

## CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Thursday, April 25, 2024

#### COMMITTEE MEETING NOTICE

AD 15

MUHAMMAD, Bilal, Agent 50 Petro Mart LLC 2008 W CENTER St Milwaukee, WI 53206

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, May 07, 2024 at 02:55 PM

The access code is <a href="https://meet.goto.com/335080869">https://meet.goto.com/335080869</a>. If you wish to call in: <a href="https://meet.goto.com/335080869">https://meet.goto.com/335080869</a>. Please see the enclosed best practices document for further instructions.

Regarding:

Your Filling Station, Food Dealer and Weights & Measures License Applications as agent for "50 Petro Mart LLC" for "50 Petro Mart LLC" at 2008 W CENTER St.

There is a possibility that your application may be denied for on 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

BY:

Jim Cooney

License Division Manager

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



# CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

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AD 15

MUHAMMAD, Bilal, Agent 50 Petro Mart LLC 2701 E FOREST HILL AV Oak Creek, WI 53154

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JIM OWCZARSKI, CITY CLERK

BY:

Jim Cooney

License Division Manager

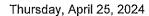
If you have questions regarding this notice, please contact the License Division at (414) 286-2238.

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

# MILWAUKEE POLICE DEPARTMENT LICENSING

# CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

DATE: 02/12/2024 LICENSE TYPE: 2 NEW:  RENEWAL:	24HR		No. 361491 Application Date:	
License Location: Business Name:				
Licensee/Application Date of Birth: 10/	(Last Name, First Name, MI)			
Home Address: 6 City: Franklin Home Phone: 41		State: WI	<b>Zip Code:</b> 53132	
This report is writte	en by Police Officer Monre	al, assigned t	to the License Investigation Unit, Days	•
The Milwaukee Po	lice Department's investig	ation regardin	ng this application revealed the followir	ηg
1. On 06/14/23	the applicant was cited fo	or Sale of Ciga	arette to Minor at 2341 S. Chase Av.	
Charg Findin Sente Date:	ig: Pre-Trial 04/08/24		lerage	
Case:	23020419			







## Notice of Public Hearing

**Blank Notice** 

MUHAMMAD, Bilal, Agent 50 Petro Mart LLC at 2008 W CENTER St Filling Station, Food Dealer and Weights & Measures License Applications

### Tuesday, May 07, 2024 at 2:55 PM

To whom it may concern:

The above application has been made by the above named applicant(s). This requires approval from the Licenses Committee and the Common Council of the City of Milwaukee. The hearing before the Licenses Committee will take place on 5/7/2024 at 2:55 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,
CURRENT OCCUPANT	1917 W CENTER ST	MILWAUKEE, WI 53206-2114
CURRENT OCCUPANT	1919 W CENTER ST	MILWAUKEE, WI 53206-2114
CURRENT OCCUPANT	1925 W CENTER ST	MILWAUKEE, WI 53206-2114
CURRENT OCCUPANT	2009 W CENTER ST	MILWAUKEE, WI 53206-1612
CURRENT OCCUPANT	2022 W CENTER ST	MILWAUKEE, WI 53206-1611
CURRENT OCCUPANT	2654 N 21ST ST	MILWAUKEE, WI 53206-1505
CURRENT OCCUPANT	2658 N 21ST ST	MILWAUKEE, WI 53206-1505
CURRENT OCCUPANT	2666 N 21ST ST	MILWAUKEE, WI 53206-1505
CURRENT OCCUPANT	2676 N 20TH ST	MILWAUKEE, WI 53206-1501
CURRENT OCCUPANT	2716 N 19TH ST	MILWAUKEE, WI 53206-2140
CURRENT OCCUPANT	2717 N 19TH ST	MILWAUKEE, WI 53206-2141
CURRENT OCCUPANT	2717 N 20TH ST	MILWAUKEE, WI 53206-1603
CURRENT OCCUPANT	2718 N 19TH ST	MILWAUKEE, WI 53206-2140
CURRENT OCCUPANT	2719 N 20TH ST	MILWAUKEE, WI 53206-1603
CURRENT OCCUPANT	2721 N 20TH ST	MILWAUKEE, WI 53206-1603
CURRENT OCCUPANT	2723 N 20TH ST	MILWAUKEE, WI 53206-1603
CURRENT OCCUPANT	2724 N 19TH ST	MILWAUKEE, WI 53206-2140
CURRENT OCCUPANT	2726 N 19TH ST	MILWAUKEE, WI 53206-2140
CURRENT OCCUPANT	2726 N 21ST ST	MILWAUKEE, WI 53206-1606
CURRENT OCCUPANT	2726A N 21ST ST	MILWAUKEE, WI 53206-1606
CURRENT OCCUPANT	2729 N 20TH ST	MILWAUKEE, WI 53206-1603
CURRENT OCCUPANT	2731 N 20TH ST	MILWAUKEE, WI 53206-1603
CURRENT OCCUPANT	2737 N 19TH ST	MILWAUKEE, WI 53206-2141
CURRENT OCCUPANT	2737 N 19TH ST# A	MILWAUKEE, WI 53206-2141
CURRENT OCCUPANT	2737 N 20TH ST	MILWAUKEE, WI 53206-1603
CURRENT OCCUPANT	2740 N 21ST ST	MILWAUKEE, WI 53206-1606
CURRENT OCCUPANT	2740A N 21ST ST	MILWAUKEE, WI 53206-1606
CURRENT OCCUPANT	2743 N 20TH ST	MILWAUKEE, WI 53206-1603
CURRENT OCCUPANT	2745 N 20TH ST	MILWAUKEE, WI 53206-1603
CURRENT OCCUPANT	2746 N 21ST ST	MILWAUKEE, WI 53206-1606
CURRENT OCCUPANT	2748 N 20TH ST	MILWAUKEE, WI 53206-1602
CURRENT OCCUPANT	2748A N 20TH ST	MILWAUKEE, WI 53206-1602
CURRENT OCCUPANT	2749 N 20TH ST	MILWAUKEE, WI 53206-1603
CURRENT OCCUPANT	2752 N 21ST ST	MILWAUKEE, WI 53206-1606
Blank Notice		

