Notice of Public Hearing

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KAUR, Jatinder, Agent  
Spring Food Market at 3432 W Silver Spring DR  
Class A Malt, Secondhand Dealer, Food Dealer, and Weights & Measures License Applications

**Tuesday, October 01, 2019 at 10:30 AM**

To whom it may concern:

The above application has been made by the above named applicant(s). This requires approval from the Licenses Committee and the Common Council of the City of Milwaukee. The hearing before the Licenses Committee will take place on 10/1/2019 at 10:30 AM, in Room 301-B, Third Floor, City Hall. If you wish, you may provide testimony at the hearing regarding the request; see below for further information. You are not required to attend the hearing. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing. Please review the information below and if you have further questions regarding this process, please contact the License Division at (414) 286-2238.

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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 appear in person and 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 present at the committee hearing and 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	5622 N 36TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	3526A W SILVER SPRING DR	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5645 N 35TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5559 N 35TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5570 N 34TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5571 N 34TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	3510A W SILVER SPRING DR	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5626 N 35TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5632 N 36TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5635 N 35TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5639 N 34TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5556 N 35TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5605 N 35TH ST A	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5629 N 35TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5637 N 35TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5644 N 35TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5648 N 35TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5654 N 35TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5565 N 35TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5655 N 35TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5640 N 36TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5636 N 34TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5561 N 35TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5619 N 35TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5628 N 36TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5622A N 36TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5620 N 36TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5559 N 34TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5640 N 34TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5556A N 35TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5563A N 34TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5563 N 34TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5605 N 35TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5632A N 36TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5638 N 35TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5645 N 34TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	5567 N 34TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	3518A W SILVER SPRING DR	MILWAUKEE, WI 53209
CURRENT OCCUPANT	3512 W SILVER SPRING DR	MILWAUKEE, WI 53209
CURRENT OCCUPANT	3400 W SILVER SPRING DR	MILWAUKEE, WI 53209
CURRENT OCCUPANT	3328 W SILVER SPRING DR	MILWAUKEE, WI 53209

Total Records: 41

Radius: 250.0 feet and Center of Circle: 3432 W Silver Spring Dr



# BUSINESS LICENSE PLAN OF OPERATION

ccl-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

## 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) GROCERY STORE

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

GROCERY & BEER

Do you have any experience operating this type of business?  No  Yes If yes, explain: Since 2011

## 2. Business Operations

- a. Proposed Opening Date: MAY 1, 2019
- 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: Food, Cogg-beer
- 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: 1 Locations: by the counter  
Outside: 1 Locations: by the 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: GBA

### 5. Security

- a. Are there onsite parking spaces?  No  Yes If yes, how many? 12. and describe the parking security plan: cameras out side to store
- 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: 12 inside & four outside.
- e. Will searches/identification checks be done upon entry?  No  Yes If yes, describe \_\_\_\_\_

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

Alcohol <u>30</u> %	Food <u>54</u> <del>60</del> %	Secondhand Merchandise <u>6</u> %	Precious Metals & Gems _____ %
Entertainment _____ %	Cigarettes <u>10</u> %	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____ %	Other _____ %
Pawnbroker Activity _____ %	Salvaged Materials _____ % (such as scrap metal)	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: \_\_\_\_\_
- N/A.

- 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 \_\_\_\_\_ (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: 35<sup>th</sup> & Silver Spring

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: Harinder Singh Phone Number: 414-627-0979

Business Owner Address: 3201 Edgemount Ave Overland Park WI 53129

## 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 am	9 pm	125	18 above	
Monday	8 am	9 pm	170	11	
Tuesday	8 am	9 pm	189	11	
Wednesday	8 am	9 pm	190	11	
Thursday	8 am	9 pm	180	11	
Friday	8 am	9 pm	198	11	
Saturday	8 am	9 pm	210	11	

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)

Harinder 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: <u>TAVLEEN ENTERPRISES INC.</u>
Premise Address: <u>3432 W SILVER SPRING DR, MILWAUKEE WI 53209</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 type="checkbox"/> No <input checked="" 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>LANDLORD</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    \$_____
e) Total amount paid for goodwill of the business    \$_____
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 April 1, 2019 Ends 3/31/2024
- b) Monthly rental \$ 2500
- 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)? 10 yrs
- 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**

*Jatinder Kaur*

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: TAVLEEN ENTERPRISES INC.

Premises Address: 3432 W SILVER SPRING DR, MILWAUKEE WI 53209.

## 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: Fried chicken, PIZZA, Sandwiches  
Nachos. etc

**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 9

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:

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

JK 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.

JK 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.

JK 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.

