



CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Tuesday, February 20, 2024

COMMITTEE MEETING NOTICE

AD 09

LEHAL, Sukhvir S, Agent
8008 STARK INC.
W127N6370 SUMAC Ct
Menomonee Falls, WI 53051

You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall or you may attend virtually using the link below.

Tuesday, March 05, 2024 at 01:45 PM

The access code is https://meet.goto.com/453468061. If you wish to call in: +1 (571) 317-3122 and use Access Code: 453-468-061
Please see the enclosed best practices document for further instructions.

Regarding: Your Class A Malt & Class A Liquor, Food Dealer and Weights & Measures License Applications as agent for "8008 STARK INC." for "STARK FOOD VI" at 8008 W BROWN DEER Rd #A.

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 during normal business hours is available at reduced rates (5 hour limit) at the Milwaukee Center on the southwest corner of Kilbourn Avenue and Water Street. You must present a copy of the meeting notice to the parking cashier.

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

[Handwritten signature of Jim Cooney]

BY: _____

Jim Cooney
License Division Manager

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

Date: December 20, 2023
Officer: PO Carrie Resnick

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

Name of Premise: Stark Foods VI
Address: 8008 W Brown Deer Road #A Milwaukee, WI. 53223
Phone: N/A
Owner: Sukhvir Singh Lehal
Owner address: W127N6370 Sumac Ct
City State Zip: Menomonee Falls, WI. 53051
Owner Phone: 414-807-1603
Owner email: Sukhvirlehal@gmail.com

Manager: Sukhvir Singh Lehal
Home Address: W127N6370 Sumac Ct
City State Zip: Menomonee Falls, WI. 53051
Phone: 414-807-1603
Email: Sukhvirlehal@gmail.com

Preferred contact: Sukhvir Singh Lehal

Location currently open: YES NO

Projected open date: May 2024

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: #:
Tobacco: Yes No #:
Food: Yes No #:
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:
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:
19. Are there exterior cameras Yes No How many:
20. Are there interior cameras Yes No How many:
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 they plan to No
28. Does the store sell scales? Yes they plan to 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 transactions 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:

The building is currently under construction and will share the space with a coffee shop/ tavern. The owner will be putting up 72 cameras, which will be placed both on the exterior and in the interior of the store. He will be storing video for 30 days and the cameras will be color and digital in format. Once the camera system is installed, only the owner and one other manager will have access to the footage. He will also be upgrading the lighting outside and posting no loitering signs on the building. After the construction is complete, the register area will have a lockable area that separates employees from customers that will be surrounded by bullet proof glass. He will also have a larger size drop safe installed and bolted to the ground, but it will not be a timed release safe. It is planned that at least one camera will show an overall view of the counter and register area and another one will show a clear image of people entering and leaving the store.

