



CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Friday, September 30, 2022

COMMITTEE MEETING NOTICE

AD 06

SINGH, Ashhar, Agent
DEAR N BEER FOOD LLC
1901 W Atkinson Av
Milwaukee, WI 53206

You are requested to attend a hearing which is to be held in the Council Chambers, Third Floor, City Hall:

Tuesday, October 11, 2022 at 08:45 AM

Regarding: Your Class A Fermented Malt Beverage, Food Dealer and Weights & Measures License Applications as agent for "DEAR N BEER FOOD LLC" for "DEAR N BEER FOOD LLC" 1901 W Atkinson 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: _____

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. www.milwaukee.gov/license
Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: License@milwaukee.gov



CITY OF MILWAUKEE
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BY: _____

Jim Cooney
License Division Manager

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

Date: 06/29/22
Officer: Xavier Benitez

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

Name of Premise: Dear N Beer
Address: 1901 W. Atkinson
Phone: 414 885-2036

Owner: Singh, Ashhar
Owner address: 3933 N. 19th St
City State Zip: Milwaukee WI 53206
Owner Phone: 414-690-7178
Owner email: dearnbeer1901@gmail.com

Manager: Same
Home Address:
City State Zip:
Phone:
Email:

Preferred contact: Same

Location currently open: YES NO

Projected open date:

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

Hours of Operation: Sun: 800am-900pm 24 hours Y N
Mon: "
Tue: "
Wed: "
Thu: "
Fri: "
Sat: "

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 N/A
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: 4
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: 30 days
19. Are there exterior cameras Yes No How many: 4
20. Are there interior cameras Yes No How many: 8
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 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 agent stated that he might add more cameras within the store. All cameras I observed had good placement covering the recommended angles of the establishment.

MILWAUKEE POLICE DEPARTMENT LICENSING

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

DATE: 08/13/21
LICENSE TYPE: AMALT
NEW:
RENEWAL:

No. 303585
Application Date: 08/12/21

License Location: 1901 W. Atkinson Avenue
Business Name: Tip Top Foods

Licensee/Applicant: Gill, Gagan K
(Last Name, First Name, MI)
Date of Birth: 03/20/1983

Home Address: 9131 Prairie Crossing Drive
City: Franksville **State:** WI **Zip Code:** 53126
Home Phone: 414-315-1607

This report is written by Police Officer Corstan D. COURT, assigned to the License Investigation Unit, Days.

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

1. On 07/19/18 at 3:40 pm, Milwaukee Police were conducting sales of alcohol to underage persons and had a female, who was 19 years old, enter 1901 W. Atkinson Avenue (Tip Top Foods) in an attempt to purchase liquor. The 19 year old was sold a Smirnoff Ice Smash Containing 8% alcohol. The clerk was identified as Ranjit KAUR who, because of a language barrier, called the agent and the officer's explained the situation. The agent was advised that a letter will be sent to him regarding the "Respect 21" program.