JK 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: X [Signature]

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



SECONDHAND DEALER LICENSE
SUPPLEMENTAL PLAN OF OPERATION

ccl-shdpla 12/12/17

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

Legal Entity Name: TAVLEEN ENTERPRISES INC.
Premises Address: 3432 W SILVERSPRING DR MILWAUKEE WI 53207
What type of license are you applying for? (check one)
[X] Secondhand Dealer [ ] Secondhand Dealer-Bicycles Only [ ] Secondhand Dealer Mall
INDIVIDUAL, ALL PARTNERS, OR AGENT OF CORP/LLC
Place of birth: [ ] WI [X] Other: INDIA
Have you been living in Wisconsin for at least 90 days prior to filing this application?
[ ] No If no, you are not eligible to apply for this license at this time. Per MCO 92-2-5-c, the individual, both partners, or agent of a corporation or limited liability company must be a resident of the state of Wisconsin for at least 90 days before the date of application.
[X] Yes If yes, list all address(es) where you lived within the last year:
[X] Current Address Only 602 MINK RANCH RD, BURLINGTON WI 53105
[ ] Other:
MERCHANDISE & SALES
List all items you will be selling:
phones + electronics.
Will a scale be used for items being sold by weight (price per pound, ounce, gram, etc.)? [X] No [ ] Yes
Will a barcode scanner be used to determine the price of items? [ ] No [X] Yes
If yes to either question, a Weights & Measures License is also required.
An application can be obtained from www.milwaukee.gov/license or by contacting our office.
MANAGER OF BUSINESS
[X] Same as individual, partner, or agent of corporation/limited liability company
[ ] Other: Name: Date of Birth:
Address (include, city, state, zip code):
LIST ANY OTHER LICENSES YOU HOLD AT THIS ADDRESS AND THE STATUS
Occupancy Permit [ ] Active [ ] Suspended [ ] Other:
Wisconsin State Seller's Permit [ ] Active [ ] Suspended [ ] Other:
Other(s): Food & Tobacco [X] Active [ ] Suspended [ ] Other:
SECURITY
What are your plans to provide security for business records?
[ ] Kept in safe [X] Kept in locked cabinet [ ] Other:
What are your plans to ensure that business is not conducted with minors?
[X] Check ID [ ] Other:

**ANNUAL SALES**

What is your estimated sales volume for the calendar year in US Dollars? \$ 8000.00

**AFFIRMATION OF UNDERSTANDING – REGULATIONS**

Read and Initial each item confirming your understanding:

- 1. JK I understand no purchase or exchange of any property may be made without obtaining the seller's identification information, as stipulated in 92-11 of the Milwaukee Code of Ordinances (MCO).
- 2. JK I understand no item may be received with an altered or obliterated serial number.
- 3. JK I understand description records of any item purchased or exchanged must be maintained as stipulated in 92-12 of the MCO.
- 4. JK I understand that each transaction description record must be reported as stipulated in 92-13 of the MCO, including color photographs and color video recordings as required in 92-12-3 MCO.
- 5. JK I understand that every item purchased or exchanged must be available for inspection by the police department at any reasonable time.
- 6. JK I understand that every item exchanged or purchased or accepted on consignment must be kept on the dealer's premises separate and apart from any other property, unchanged and unaltered, for 10 days for inspection by the police department; additional holding periods may be requested by the department.
- 7. JK I understand that the police may extend the 10 day holding period if there is reason to believe that the item purchased or exchanged was not sold or exchanged by the rightful owner.
- 8. JK I understand that no transactions may be conducted with a minor less than 18 years of age unless the minor is with a parent or guardian, or the dealer has a written consent on file signed in the dealer's presence by the parent or guardian.
- 9. JK I understand secondhand dealer must report to the police department any item presented in the course of business if there is reason to believe the item was stolen.

**REQUIRED SIGNATURE(S)**

I understand that a NEWPRS account (a database to manage and store purchase information) must be obtained prior to operating and utilized for all business transactions.

X Jatindee Kaur  
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(s) or 20% or more shareholder(s)

**SUBMIT THIS FORM ALONG WITH THE  
BUSINESS LICENSE APPLICATION & BUSINESS LICENSE PLAN OF OPERATION**

Office Use Only:			
Initials	Filed	App #	Paid
<input type="checkbox"/> Q to MPD	<input type="checkbox"/> Q to DNS	LC Required	ReQ to LIU after LC
CC Required	LIU Approval (NEWPRS)	Issued 1yr/Bikes Only 2yr	License #



# 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: TAVLEEN ENTERPRISES INC.  
Premise Address: 3432 W SILVERSPRING DR, MILWAUKEE WI 53209

### 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 type="checkbox"/> Measuring any weight amount	24 months	\$55		
<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** 130.00