Blank Notice Total Records: 34

Radius 250.0 feet and Center of the Circle: 2008 W Center St

ccl-busplan 5/12/2020

# MILWAUKEE

### **BUSINESS LICENSE PLAN OF OPERATION**

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: <u>license@milwaukee.gov</u>

1. Ty	pe of Business
Applyin	g for: 🔀 Extended Hours (12AM to 5AM) - If a food establishment, check all that apply: 🔲 Delivery 🔲 Drive Thru 🔲 Dining Room
	Self Service Laundry Massage Establishment Service Laundry Massage Establishment
	Other (supplemental application for specific license also required)
Provide	a detailed description of the type of business you plan on operating:
	Gas Station
Do you	have any experience operating this type of business? \[ \text{No \( \overline{K} \)}\text{Yes If yes, explain: \( \overline{L} \) have two gas station
LZ. DI	usiness Operations — — — — — — — — — — — — — — — — — — —
a.	Proposed Opening Date: 40 days March, 12
	Is this premise under construction? 🔊 No 🗹 Yes If yes, list estimated completion date:
	Is this a franchise? 🔀 No 🔲 Yes
i	Is this premises currently licensed? No X Yes If yes, list type of license: Filling Station
	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
İ	If yes, explain:
	Have you previously held an Extended Hours License in Milwaukee? \(\begin{align*}\) No \(\begin{align*}\) Yes
1	if yes, list address(es): 575 w Becher st Milnonthee wi 53207
h.	Are other businesses operating in the same building?  No Yes If yes, describe:
	tter & Noise
	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. Sr	noking & Sanitation
a.	Are there designated outdoor smoking areas? K No Yes If yes, describe:
b.	Number of Garbage Cans: Inside: 5 Locations: by purp and door
	Number of Garbage Cans: Inside: 5 Locations: by purp and doop  Outside: 5 Locations: by doop, caffee, In out cashee
c.	Is a crowd control barrier used? X No Yes If yes, describe:
d.	How many restrooms are on the premises?
e.	Name of solid waste contractor: Advanced Disposal Waste Management Other:

		: ":		: :	:				
5. Security			·						
a. Are there onsite parking s									
plan: Lights c	olem s								
b. Is there a loading zone?	b. Is there a loading zone? 🔀 No 🗌 Yes If yes, describe the loading area security plan:								
					•				
c. Will you have security per									
				<del>) 101.</del>	and insect Busin				
	ent used? 🔀 No 🔲 Y		_						
List their licensing,	certification, or training	g credentials	2//		4 outcide				
d. Will there be security cam	neras? [_] No [ <b>X</b> ] Yes	If yes, now	many? (6 and list	locations:	1 3146				
e. Will searches/identification	on checks be done upor	n entry? 街 I	No 🗌 Yes If yes, descri	be					
6. Percentage of Sales	(must total 100%	<b>%)</b>							
Alcohol%	Food 30	%	Secondhand Merchandis	e	Precious Metals & Gems				
Entertainment%	Cigarettes 30		%		<u></u> %				
	Salvaged Materials%		Personal Services (such as tattoo,		Other 40 % gas				
Pawnbroker Activity%	(such as scrap metal)		body piercing, salon, tailor, tanning, etc.)%		Describe:				
7. Businesses/Licenses	on the Premise	s (check	all that apply):						
Type 1					te				
Full Service Restaurant	Cafe/Coffee Shop		Fast Food Restaurant	_	:/Fraternal/Veterans Club				
Night Club	☐ Tavern	Cocktail		∐ Teen C	lub				
Banquet Hall	Sports Facility	Bowling	Alley						
Hotel/Motel: Number of Flo		Roomin	g House: Number of Floo						
	oms:		Number of Roc	oms:					
Type 2  Liquor Store	Corner Store	Superm	arket	Conver	iience Store				
Gas Station	Amusement/Phonog				ng, Salvage or Towing				
Used Car Dealer	Personal Service Es (such as tattoo busi		n, tailor, etc.)	Record	ing Studio				
What other licenses/permits will y	you hold at this location?	(check all that	apply)						
Occupancy Permit 🔀	Cigarette & Tobacco 🔀 Ga	as Station 🔟	Extended Hours Class "	B" Tavern	Weights & Measures				
Secondhand Dealer	Precious Metal & Gem	Other:							
8. Legal Capacity (only	y if a Type 1 pre	mises in i	#7 above)						
Capacity (Call the	e Milwaukee Developmen	t Center at 41	4-286-8211 if you have qu	estions.)					

9. Premises De	escription									
	(s) of the premises that will l				):					
□Other: Descr	be:									
b. Describe Locati	on: 🔀 Major Thoroughfare	Secondary Street Ot	her:							
c. Nearest Major	c. Nearest Major Cross Street: 25th Street									
d. Describe Buildi	ng: 🔀 Free Standing Buildin	g 🔲 Strip Mall 🔲 Other:			Maria de Arra Arra de					
e. Describe Premi	ses Structure: 🔀 Single Sto	ry Multi-Story - # of Sto	ries 🔲 Other:							
f. Describe Surro	ınding Area: 🔲 Commercia	l 🔀 Residential 🗌 Industr	ial 🗌 Other:							
g. Building Owner Building Owner	Name: Biloul Mo Address: 270 1 E	forest Hill	Phone Number: <u>416</u> ave <b>44</b> 00	1-324- Kcree	4352 knt53154					
10. Hours of O	peration & Custor	ners								
Will customers be ente	ering the premises? 🔲 No	Yes								
Day of the Week	Proposed Hour	s of Operation:	Estimated Number of Customers	Potential Age Range	Class B Tavern Applicant Only:					
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)	expected each day	of Customers	Age Restriction (If none, write 'None')					
Sunday	24 hours	24 hours	500	Uo	N/4					
Monday	24 hours	11	600	10 t-50	NIA					
Tuesday	24 hours	C	524	101050	NA					
Wednesday	24hours	le	575	40	NA					
Thursday	24 hours	11	5'50	40	N/A					
Friday		11	700	40	N/A					
Saturday	24 hours	11	520	UO	N/A					
An Extended Hours Es piercing, salon, tailor,		red for any convenience stor dio or restaurant which is op	e, filling station, persona en between the hours of	l service establish 12:00 a.m. and !	nment (such as tattoo, body 5:00 a.m.					
Alcohol Establishmen Permitted Hours of O		am to 9:00 pm Sunday thru am to 2:00 am Sunday thru		10 am Friday & Sa	iturday					
Entertainment Outdo	or Closing Hours: 10:0 Is es	Opm Sunday-Thursday; 12:0 tablished by the Common Co	Oam Friday & Saturday; ι ouncil in its approval of t	inless a different ne licensee's plan	time, either earlier or later, of operation.					
11. Signature	(s)									
W.(	(s) Pullm									
(If there are no 2	orietor, Partner, or 20% or m 0% or more shareholders, r-print name/title and sign)	ore Shareholder	Signature of additional p	oartner or 20% oi	r more shareholder					



### 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:	50 Peto	o Mart	llc			
Premises Address:	2008 W	centers	11c St Milnan	1ce	WI	53206
SECTION 1	TYPE OF BUSINESS					
What will be the m	ajority of your food sales	s? (check one)				3
	, but are not limited to, ese and meat, French fri		ches, roasted corn, baked ried vegetables/fruit, coo			
RETAIL items i tea, fruit juice			serve, lemonade, snow o s, bakery, cookies, kettle			
A conveni	ood items and in additi	s than 5,000 square	feet of retail space and products or is a filling s			
Bed & Breakfas	st .					
All Applicants: Sub	mit a menu or a list of fo	ood items that will be	e sold.			
Will any wholesale	business be done?	No Yes If ye	s, what percentage of foc	od sales will l	be wholesale	?
Less than 2	25%					
	estaurant items (meals)	•	ete this application and al			y.
SECTION 2	FOOD PROCESSING					
Will any food proc		No 👍 Yes				
Processing is defin		ng, cutting, mixing, b	aking, coating, stuffing, p king, or packaging.	acking, bottl	ling, grilling, o	canning,
SECTION 3	FOOD REQUIRING TO	EMPERATURE CON	TROL	1,11		
		se, and ice cream, fis	No 🔀 Yes h, shellfish, meat, poultry	· <del>-</del>		
If yes, list the type:	s of food items:	airy pr	oducts mi	ik ch	leise	ice crea