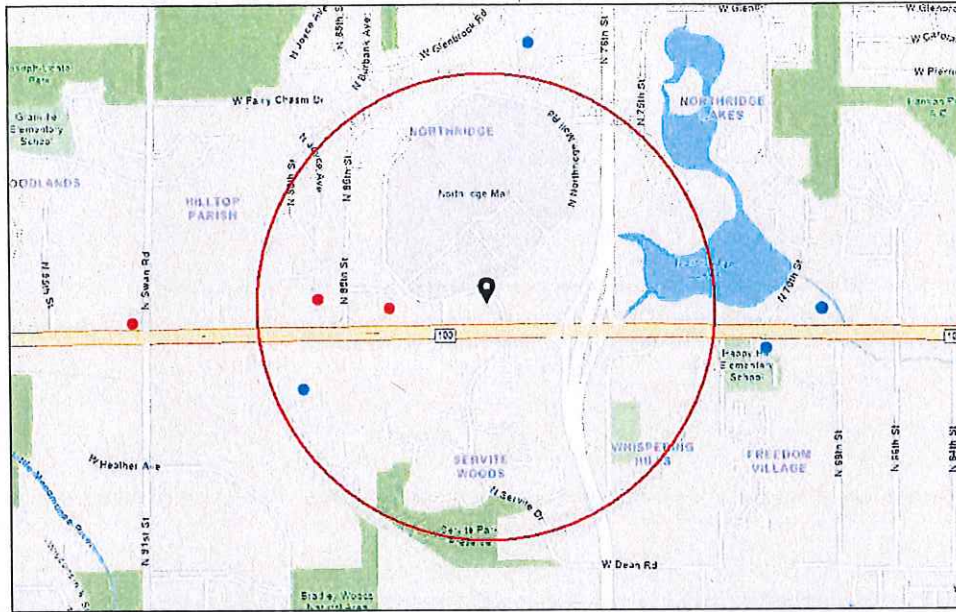


Concentration Map for 8008 W Brown Deer Rd.

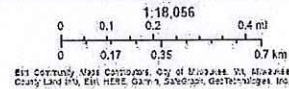
Area of Interest (AOI) Information

Area : 21,862,585.81 ft²

Dec 13 2023 10:07:19 Central Standard Time



- Alcohol Licenses (active)
- Class B Tavern
- Class A Liquor and Mall



Summary

Name	Count	Area(ft ²)	Length(mi)
Alcohol Licenses	3		

Alcohol Licenses

#	Legal Entity	Trade Name	Licensee	Address	License Type Name	Total Capacity	Expiration Date	Count
1	Family Foods Corporation	Family Foods	VIPAN DUTTA, Agt	8328 W Brown Deer RD	Class A Malt & Class A Liquor License		7/8/2024, 7:00 PM	1
2	Holt Logistics Corporation	Mr. B's Restaurant	JENNIFER GARCIA, Agt	8617 W BROWN DEER RD	Class B Tavern License		7/29/2024, 7:00 PM	1
3	Daxa LLC	Brown Deer Beverage	CHIRAG J PATEL, Agt	8564 W Brown Deer RD	Class A Malt & Class A Liquor License		9/20/2024, 7:00 PM	1

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



Tuesday, February 20, 2024



Notice of Public Hearing

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LEHAL, Sukhvir S, Agent
STARK FOOD VI at 8008 W BROWN DEER Rd #A
Class A Malt & Class A Liquor, Food Dealer and Weights & Measures License Applications

Tuesday, March 05, 2024 at 1:45 PM

To whom it may concern:

The above application has been made by the above named applicant(s). This requires approval from the Licenses Committee and the Common Council of the City of Milwaukee. The hearing before the Licenses Committee will take place on 3/5/2024 at 1:45 PM in Room 301-B, Third Floor, City Hall. This is a public hearing. Those wishing to view the proceeding are able to do so via the City Channel – Channel 25 on Spectrum Cable – or on the Internet at <http://city.milwaukee.gov/citychannel>. Those wishing to provide oral testimony via phone or internet are asked to contact the staff assistant, Yadira Melendez at (414) 286-2775 or stasst5@milwaukee.gov for necessary information. Please make such requests no later than one business day prior to the start of the meeting. You are not required to attend the hearing, but please see the information below if you would like to provide testimony. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing.