### 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.

*X [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

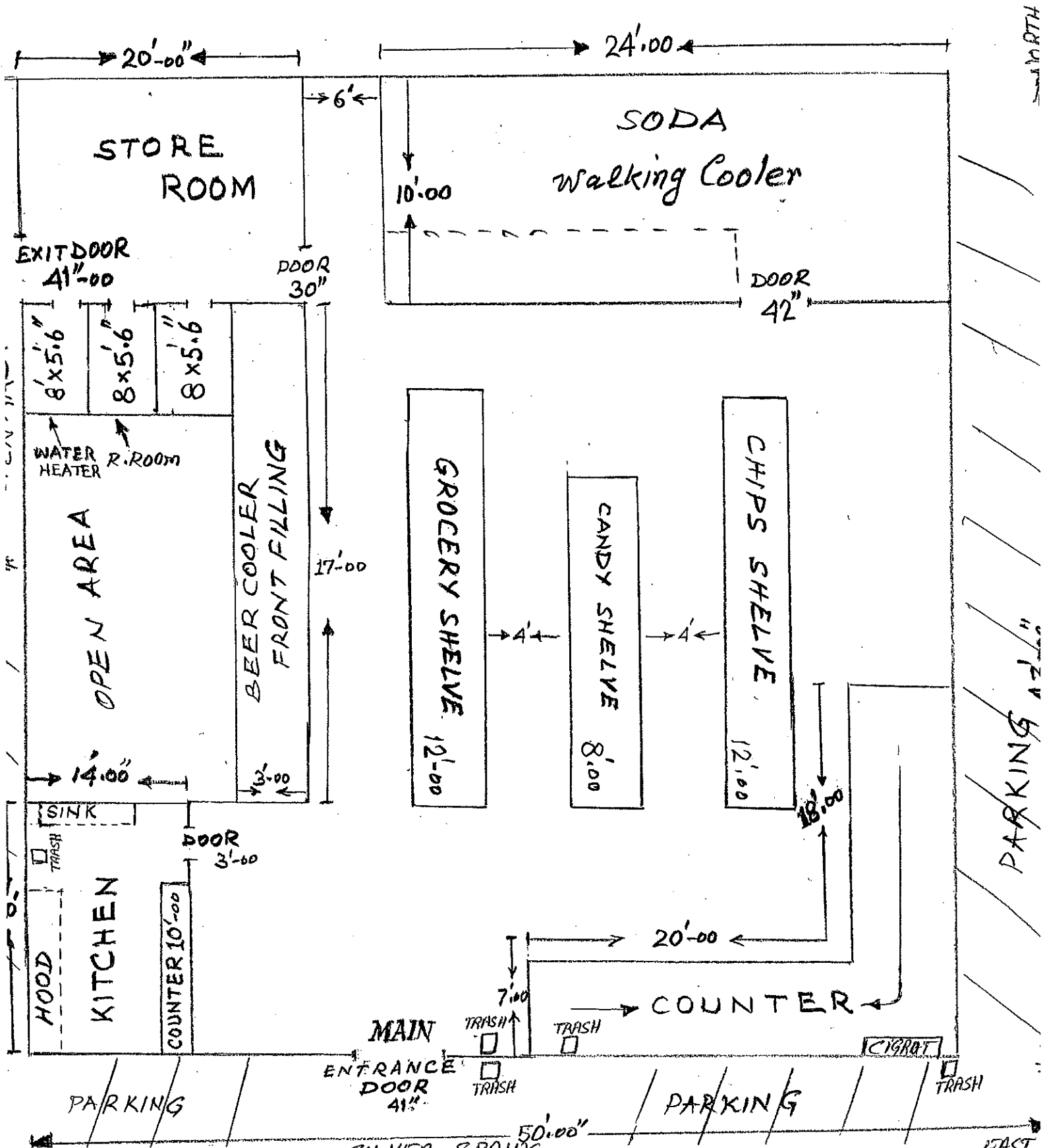
*This form must be submitted with the Business License Application, Weights & Measures Plan of Operation, and appropriate fee. Forms can be obtained online at [www.milwaukee.gov/licenses](http://www.milwaukee.gov/licenses).*

ADDRESS

SPRING FOOD MARKET  
3432 W. Silver Spring Dr.  
Milwaukee, WI 53209  
TAULEEN ENTERPRISES INC  
JATINDER KAUR

OPEN AREA

04-03-2019 TOTAL SF=2186'-00"  
2150





CITY OF MILWAUKEE  
OFFICE OF THE CITY CLERK

Friday, September 20, 2019

COMMITTEE MEETING NOTICE


AD 01

SINGH, Surjit, Agent  
Sukhman & Param, Inc  
11152 W Meincke Av #4

Wauwatosa, WI 53226

You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall on:

**Tuesday, October 01, 2019 at 10:30 AM**

**Regarding:** Your Class A Malt & Class A Liquor, Food Dealer,  Weights & Measures License Applications as agent for "Sukhman & Param, Inc" for "Diamonds Beer & Liquor" at 6201C N TEUTONIA Av.

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 appear at this meeting may result in the denial of your license. Individual applicants must appear only in person or by an attorney. Corporate or Limited Liability applicants must appear only by the agent designated on the application or by an attorney. Partnership applicants must appear by a partner listed on the application or by an attorney. 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 are present at the committee hearing and 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 bring an interpreter with you, at your expense, so that you can answer questions and participate in your hearing.

You may examine the application file at this office during regular business hours prior to the hearing date. Inquiries regarding this matter may be directed to the person whose signature appears below.

Limited parking for persons attending meetings in City Hall is available at reduced rates (5 hour limit) at the Milwaukee Center on the southwest corner of East Kilbourn and North Water Street. Parking tickets must be validated in the first floor information booth in City Hall.

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 notice, please contact the License Division at (414) 286-2238.