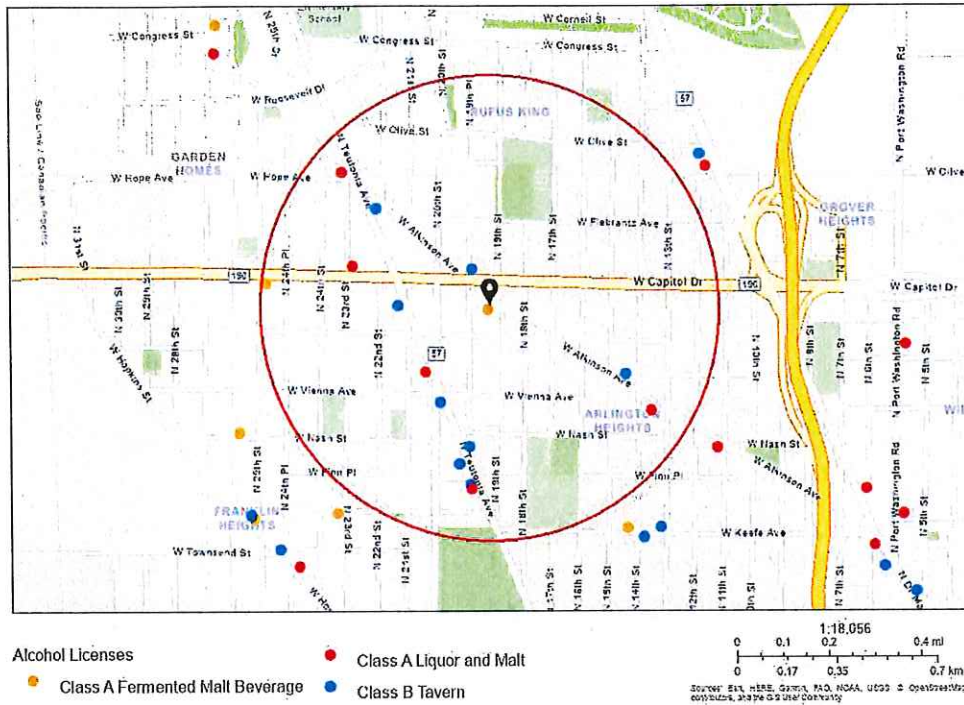
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2. On 03/01/21 officers conducted a license premise check at Tip Top Foods, 1901 W. Atkinson Av. Officers interviewed the sole employee on scene and requested to see his Class D Operator License, since alcohol products were offered for sale. The employee stated he did not have one, however, called an employee with a valid Operator License to take over operations at the store. No other violations were found.
-

Previous Premise

Area of Interest (AOI) Information

Area : 21,862,585.68 ft²

Jun 8 2022 10:55:43 Central Daylight Time



Summary

Name	Count	Area(ft ²)	Length(mi)
Alcohol Licenses	15		

Alcohol Licenses

#	Legal Entity	Trade Name	Licensee	Address	License Type Name	Total Capacity	Expiration Date	Count
1	Loves Supermarket II LLC	Loves Supermarket II LLC	HARJINDER S BRAICH, Agt	2305 W Atkinson AV	Class A Malt & Class A Liquor License		1/17/2022, 6:00 PM	1
2	Capitol Pantry, Inc.	Capitol Pantry	SIMRANJEET S BENIPAL, Agt	2483 W Capitol DR	Class A Fermented Malt Beverage Retailer's License		3/18/2022, 7:00 PM	1
3	B Brothers LLC	Blues Place	Timothy M Bea, Agt	3941 N TEUTONIA AV	Class B Tavern License		3/13/2022, 7:00 PM	1
4	Big Mans's Place LLC	Big Man's Place	Mary Stanley, Agt	1932 W Capitol DR	Class B Tavern License	76	3/27/2022, 7:00 PM	1
5	YOUNG'S BAR, INC	YOUNG'S BAR	CHARLENE E GRAY, Agt	3571 N TEUTONIA AV	Class B Tavern License	50	6/13/2022, 7:00 PM	1
6	CATFISH LOUNGE, INC	CATFISH LOUNGE	JAMIE N GLADNEY, Agt	3646 N TEUTONIA AV	Class B Tavern License	80	6/12/2022, 7:00 PM	1
7	Fateh 1 Inc.	Jack's Liquor	Sukhchain Singh, Agt	3565-67 N Teutonia AV	Class A Malt & Class A Liquor License		6/30/2022, 7:00 PM	1
8	DRAKE, INC	TEUTONIA WINE & LIQUOR	BRYAN DRAKE, Agt	2232 W CAPITOL DR	Class A Malt & Class A Liquor License		6/29/2022, 7:00 PM	1
9	Bar 41 MKE LLC	Bar 41 MKE	Shamia Washington, Agt	4126 N Teutonia AV	Class B Tavern License		7/25/2022, 7:00 PM	1
10	SHANANIGAN S	SHANANIGAN S	CETTERY M GARDNER, SP	3751 N TEUTONIA AV	Class B Tavern License	70	9/23/2022, 7:00 PM	1
11	STEWART'S REST SPOT	STEWART'S REST SPOT	JESSICA P STEWART, SP	1422 W ATKINSON AV	Class B Tavern License	49	10/10/2022, 7:00 PM	1
12	BLACKOUT HOLDINGS, LLC	Express Liquor	Jonte Marshall, Agt	3833 N TEUTONIA AV	Class A Malt & Class A Liquor License		9/19/2022, 7:00 PM	1
13	ATKINSON FOOD MART CORP	Atkinson Food Mart	Mandeep Dran, Agt	1301 W ATKINSON AV	Class A Malt & Class A Liquor License		9/19/2022, 7:00 PM	1
14	Tip Top Foods LLC	Tip Top Foods	Gagan K Gill, Agt	1901 W ATKINSON AV	Class A Fermented Malt Beverage Retailer's License		11/8/2022, 6:00 PM	1
15	Penthouse LLC	Penthouse Lounge	TANISHA KELLY, Agt	3621 N TEUTONIA AV	Class B Tavern License		11/10/2022, 6:00 PM	1