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
BUSINESS OCCUPANT	7800 W BROWN DEER RD# 1	MILWAUKEE, WI 53223-1904
BUSINESS OCCUPANT	7800 W BROWN DEER RD# 100	MILWAUKEE, WI 53223-1915
BUSINESS OCCUPANT	7800 W BROWN DEER RD# 200	MILWAUKEE, WI 53223-1915
BUSINESS OCCUPANT	7800 W BROWN DEER RD# 300	MILWAUKEE, WI 53223-1915
BUSINESS OCCUPANT	7800 W BROWN DEER RD# 400	MILWAUKEE, WI 53223-1915
BUSINESS OCCUPANT	7817 W BROWN DEER RD# 1	MILWAUKEE, WI 53223-1916
BUSINESS OCCUPANT	7817 W BROWN DEER RD# 3	MILWAUKEE, WI 53223-1916
BUSINESS OCCUPANT	7817 W BROWN DEER RD# 4	MILWAUKEE, WI 53223-1916
BUSINESS OCCUPANT	7817 W BROWN DEER RD# 5	MILWAUKEE, WI 53223-1916
BUSINESS OCCUPANT	7817 W BROWN DEER RD# 6	MILWAUKEE, WI 53223-1916
BUSINESS OCCUPANT	7817 W BROWN DEER RD# 7	MILWAUKEE, WI 53223-1916
BUSINESS OCCUPANT	7900 W BROWN DEER RD	MILWAUKEE, WI 53223-1910
BUSINESS OCCUPANT	8001 W BROWN DEER RD	MILWAUKEE, WI 53223-1701
BUSINESS OCCUPANT	8008 W BROWN DEER RD	MILWAUKEE, WI 53223-1702
BUSINESS OCCUPANT	8016 W BROWN DEER RD	MILWAUKEE, WI 53223-1702
BUSINESS OCCUPANT	8030 W BROWN DEER RD	MILWAUKEE, WI 53223-1702
BUSINESS OCCUPANT	8080 W BROWN DEER RD	MILWAUKEE, WI 53223-1702
BUSINESS OCCUPANT	8100 W BROWN DEER RD	MILWAUKEE, WI 53223-1704
BUSINESS OCCUPANT	8110 W BROWN DEER RD	MILWAUKEE, WI 53223-1704

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Total Records: 19

Radius 300.0 feet (all addresses) and Center of the Circle: 8008 W Brown Deer Rd



BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 5/12/2020

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

1. Type of Business

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

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

Supermarket

Do you have any experience operating this type of business? No Yes If yes, explain: *Family Run Business 20+ years*

2. Business Operations

- a. Proposed Opening Date: 04-30-2024
- 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: _____
- 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: 7 Locations: 2 Bathroom, 1 Front Door, 2 Kitchen, 2 behind counter
Outside: 1 Locations: Front Door
- c. Is a crowd control barrier used? No Yes If yes, describe: _____
- d. How many restrooms are on the premises? 2
- 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? 60+ and describe the parking security plan: Security Cameras and Security Personnel
- 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? 1 and answer the following:
 What are their responsibilities? Minimize Theft and call police in needed circumstances
 Is security equipment used? No Yes If yes, describe Security Cameras
 List their licensing, certification, or training credentials Third Party Security Service
- d. Will there be security cameras? No Yes If yes, how many? 30+ and list locations: Throughout Store, Storage, and parking lot
- 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>70</u> %	Secondhand Merchandise _____ %	Precious Metals & Gems _____ %
Entertainment _____ %	Cigarettes _____ %	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: _____

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):
 1st Floor 2nd Floor Basement Storage Patio Beer Garden Sidewalk Café Deck Rooftop
 Other: Describe: _____
- b. Describe Location: Major Thoroughfare Secondary Street Other: _____
- c. Nearest Major Cross Street: Brown Deer Rd & N 76th Street
- 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: Charnjit Kaur Phone Number: (414)-795-4050
 Building Owner Address: 4616 W Hampton Ave. Milwaukee, WI 53209

10. Hours of Operation & Customers

Will customers be entering the premises? No Yes

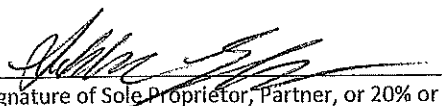
Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	8:00 am	9:00 pm	100+	10-70	
Monday	8:00 am	9:00 pm	100+	10-70	
Tuesday	8:00 am	9:00 pm	100+	10-70	
Wednesday	8:00 am	9:00 pm	100+	10-70	
Thursday	8:00 am	9:00 pm	100+	10-70	
Friday	8:00 am	9:00 pm	100+	10-70	
Saturday	8:00 am	9:00 pm	100+	10-70	

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

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

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

11. Signature(s)


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

 Signature of additional partner or 20% or more shareholder

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



ALCOHOL BEVERAGE & PUBLIC ENTERTAINMENT PREMISES SUPPLEMENTAL APPLICATION

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

Legal Entity Name: BWB Skunk Inc

Premise Address: 8008 W Brown Deer Rd Ste A, Milwaukee, WI 53223

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

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

"Service Bar Only" Designation

If applying for Class B or C license, are you applying for "Service Bar Only"? No Yes
Service Bar Only means customers cannot sit at the bar. Alcohol is served to employees who serve patrons seated at tables. No stools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.