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)



Date:07/04/19  
Officer: PO Carrie Resnick

City of Milwaukee Police Department  
90-5-1.5 Crime Prevention Survey  
Convenience Store/Liquor Store Inspection

Name of Premise: Diamond Beer and Liquor  
Address: 6201 N Teutonia Avenue Milwaukee, WI. 53209  
Phone: (414)393-0452

Owner: Surjit Singh  
Owner address: 11152 W Meinecke Avenue #4  
City State Zip: Wauwatosa, WI. 53226  
Owner Phone: (414)306-4879  
Owner email: sghotra72@yahoo.com

Manager: Surjit Singh  
Home Address: 11152 W Meinecke Avenue #4  
City State Zip: Wauwatosa, WI. 53226  
Phone: (414)306-4879  
Email: sghotra72@yahoo.com

Preferred contact: Surjit Singh

Location currently open:  YES  NO

Projected open date:

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

Hours of Operation: Sun: 8:00AM-9:00PM 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 #: Unknown#(In Watertown)  
Tobacco:  Yes  No #: CIG 1028334  
Food:  Yes  No #: FOOD 0009918  
Extended Hours:  Yes  No #:  
Secondhand Dealer:  Yes  No Type: #:  
Other:  Yes  No Type: #:  
Other:  Yes  No Type: #:

**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
  - f.  Residential
  - g.  Other businesses
  - h.  Other:
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
12. Are there No Loitering Signs posted?  Yes  No
13. Are there exterior security cameras  Yes  No How Many: 2
14. Are the address numbers prominently displayed and easy to see  Yes  No

**Camera Survey:**

15. Does this location have security cameras?  Yes  No
16. Are they in working order?  Yes  No
17. What format are the cameras?
  - a. Color  Yes  No
  - b. Digital  Yes  No
  - c. VCR  Yes  No
  - d. Recorded  Yes  No
18. How long is footage stored for later viewing: 2 weeks
19. Are there exterior cameras  Yes  No How many: 2
20. Are there interior cameras  Yes  No How many: 11
21. Do all employees know how to retrieve recorded digital images/footage?  Yes  No

**Interior Survey:**

22. 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
23. Is the interior of the location neat and clean? Yes No
24. Does an interior camera face the entrance/exit? Yes No
25. Is there a lockable area that separates employees from customers? Yes No
26. Does the store sell single chore boy? Yes No
27. Does the store sell blunt wraps? Yes No
28. Does the store sell scales? Yes No
29. Does the store sell items that may be used as crack pipes? Yes No  
a. Describe item
30. Does the store have an over abundance of sandwich baggies: Yes No
31. Does the owner understand that these items are often used for drug use? Yes No
32. Do the products in the store appear to be new and rotated often? Yes No
33. Are emergency and non-emergency numbers posted near the phone? Yes No
34. 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 "68-4.3 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:**

Recommended that he install no loitering signs out front, post the contact guide by the phone and make sure all employees know how to contact the Police. He did not have access to the camera system today because it is in the locked office of current owner, but he will contact me at a later date to come and view the system/monitors. I also advised him to train other employees how to access and use the camera system.

MILWAUKEE POLICE DEPARTMENT  
LICENSE INVESTIGATION UNIT

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS  
SYNOPSIS

DATE: 11/05/2018  
LICENSE TYPE: ALQML  
NEW:  
RENEWAL: X

No. 284864  
Application Date: 11/02/2018  
Expiration Date:

License Location: 6201 C N Teutonia Avenue  
Business Name: Nangah, Inc

Aldermanic District:05

Licensee/Applicant: Nangah, Humphrey F  
(Last Name, First Name, MI)  
Date of Birth: 04/14/64

Male: X Female:

Home Address: 5265 N 62<sup>nd</sup> Street  
City: Milwaukee  
Home Phone: (414) 438-1080

State: Wi Zip Code: 53218

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:

The applicant is/was also the listed agent for Diamond's Pub located at 7607 W Hampton Avenue. This incident's occurred while he was an agent for the business.

1. On 7-23-05, at 1:00am, officers conducted a premises check at Diamond's Pub, 7607 W Hampton Avenue. They observed the maximum capacity sign posted property over the main entrance, which had a limit of 100 people. Because of the large crowd it was believed that the premises was over capacity. The premises was closed and the patrons were counted as they left the premises. A total of 177 patrons and 11 employees were counted. The licensee was issued the following.

Charge: Exceeding Posted Occupancy Capacity  
Finding: Guilty  
Sentence: \$5,0000  
Date: 02/06/06  
Case: 05085860  
Citation: 58756504

2. On 04/08/13, applicant received a citation for Building Code Violations at 7607 W Hampton Avenue.

Charge: Building Code Violations  
Finding: Guilty  
Sentence: Fined \$780.00 due by 11/4/13  
Date: 09/06/13  
Case: 13071557

3. On 11/28/12, applicant received a citation for Building Code Violations at 7607 W Hampton Avenue.

Charge: Building Code Violations  
Finding: Guilty  
Sentence: \$480.00 fine  
Date: 05/29/2013  
Case: 13031976

=====  
Item #3 previously reported. Disposition added 09/22/2014.

4. On 04/08/2013 the applicant was cited at 7607 West Hampton Avenue in the city of Milwaukee for Building Code Violations.