ccl-foodplan 2/28/19

SECTION 4 DETAILS OF OPERATION
Will you have seating on site for dining? \(\sigma\)No \(\sigma\)Yes
Will you be doing any catering?
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 & Fhone Number of Architect.
Name, Address & Phone Number of Contractor:
SECTION 7 ALCOHOL BEVERAGES
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:
RM I understand the Health Department must conduct an inspection and advise the License Division of their approval
hafore the license may be issued
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
De issued.
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.
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.
Signature of Sole Proprietor, Partner, or 20% Shareholder:
Signature of Additional Partner:



# FILLING STATION LICENSE AND WEIGHTS & MEASURES (RETAIL PETROLEUM METERS) 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

Legal Entity Name: So Potro Mart 1(c
Legal Entity Name: SO Petro Mart 1(c  Premise Address: 2008 w center ave Milwankee wit 53206
Filling Station License Fee \$ 275
Number of Retail Petroleum Meters* _ / L x \$60 per meter = \$ 960 _
*For each nozzle, count the number of grades (not including midgrade if mixed in the pump), add the number of all grades together and that is your number of retail petroleum meters.
Will electronic scanners be used to determine/record the price of items?  Will scales be used to price items based on their weight?  If yes to either or both questions, a separate Weights & Measures License Application must be submitted for these devices.
Acknowledgements and Signature
I confirm that all information is true and correct. I understand any changes to the information in this application must be reported to the City Clerk License Division within 10 days. I have knowledge of the City of Milwaukee ordinances currently regulating the licenses applied for and understand that the licenses may be subject to suspension, non-renewal, or revocation if I violate these regulations.  W-P-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-
Signature of Sole Proprietor, Partnet, or 20% or more Shareholder (If no 20% or more Shareholder, Corporate Officer must sign and provide title
Signature of Additional Partner or 20% or more Shareholder  Submit this form with the following:  Business License Application  Business Plan of Operation  Floor plan  License fees  Forms can be obtained online at <a href="https://www.milwaukee.gov/licenses">www.milwaukee.gov/licenses</a>
Office Use Only:
App# Filed Initials
Paid MPD CC
HD DNS Lic#





### **WEIGHTS & MEASURES PLAN OF OPERATION**

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: 50 Pe	for Mart	lle
Premise Address: 2008 V	1 center	11e Sf Milwaulkee WZ 53206
Type of Business		
Provide a brief description of the establis	hment/business:	
Other licenses may be required dependin		
Food, Gas stat	ion Tobaco	> 124 hours
Litter & Noise		
b. How often will grounds be cleaned c. Grounds cleaned by: Micensee	d? ☑Daily ☐Weekly ☑Building Owner ☑E nd/or addressed? ☐Se	Wash
Signature M. Rull Z		
Signature of Sole Proprietor, Partner, or 20% (If there are no 20% or more shareholder Corporate Officer-print name/title and si	rs,	Signature of additional partner or 20% or more shareholder
•		se Application, Weights & Measures License Supplemental online at <a href="https://www.milwaukee.gov/licenses">www.milwaukee.gov/licenses</a> .



### 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:	50	Octor	o Martila			
Premise Address:	2008	W	center	st Milmakee	wI 53206	_

#### 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)
Liqu	id Measuring Devices				
X	Retail Petroleum Meters	12 months	\$60	16	960
	0 to 30 gallons per minute	24 months	\$60		
	31 to 200 gallons per minute	24 months	\$250		
	Over 200 gallons per minute	24 months	\$250		
Scal	es				
	Measuring any weight amount	24 months	\$55		
Scar	iners °.		Fee for scanners is by range	Check how many scanners you have	
	Up to 3 scanners	24 months	\$130 total*	□1 □2 □3	
	Four or more scanners	24 months	\$250 total*	□4 □Other	
Oth	er Devices				
	Length Measuring Device	24 months	\$60		
	Tíming Device	24 months	\$30		
				Total Fee Due	e

#### 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 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.

Center street