Business Information

- a) Are you taking out this application for anyone that may not be eligible for a license? No Yes
If yes, list their name and address: _____
 - b) Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the business? No Yes
If no, list the name and address of the person(s) who will: _____
- Class B Applicants: If the agent, a partner or the individual licensee will not be conducting the day-to-day operations of the business, the person(s) listed above must obtain a Class B Managers license.
- c) Does anyone else have money invested or any other interest in this business? No Yes
If yes, explain: _____
 - d) Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business?
 No Yes If yes, list name and address: _____

Property Information (New & Transfer Applicants Only)

- a) Do you own or lease the building? Own Lease
 - b) Who owns the fixtures (for example, coolers, etc.)? Landlord
 - c) Are you purchasing the stock and/or fixtures? No Yes If yes, amount paid \$ _____
 - d) Total amount paid for business \$ 0.00
 - e) Total amount paid for goodwill of the business \$ 0.00
- Goodwill comprises the reputation and customer relationships of an existing business. If the price you pay for the business exceeds the fair market value of all of the rest of the assets of the business, the excess may be considered goodwill.
- f) Have you made arrangements with the seller for payment of personal property taxes? No Yes

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

- a) Date lease begins 06/01/24 Ends 06/01/34
- b) Monthly rental \$ 12,000.00
- 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)? _____


Lease Information (Continued)

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

Change of Agent Applicants Only

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

Signature



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

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

New and transfer of premises applicants must submit the following:

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



FOOD DEALER LICENSE PLAN OF OPERATION

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

Legal Entity Name:	→ 8008 W Brown Deer Rd Ste A, Milwaukee WI 53223
Premises Address:	→ 8008 Starke Inc
SECTION 1 TYPE OF BUSINESS	
What will be the majority of your food sales? (check one)	
<input type="checkbox"/> 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.	
<input checked="" type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.	
<input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Micro Market	
All Applicants: Submit a menu or a list of food items that will be sold.	
Will any wholesale business be done? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, what percentage of food sales will be wholesale?	
<input type="checkbox"/> Less than 25%	
<input type="checkbox"/> 25% or More AND:	
<input type="checkbox"/> Restaurant items (meals) will be sold – Complete this application and also contact DATCP.	
<input type="checkbox"/> 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? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)	
If yes, list the types of food items: <u>Ice Cream, Packaged Meats, Milk, Cheese, Ice, Frozen Fowls</u>	

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 7

Yes If Yes, check all that apply: New construction of a building Renovation or remodeling
 Construction changes to existing building Equipment changes only

Provide a brief description of the changes: _____

Start date: _____

Name, Address & Phone Number of Architect: _____

Name, Address & Phone Number of Contractor: _____

SECTION 7 ALCOHOL BEVERAGES

Are you applying for an alcohol beverage license?

No If No, SKIP to Section 8

Yes If YES, if your food license is approved prior to the alcohol license, when do you want the food license issued?
 Immediately At the same time as the alcohol license

SECTION 8 ACKNOWLEDGEMENTS & SIGNATURE

You must initial each item confirming your understanding:

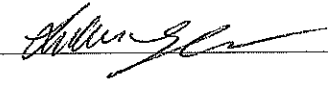
SL I understand the Health Department must conduct an inspection and advise the License Division of their approval before the license may be issued.

SL 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.

SL 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.

SL 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.

SL I will not operate my food business until the license has been issued and posted in the establishment.