Charge: Building Code Violations  
Finding: Guilty  
Sentence: \$780.00 fine  
Date: 09/05/2013  
Case: 13071857

=====

5. On 02/15/2018 the applicant was cited in the City of Milwaukee for Responsible Person on Premises Required.

Charge: Responsible Person on Premise  
Finding: Guilty  
Sentence: Fined \$378.00  
Date: 04/13/2018  
Case: 18028255

6. On 05/19/2018 a 17 year old working in conjunction with the Milwaukee Police Department and WI WINS Tobacco initiative, was able to purchase a 2-pack Swisher Sweet cigars from the clerk at Diamonds Beer & Liquor, 6201C N. Teutonia Av. The clerk did ask for ID but made the sale anyways. The clerk was identified as Jerome PERKINS and he admitted the sale. The applicant was mailed a MARTS enrolment packet.

=====

**PREVIOUS PREMISE**

# MILWAUKEE POLICE DEPARTMENT LICENSING

## CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

DATE: 06/18/2019  
LICENSE TYPE: ALQML  
NEW:   
RENEWAL:

No. 295497  
Application Date: 06/17/2019

License Location: 6201C N Teutonia Av  
Business Name: Diamond Beer & Liquor

Licensee/Applicant: SINGH, Surjit  
(Last Name, First Name, MI)  
Date of Birth: 03/29/1972

Home Address: 1152 W Meinecke Av #4  
City: Wauwatosa State: WI Zip Code: 53226  
Home Phone:

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

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

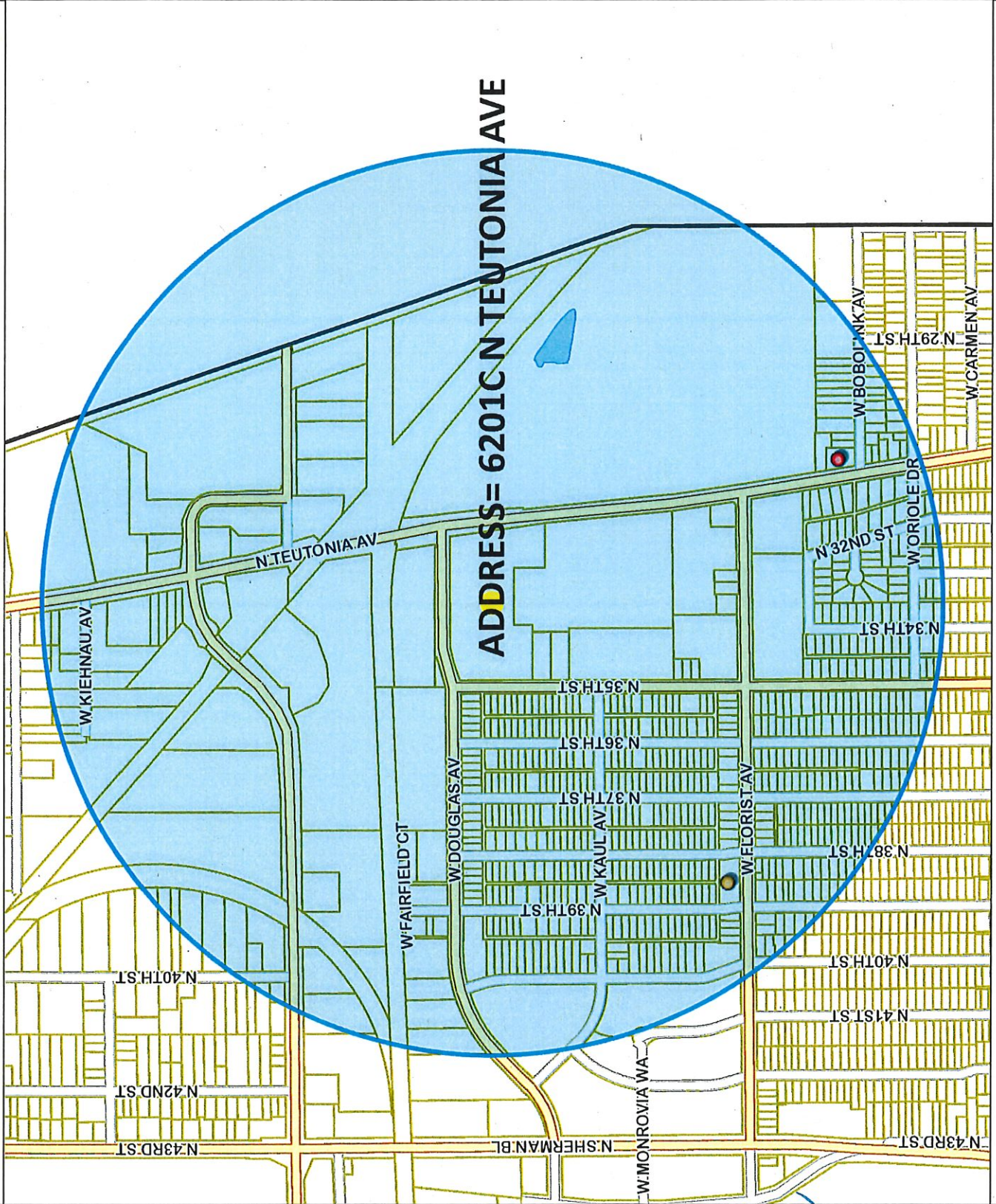
1. On 10/08/2016 the applicant was cited in the City of Milwaukee for Sale of Cigarettes to Minor/Underage.

