GRANVILLE-HAVENWOODS ADVISORY COUNCIL BUSINESS QUESTIONNAIRE

Date 10/23/2025

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

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

| Include aliases and prior names Brandon Bell | |
|--|-------|
| Email: bmbell414@gmail.com | |
| 1. What is the legal name and D/B/A name of your business? | |
| Rally Auto Sales and Detailing LLC dba Rally Automotive and Detail | 1119 |
| 2. What is the address of your business or proposed business? | |
| 5744 W Good Hope Rd, Milwaukee WI 53223 | |
| 3a. Are you a new or existing business? | |
| New business established in 2025 | |
| 3b. How many years have you been in business? | |
| 7/11/2025 | |
| 4. Describe the product(s) or service(s) you offer. Include specific activities to be held at the proposed location. Include all licensing needed/applied for. | |
| We pull provide quality used cans and detailing/hand | |
| wash services | |
| 5. What problem does your business solve? | , |
| we provide the community with reliable, high audity pre-owner | |
| vehicles at a fair prices and proffessional defailing services | 5 |
| 6a. How will you involve the community? The community will be directly involved | . 3 |
| through our services, as we provide reliable transportation and | |
| care care solutions for local residents and businesses. | |
| 6b. How will you give back to the community? Whe will contribute to neighborh and beautific | allan |
| by maintaining a clean, proffessional, and visually appealing property. | • |
| And also by providing a positive and welcoming customer ser | vice |
| experience. | |
| Continued ◆ | |

| 7. What are the business hours of operation? | |
|---|----|
| Mon - Sat 10am - Gpm | |
| for quality pre owned vehicles and professional detailing at | |
| fair prices 9a. Why do you want your business to be located within the 9th district? We choose the 9th District because its a growing area with high visibility, convenient access for customers and a strong local community. | |
| 9b. How will your business improve the 9th district? We will mountain the property to high Standards, affroigh positive traffic, and provide reliable and trustworth services. | У |
| 10. Who will maintain the exterior premise of your establishment? We will manage the property in co-operation with the property or | Nη |
| 11. Are you leasing or buying the building where your business will be located? | |
| 12. Describe your security design. 24 hour corneras, motion lights, locked gases and an alarm system. | |
| 13. Does your proposal involve any City approvals? If so, what are those approval processes? | |
| Yes, an occupancy permit and used car dealers license | |
| 14. What is the project timeline or schedule for your development or business, including any City approvals that are required? | |
| we expect our doors to be open to the public by January 200 | 16 |
| 15a. Do you have a written business plan? | |
| 15b. Does your plan include a marketing plan? | |
| 15c. Are you doing financing? If yes, with whom? YES - we plan to offer financing through | |
| trusted third party lenders such as Next Gear Capital or local cred | H |
| = -1(- 1 | , |
| we plan to Start with 2-3 employees for Sales and Deau, in | 3 |
| with plans to expand as we grow | |
| | |

| 15e. Are you going to hire within the community and how do you plan to recruit/train these individuals? Prionity will be |
|---|
| given to local residents. We will provide hands on training Focused |
| on customer service, vehicle care, and sortety procedures. |
| 15f. What insurance coverage do you have? We'll COM full business liability, aamae |
| keepers, and property insurance to protect, vehicles, equipment, and |
| 160590 MCC 31 |
| 16. If needed, have you contacted the Department of Public Works? NOT yet, but we will contact |
| them if any size or access requirements arise, |
| 17. Do you have a contractor for plumbing, HVAC, and architect? If yes, who are they? The building of a contractor for plumbing, HVAC, and architect? If yes, who are they? The building of a contractor for plumbing, HVAC, and architect? If yes, who are they? The building of a contractor for plumbing, HVAC, and architect? If yes, who are they? |
| already has a very efficient team in place in which we will use |
| when necessary |
| 18. Have you obtained your seller's permit? yes we have applied for perm. A and will have |
| it active before opening |
| 19. Have you registered with the Department of Financial Institutions? |
| 20. Do you have an accountant and a lawyer? If yes, who are they? No not at the moment |
| 21. Do you currently have any unpaid financial judgments against you personally or any businesses you are involved with and/or in? |
| No |