Signature of Sole Proprietor, Partner, or 20% Shareholder: 

Signature of Additional Partner: _____



WEIGHTS & MEASURES PLAN OF OPERATION

ccl-wmplan 1/9/18

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

Legal Entity Name: *BOOB Stark Inc*

Premise Address: *8008 W Brown Deer Rd. Ste A Milwaukee, WI 53223*

Type of Business

Provide a brief description of the establishment/business:

Single Story, Brick building, 1st Floor Convenience Store

Other licenses may be required depending on the type of business you are operating.

Class A Beer, Class A Liquor, Cigarette & Tobacco

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: _____

Signature

[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 License Supplemental Application, and appropriate fee. Forms can be obtained online at www.milwaukee.gov/licenses.



**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 • www.milwaukee.gov/license

Office Use Only:	
App#	_____
Filed	_____
Initials	_____
Paid	_____
Lic #	_____

Legal Entity Name: *Bow & Stark Inc*

Premise Address: *Bow & W Braun Deer Rel. Ste A Milwaukee, WI 53223*

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)
Liquid Measuring Devices				
<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		
Scales				
<input type="checkbox"/> Measuring any weight amount	24 months	\$55		
Scanners				
		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 _____	
Other Devices				
<input type="checkbox"/> Length Measuring Device	24 months	\$60		
<input type="checkbox"/> Timing Device	24 months	\$30		
Total Fee Due				<i>130.00</i>

Signature

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

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

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

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

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

[Signature]

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

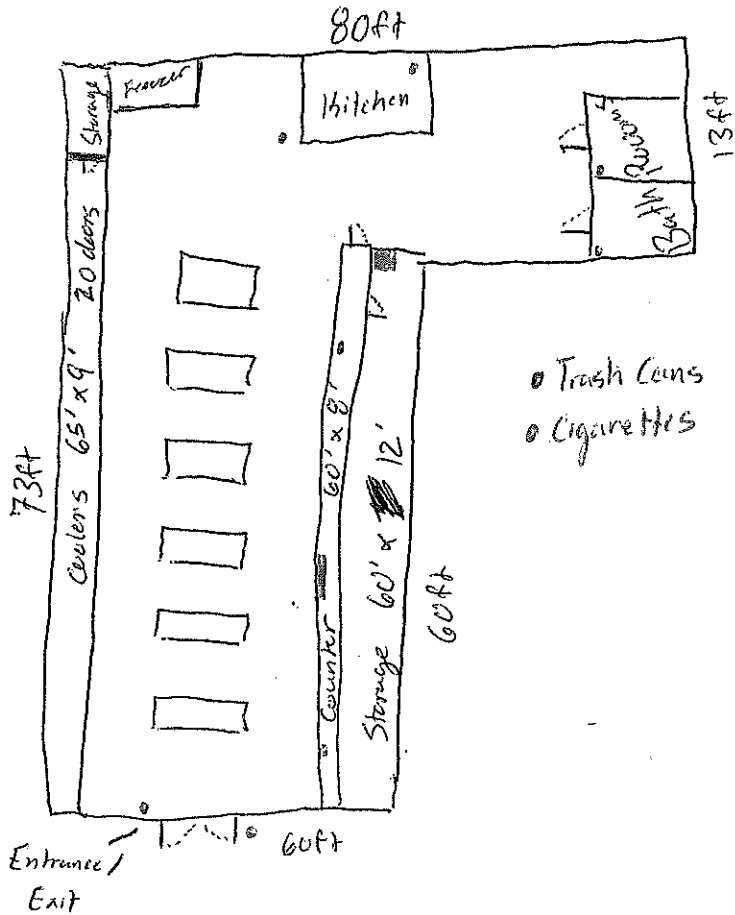
Signature of additional partner or 20% or more shareholder

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

Wahvir Lehal
1008 Stark Inc
Stark Foods VI
1008 W Brown Deer Rd. Ste A
Milwaukee, WI 53223
2/13/23