Charge: Sale of Cigarettes to Minor/Underage  
Finding: Guilty  
Sentence: Fined \$200.00  
Date: 01/10/2017  
Case: 16064413



# Alcohol Concentration for 6201C N Teutonia Ave

City of Milwaukee, Wisconsin



**ADDRESS = 6201C N TEUTONIA AVE**



**- Legend -**

- Street names 10,000
- City limits
- Freeways 15,000
- Freeways
- Exit ramps
- Entry ramps
- Ramps
- Major streets 10,000
- Streets 10,000
- Waterways
- Milwaukee Parcels
- Alcohol licenses
  - Class A intoxicating liquor
  - Class A fermented malt beverage
  - Class A liquor and malt
  - Class B fermented malt beverage
  - Class B tavern
  - Class C wine retailer

**- Notes -**

Alcohol Establishments within a .5 Mile Radius Centered on 6201C N Teutonia Ave as of June 27, 2019.



Department of Administration - ITMD



Map Scale: 1: 10,000



Alcohol Establishments within .5 Mile Radius Centered on 6201C N Teutonia Ave as of June 27, 2019.						
License Summary						
Class A Fermented Malt Beverage Retailer's License						1
Class A Malt & Class A Liquor License						2
						3
						Grand Total
Legal entity	Trade name	Licensee	License type name	Address	Expiration date	
Awawdas Foods, Inc	Home Run Foods	Husam Awawdas, Agt	Class A Fermented Malt Beverage Retailer's License	3824 W Florist AV	7/22/2019	
Nangah, Inc	Diamonds Beer & Liquor	HUMPHREY F NANGAH, Agt	Class A Malt & Class A Liquor License	6201C N TEUTONIA AV	11/26/2019	
NICKI'S KIDDIE CARE CENTER, INC	ONE STOP MINI MART	GREGORY E DEAN, Agt	Class A Malt & Class A Liquor License	5914 N TEUTONIA AV	5/19/2020	



Friday, September 20, 2019

## Licenses Committee Notice of Hearing

Silver Mill MGMT CO LLC  
C/O Colliers International  
PO Box 59365  
Schaumburg, IL 60159

Date: 10/1/2019  
Time: 10:30 AM  
Location: Room 301-B, Third Floor, City Hall

The Licenses Committee will consider the following license application:

**Class A Malt & Class A Liquor, Food Dealer, and Weights & Measures License  
Applications**  
SINGH, Surjit, Agent  
Diamonds Beer & Liquor at 6201C N TEUTONIA Av

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.

If you have any questions, please call (414) 286-2238.





Friday, September 20, 2019

## Licenses Committee Notice of Hearing

Natalie Bowers  
833 E Michigan  
Suite 500  
Milwaukee, WI 53202

Date: 10/1/2019  
Time: 10:30 AM  
Location: Room 301-B, Third Floor, City Hall

The Licenses Committee will consider the following license application:

Class A Malt & Class A Liquor, Food Dealer, and Weights & Measures License  
Applications  
SINGH, Surjit, Agent  
Diamonds Beer & Liquor at 6201C N TEUTONIA Av

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If you have any questions, please call (414) 286-2238.





Friday, September 20, 2019



# Notice of Public Hearing

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SINGH, Surjit, Agent  
Diamonds Beer & Liquor at 6201C N TEUTONIA Av  
Class A Malt & Class A Liquor, Food Dealer, and Weights & Measures License Applications

**Tuesday, October 01, 2019 at 10:30 AM**

To whom it may concern:

The above application has been made by the above named applicant(s). This requires approval from the Licenses Committee and the Common Council of the City of Milwaukee. The hearing before the Licenses Committee will take place on 10/1/2019 at 10:30 AM, in Room 301-B, Third Floor, City Hall. If you wish, you may provide testimony at the hearing regarding the request; see below for further information. You are not required to attend the hearing. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing. Please review the information below and if you have further questions regarding this process, please contact the License Division at (414) 286-2238.

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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 appear in person and 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 present at the committee hearing and 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	6171 N 35TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6155 N 35TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6151A N 35TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6147 N 35TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6141 N 35TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6160 N 36TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6162 N 35TH ST 9	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6162 N 35TH ST 12	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6152 N 35TH ST 10	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6152 N 35TH ST 3	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6151 N 35TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6162 N 36TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6162 N 35TH ST 8	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6162 N 35TH ST 2	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6152 N 35TH ST 12	MILWAUKEE, WI 53209
CURRENT OCCUPANT	3515 W DOUGLAS AVE	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6137 N 35TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	3509 W DOUGLAS AVE	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6162 N 35TH ST 4	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6162 N 35TH ST 10	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6152 N 35TH ST 6	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6134 N 36TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6119 N 35TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6182 N 36TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6152 N 35TH ST 1	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6136 N 36TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6183 N 35TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6179 N 35TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6167 N 35TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6176 N 36TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6166 N 36TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6162 N 35TH ST 6	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6152 N 35TH ST 4	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6152 N 35TH ST 11	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6152 N 35TH ST 9	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6170 N 36TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6156 N 36TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6162 N 35TH ST 1	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6162 N 35TH ST 3	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6162 N 35TH ST 7	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6152 N 35TH ST 2	MILWAUKEE, WI 53209
CURRENT OCCUPANT	3519 W DOUGLAS AVE	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6161 N 35TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6162 N 35TH ST 5	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6152 N 35TH ST 7	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6150 N 36TH ST	MILWAUKEE, WI 53209