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



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:

Small Convenience Store

Do you have any experience operating this type of business? No Yes If yes, explain: *Managed 10+ years*

2. Business Operations

Same type of store

- a. Proposed Opening Date: *8/1/2022*
- 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, Cigarette, Class A Malt & 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: *4* Locations: *Counter, entrance, ATM, Deli*
Outside: *1* Locations: *Back*
- 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: *Eagle disposal*

5. Security

- a. Are there onsite parking spaces? No Yes If yes, how many? _____ and describe the parking security plan: _____
- 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? 12 and list locations: 4 Outside by front and back, 8 inside by Cash, shelves & back
- e. Will searches/identification checks be done upon entry? No Yes If yes, describe _____

6. Percentage of Sales (must total 100%)

Alcohol <u>15</u> %	Food <u>60</u> %	Secondhand Merchandise _____ %	Precious Metals & Gems _____ %
Entertainment _____ %	Cigarettes <u>25</u> %	_____ %	_____ %
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: Food Dealer

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: N 19th St.

d. Describe Building: Free Standing Building Strip Mall Other: _____

e. Describe Premises Structure: Single Story Multi-Story - # of Stories 2 Other: _____

f. Describe Surrounding Area: Commercial Residential Industrial Other: Mixed

g. Building Owner Name: Sangha's Food Mart Phone Number: 414 531 9246

Building Owner Address: 3401 E Debbie Dr. Oak Creek WI - 53154

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	30-40	All	
Monday	8:00 AM	9:00 PM	30-40	All	
Tuesday	8:00 AM	9:00 PM	30-40	All	
Wednesday	8:00 AM	9:00 PM	30-40	All	
Thursday	8:00 AM	9:00 PM	30-40	All	
Friday	8:00 AM	9:00 PM	30-40	All	
Saturday	8:00 AM	9:00 PM	30-40	All	

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)

Bhhar 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

Legal Entity Name: Dear N Beer Food LLC

Premise Address: 1901 W ATKINSON AVE MILWAUKEE WI 53206

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.)? owner - Sanghal's Food Mart

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

d) Total amount paid for business \$ N/A

e) Total amount paid for goodwill of the business \$ N/A

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 6/1/2022 Ends 5/31/2025

b) Monthly rental \$ 5000

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)? 3 years

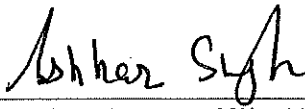
Lease Information (Continued)

- 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 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



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

ccl-foodplan 2/28/19

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: DEAR N BEER FOOD. LLC

Premises Address: 1901 W ATKINSON AVE MKE WI 53208

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: dairy, packaged deli

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 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:

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

AS 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.

AS 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.

AS 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.

AS 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: Shher Singh

Signature of Additional Partner: _____



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: Dear N Beer Food LLC
Premise Address: 1901 W Atkinson Ave, Milwaukee 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)
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 checked="" type="checkbox"/> Measuring any weight amount	24 months	\$55	<u>1</u>	<u>55</u>
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 type="checkbox"/> 2	
<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				<u>\$ 55</u>

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.