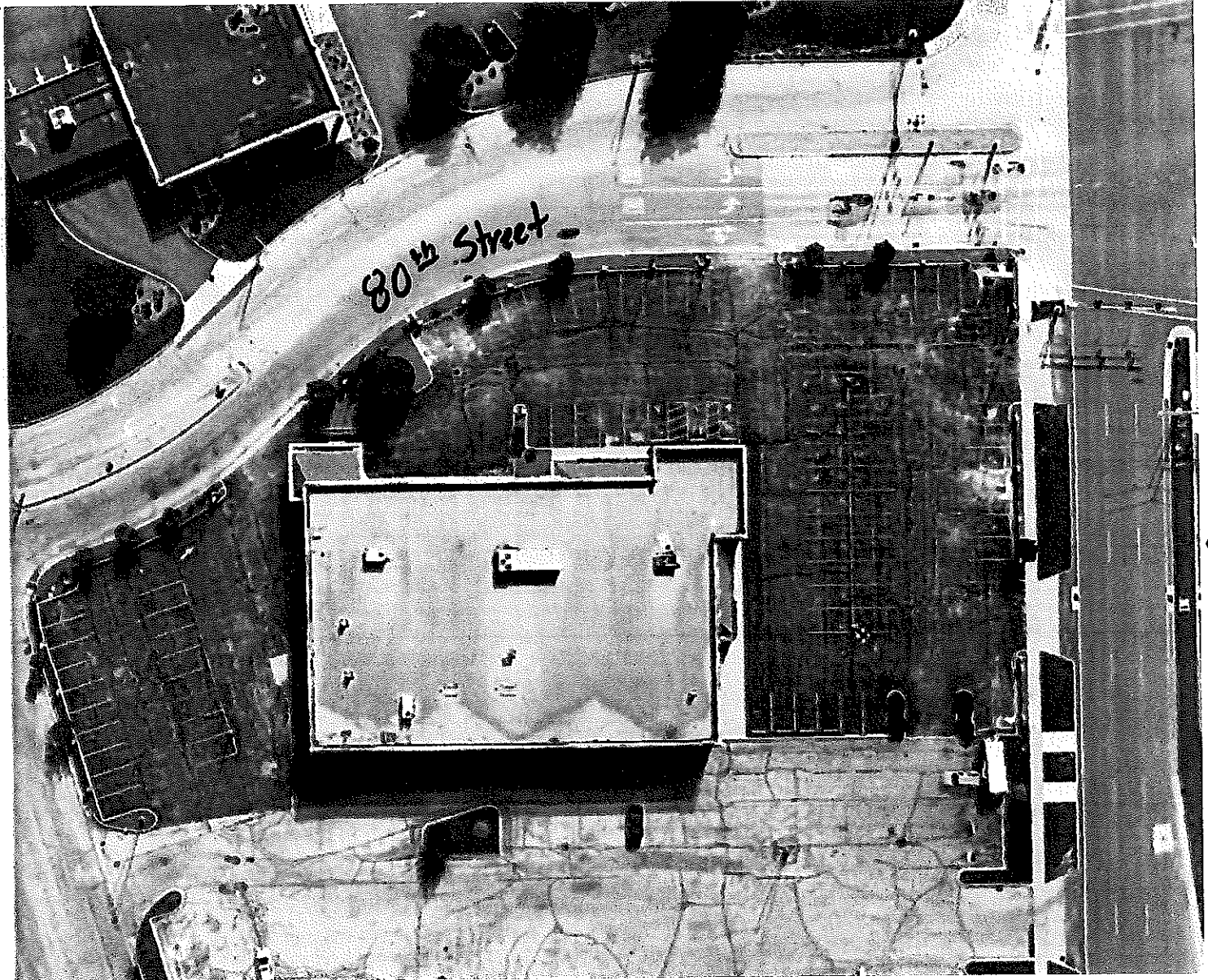
≈ 4,800 sq. ft



80th Street

W Brown Deer Rd

8008 W Brown Dr. Rel Milwaukee, WI 53223



Memorial K&L

W Brown Door Rd

86 Parking Spots
 8008 Stark Inc
 Sukhvir Lehal
 12/12/23