CURRENT OCCUPANT	6144 N 36TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6143 N 35TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6129 N 35TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6123 N 35TH ST	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6162 N 35TH ST 11	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6152 N 35TH ST 8	MILWAUKEE, WI 53209
CURRENT OCCUPANT	6152 N 35TH ST 5	MILWAUKEE, WI 53209

Total Records: 53

Radius: 250.0 feet and Center of Circle: 6201 N Teutonia Ave



# BUSINESS LICENSE PLAN OF OPERATION

ccl-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:

LIQUOR STORE

Do you have any experience operating this type of business?  No  Yes If yes, explain:

## 2. Business Operations

- a. Proposed Opening Date: 06/01/2019
- 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 LIQUOR, CG. FOOD
- 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: BY CASH REG. / RESTROOM  
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? 10 and describe the parking security plan: SECURITY CAMERAS MONITOR PARKING BY 24/7
- 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 & 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>80</u> %	Food <u>10</u> %	Secondhand Merchandise <u>0</u> %	Precious Metals & Gems <u>0</u> %
Entertainment _____ %	Cigarettes <u>10</u> %	_____ %	_____ %
Pawnbroker Activity <u>0</u> %	Salvaged Materials <u>0</u> % (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) <u>0</u> %	Other <u>0</u> % Describe: <u>0</u>

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

#### Type 1

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Full Service Restaurant   | <input type="checkbox"/> Cafe/Coffee Shop   | <input type="checkbox"/> Deli or Fast Food Restaurant | <input type="checkbox"/> Private/Fraternal/Veterans Club |
| <input type="checkbox"/> Night Club  | <input type="checkbox"/> Tavern   | <input type="checkbox"/> Cocktail Lounge              | <input type="checkbox"/> Teen Club                       |
| <input type="checkbox"/> Banquet Hall  | <input type="checkbox"/> Sports Facility  | <input type="checkbox"/> Bowling Alley                |  |
| <input type="checkbox"/> Hotel/Motel : Number of Floors: _____<br>Number of Rooms: _____ | <input type="checkbox"/> Rooming House: Number of Floors: _____<br>Number of Rooms: _____ |   |  |

#### Type 2

- |  |  |                                      |   |
|--|--|--------------------------------------|---|
| <input checked="" type="checkbox"/> Liquor Store | <input type="checkbox"/> Corner Store  | <input type="checkbox"/> Supermarket | <input type="checkbox"/> Convenience Store            |
| <input type="checkbox"/> Gas Station             | <input type="checkbox"/> Amusement/Phonograph Distributor  |                                      | <input type="checkbox"/> Recycling, Salvage or Towing |
| <input type="checkbox"/> Used Car Dealer         | <input type="checkbox"/> Personal Service Establishment<br>(such as tattoo business, hair salon, tailor, etc.) |                                      | <input type="checkbox"/> 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: N. TEUTONIA AVE & FLORIST AVE
- d. Describe Building:  Free Standing Building  Strip Mall  Other: SHOPPING PLAZA
- e. Describe Premises Structure:  Single Story  Multi-Story - # of Stories \_\_\_\_\_  Other: \_\_\_\_\_
- f. Describe Surrounding Area:  Commercial  Residential  Industrial  Other: \_\_\_\_\_
- g. Building Owner Name: NATALIE BOWERS CALLEN <sup>OF LAWYERS</sup> Phone Number: 414-213-7526  
 Business Owner Address: 833 E MICHIGAN ST. SUITE 500 MILWAUKEE WI 53202

## 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	200	18 & OVER	/
Monday	8:00 AM	9:00 PM	200	"	
Tuesday	8:00 AM	9:00 PM	200	"	
Wednesday	8:00 AM	9:00 PM	200	"	
Thursday	8:00 AM	9:00 PM	200	"	
Friday	8:00 AM	9:00 PM	200	"	
Saturday	8:00 AM	9:00 PM	200	"	

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)

[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

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: SUKHMAN & PARAM INC.

Premise Address: 6201 C N. TEUTONIA AVE. MILWAUKEE WI 53209

**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: \_\_\_\_\_

**Proof of Ownership, Lease, or Offer to Purchase (New & Transfer Applicants Only)**

Submit proof of ownership, lease, or offer to purchase the building with this application.  
A lease or offer to purchase must:

- Be in the same legal entity name as that apply for the license
- Reflect the same address as the premises address on this application
- Reflect current dates and
- Be signed by the lessor/seller and lessee/buyer

**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.)? SUKHMAN & PARAM INC

c) Are you purchasing the stock and/or fixtures?  No  Yes If yes, amount paid \$ 70000

d) Total amount paid for business \$ 30000

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

**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 7-01-19 Ends 6-30-2022
- b) Monthly rental \$ 2700.00
- 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)? \_\_\_\_\_
- 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

X Sunit Singh

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 premise 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: SUKHMAN & PARAM INC