GRANVILLE-HAVENWOODS ADVISORY COUNCIL INDIVIDUAL QUESTIONNAIRE

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

• sole proprietor

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

| our applic | cation or renewal is not o | complete i | antil all require | d Individu | al Questic | onnaires are submitte | d. | | | |
|--|--------------------------------|---------------|---------------------|--------------------|--------------|-----------------------|-----------------|----------------|---------|--|
| Part A: | Business Information | on | | | | | | | | |
| | siness Name (individual nam | | | | | | | | | |
| Rai | lly Auto Sal | es a | nd Deto | ullna | 440 | | | | | |
| 2. Business | Trade Name or DBA | | | • | | | | | | |
| Ral | ly Automor | ve a | nd De4 | allin | ٩ | | | | | |
| 3. Entity Ty | pe (check one) | - | | | • | | | | | |
| ☐ Sole Proprietor ☐ Partnership | | | | | | | | | | |
| | | <u> </u> | | | | | | | | |
| | Individual Informat | ion | | Ta =: | | | | 3 1 | . A. I | |
| 1. Last Name Bell | | | bmbell414@gmail.co | | | | 3. M.I. | | | |
| | | | | <u> </u> | الب | 001007 | ا عا | - C Phone | | |
| | ship to Business (Title) | | 5. Email | hook. | ardan | 100 and 1 | (a) U | 114-248 | -4720 | |
| | | <u>lmbe</u> | <u> </u> | ~11104 | <u> </u> | Je WIMIN. | <u> </u> | 11 0 10 | 1103 | |
| 7. Home A | 6436 N | J 161 | sa sa | | | | | | | |
| 0.03 | 4,74 | <u>y 191</u> | ST 31 | 9. State | | 10. Zip Code | T ₁₁ | Date of Birth | | |
| 8. City | lilwau Kee | | | 9. 31418 | WI | 53224 | | | 990 | |
| | | | | 1 | | 13, Driver License | | | <i></i> | |
| 12. Driver | License/State ID Number | Hon | -0739 | · Δ3 | 799- | /\d \ \co | 701010 12 0101 | o or radiantes | | |
| | <u> </u> | 100 | -0/5 | 1~ 0 ; |)) / | 09 001 | <u></u> | | | |
| Davi C. | Address History | | | | | | | | | |
| | Address History | | | | | | | 🏖 Yes | □ No | |
| 1. Do you o | currently reside in Wisconsin? | | | | | , | | Years | Months | |
| If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? | | | | | | | | | | |
| 0.11.11. | hronological order all of your | addrassas | ithin the last 6 ve | are Allach | additional s | hoots if necessary | , | 100_ | | |
| | | audresses v | numi uie iast 3 ye | City | additioner a | ikedis ii neecessary. | State | Zip Code | | |
| Previous A | ootess 1 | | | City | | | 0.0.0 | 2,7 | | |
| Desilens A | ddenn 3 | | | City | | ···· | State | Zip Code | | |
| Previous A | ouress 2 | | | 0.1.7 | | | | | | |
| Previous A | .ddrana 2 | | | City | | | State | Zip Code | | |
| Previous A | 001622.2 | | | Oily | | | | | | |
| Previous A | ddroee A | | | City | | | State | Zip Code | | |
| LIGAION2 N | # 663 IV | | | "", | | | | | | |
| Previous Address 5 | | | City | | | State | Zip Code | | | |
| | | | | | | | | | | |
| 3 liet all c | tates and counties you have | lived in as a | n adult. Attach ac | L Iditional she | ets if neces | sary. | <u> </u> | 1 | | |
| State | County | State | County | | State | County | State | County | | |
| Jule | | 1 | | | | - | | | | |
| State | County | State | County | | State | County | State | County | | |
| 21010 | | | | | 1 | | | | | |
| | <u> </u> | L | <u> </u> | | | L | | <u> </u> | | |

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| Part D: Criminal History | | | | | | | |
|---|-------------------------|------------------------------|------------------------------|--|--|--|--|
| 1. Have you ever been convicted of any offenses (excluding traffic offenses) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? | | | | | | | |
| Law/Ordinance Violated | Location Milwau | | Conviction Date 2016 | | | | |
| Penalty Imposed SUSPENDED / ICERIA and class | Was sentence completed? | ntence completed? 🖒 Yes 🛘 No | | | | | |
| Law/Ordinance Violated TheF1 panty to a Crime | Location Milway | Lec | Conviction Date | | | | |
| Penalty imposed | pation | Was sentence completed? | | | | | |
| Law/Ordinance Violated | Location | | Conviction Date | | | | |
| Penalty Imposed | | Was sentence completed? | □ Yes □ No | | | | |
| 2. Are charges for any offenses currently pending against you (excluding traffic offenses) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? | | | | | | | |
| If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed. | | | | | | | |
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| Part E: Attestation READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. | | | | | | | |
| READ CARE OFFI DE ONE GIGINIA. ORder perions or long range districted each of the above questions completely and warmany | | | | | | | |
| | | | | | | | |
| Signature M | | Date /O/ | ¹ 23/202 5 | | | | |