Abhaz 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)

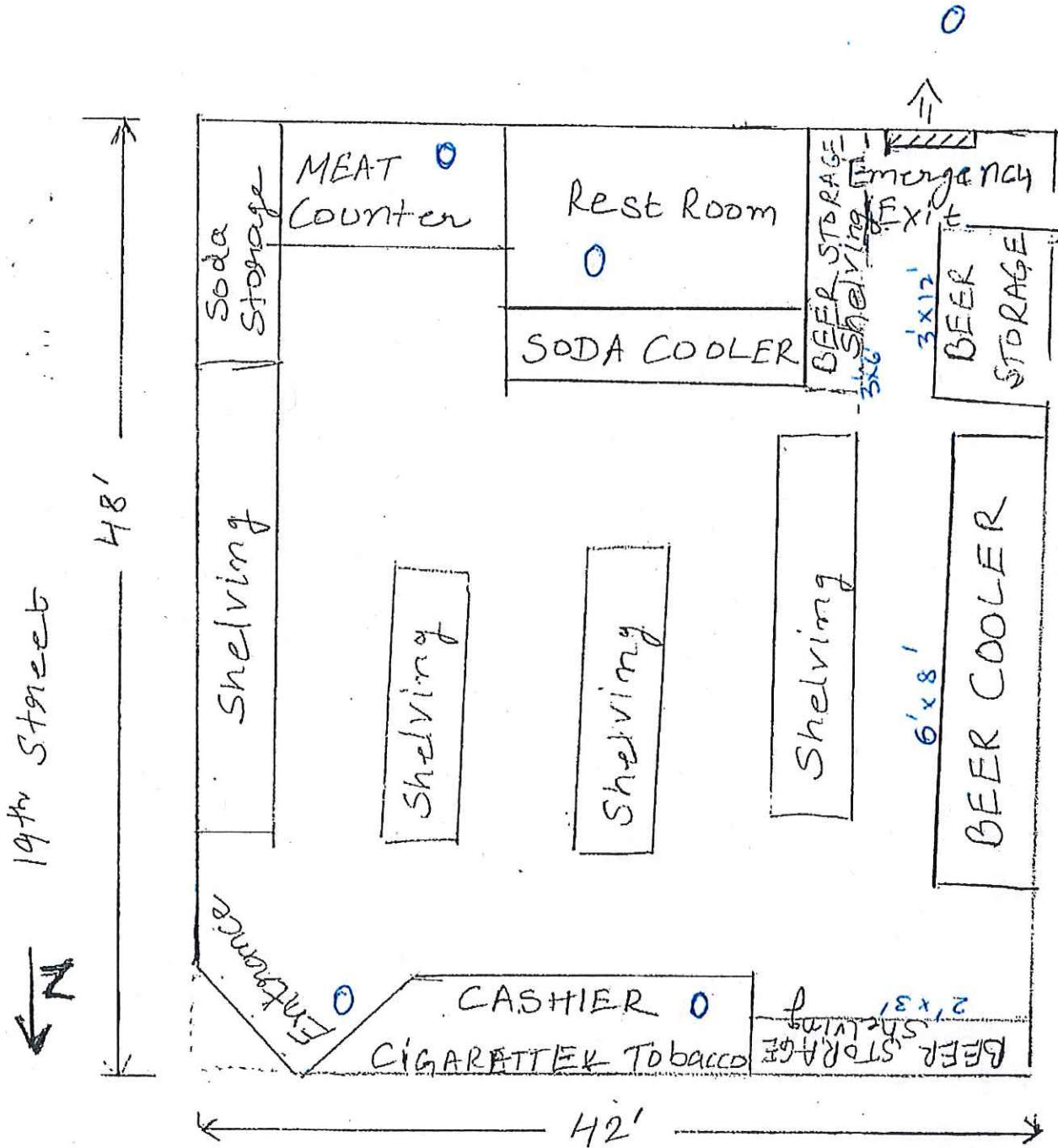
Signature of additional partner or 20% or more shareholder

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.

Beer, Cigarette and Tobacco Floor Plan

FOR DEAR N BEER FOOD LLC

1901 W ATKINSON AVE MILWAUKEE WI-53206



DEAR N BEER FOOD. ATKINSON AVE

DEAR N BEER FOODS LLC BY Ashhar Singh

1901 W ATKINSON AVE

MILWAUKEE WI-53206

DATE JAN 3, 2022

0 → TRASH

Total
Square
Footage =
2016 sqft.