Premises Address: 6201 C N TEUTONIA AVE MILWAUKEE 53209

## 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 servè, 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 / FROZEN FOOD





# 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: SUKHMAN & PARAM INC.

Premise Address: 6201 C TEUTONIA AVE. MILWAUKEE WI 53209

**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		
<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 type="checkbox"/> 1 <input checked="" 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		
<b>Total Fee Due</b>				<input type="text"/>

**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.

*Sukhman Singh*

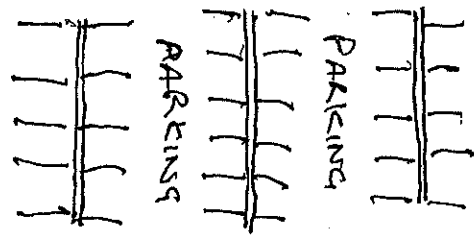
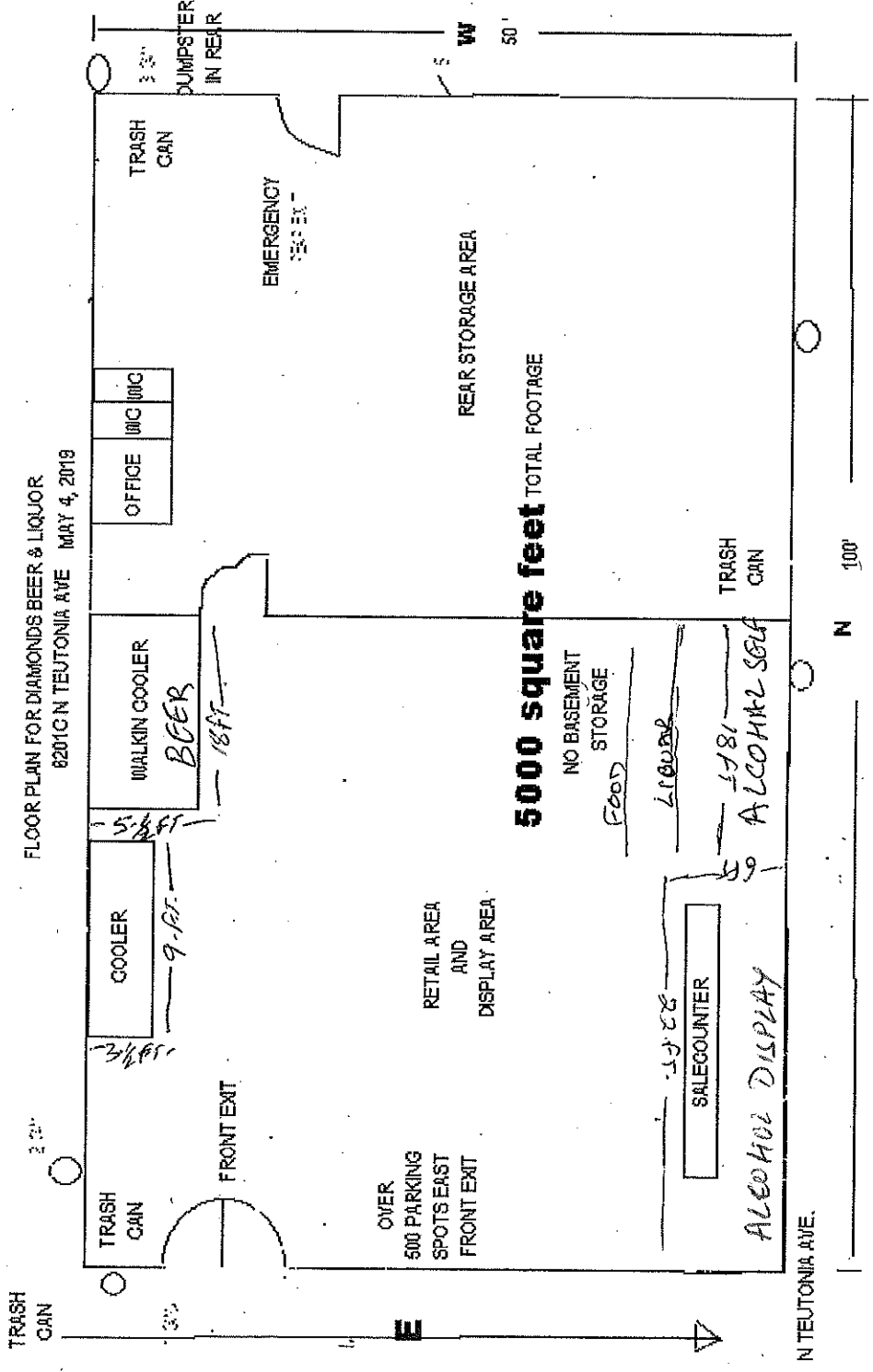
Signature of sole Proprietor, partner, or 20% or more Shareholder  
(If there are no 20% or more shareholders,  
Corporate Officer-print name/title and sign)

Signature of additional partner or 20% or more shareholder

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).

SUKHMAN & PARAM INC  
 D/B/A DIAMONDS BEER & LIQUOR  
 SURJIT SINGH, AGENT  
 6201 C. N. TEUTONIA AVE  
 MILWAUKEE WI 53209  
 PH: 414-306-4879  
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