

CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Monday, May 22, 2023

COMMITTEE MEETING NOTICE

AD 10

SINGH, Sukhwinder, Agent RKS LIQUOR 2 INC. W141N4845 Golden Fields Ct Menomonee Falls, WI 53057

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, June 06, 2023 at 09:00 AM

The access code is https://meet.goto.com/436631477. If you wish to call in: https://meet.goto.com/436631477. Please see the enclosed best practices document for further instructions.

Regarding:

Your Class A Malt & Class A Liquor and Weights & Measures License Applications as agent for "RKS LIQUOR 2 INC." for "STEVE'S LIQUOR" at 6213 WARPLETON Av.

There is a possibility that your application may be denied for one of 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.

Cox, Andrew



From:

License

Sent:

Friday, April 28, 2023 11:12 AM

To:

Cox, Andrew

Cc:

Cooney, Jim; Martin, Faviola

Subject:

FW: licensing objection for Steve's Liquor

Please add objection

Marissa Milano
She/her/hers
License Coordinator
City Clerk-License Division
200 E Wells St #105
www.milwaukee.gov/license

REDACTED RECORD



From:

Sent: Friday, April 28, 2023 10:44 AM
To: License <LICENSE@milwaukee.gov>
Subject: licensing objection for Steve's Liquor

You don't often get email from,

Learn why this is important

Licensing objection for Steve's Liquor at 6213 W Appleton Ave.

Name:

Contact Info:

Reasons for objection:

- 1. Steve's Liquor is a major source of litter on surrounding residential streets, including plastic shopping bags, broken glass liquor bottles, and tobacco product wrappers. Pedestrian shoppers frequently consume alcohol on foot on their way out of the store and drop the empty/partial bottles on their way. Broken glass and partial bottles of alcohol present a hazard for local residents. The green space across Appleton Ave from Steve's Liquor (at the intersection of Appleton, Chambers, and 62nd St) is consistently unusable for local residents due to excessive litter. **Granting the new license will contribute to increased litter and pests.**
- 2. Steve's Liquor is a source of additional traffic at an already dangerous intersection. Drivers entering and exiting Steve's Liquor consistently make risky left turns and U-turns across Appleton Ave. They also drive at high speed down surrounding residential streets. Appleton Ave, between 60th St and Burleigh St, is already under plans by the city for traffic mitigation and safety improvement. Granting the new license will increase traffic in an area that already has dangerous levels of traffic.

Thank you for your consideration.

AC

mobile:

REDACTED RECORD

Date: 05/06/2023 Officer: Alicia Walker &

Dominique Thompson

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

Name of Premise: Ste Address: 6213 W. Ap	^		
City State Zip: Menor Owner Phone: 414-31	ıltani 1N4845 Golden Field Ct nonee Falls, WI 53051		
Manager: Sukhwinde Home Address: City State Zip: Phone: 414-305-0326 Email:	_		
Preferred contact: Sw	aran or Sukhwinder		
Location currently op	en: X YES	NO	*
Projected open date:	The new owner will open up	right away as s	soon as the license is approved
Day's open: S I	M	A 🖂 ALL	
Hours of Operation:	Sun: 8:00AM - 9:00PM 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		□24 hours □Y ⊠N
Premise Type:			

Licenses currently held:
Alcohol: Yes No Class: A #: ALQML 200426
Tobacco: XYes No #: CIG 1031450
Food: Yes No #:
Extended Hours: Yes No #:
Secondhand Dealer: Yes No Type: #:
Other: Yes No Type: #:
Other: Yes No Type: #:
Exterior Survey:
 Is the area around the location clean?
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
 Are exterior windows free of signage
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?
12. Are there No Loitering Signs posted? ∑Yes ☐No
13. Are there exterior security cameras Yes No How Many: 6
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 XYes No
18. How long is footage stored for later viewing: 8 Days
19. Are there exterior cameras Yes No How many: 6
20. Are there interior cameras Yes No How many: 12
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?
24. Does an interior camera face the entrance/exit? \times Yes \subsetent 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
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 o
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 No
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

	all store employees know how to record footage from the camera system to media capable of
	ng transferred to police custody? Yes No
12. Ar	e 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
10 11	required to install such doors until the holder of the store's food dealer license changes.
	s the owner and their employees attended the Robbery Prevention Training with in 120 days
of	ownership or employment? Yes No
	a. Contact Community Outreach and Education at 935-7836 for schedule.
	otions. The requirements of this section do not apply to a convenience food store that ither of the following descriptions:
a-1.	The store is located in an enclosed shopping structure, enclosed commercial building or hospital. A convenience food store is not in an enclosed structure or building if a customer can enter it directly from the outside. Does store conform to a-1 Yes No
a-2	The store physically separates employees from customers with a solid partition that bars a person from entering the employee area from the customer area, has a secure lock on the employee side of any door between the employee area and the customer, and conducts all transaction through a service window or similar arrangement. Does store conform to a-2 Yes No
	 a. At the commissioner's discretion, a convenience store may be exempted from any or all of the regulations specified in sub 2. Does this location hold an exemption from the commissioner regarding any of the requirements of Sub 2? Yes No

ADDITIONAL COMMENTS/RECOMMENDATIONS:

Steven M. Cimbalnik is the current owner and he is selling the liquor store to the new owner, Swaran S. Multani. The store is currently open and operated by Steven. Once the Alcohol and Tobacco license is approved, Swaran will take over the business that same day. Swaran knows that he cannot buy the tobacco product from Steven.

MILWAUKEE POLICE DEPARTMENT LICENSE INVESTIGATION UNIT

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS
SYNOPSIS

DATE: 09/23/22

LICENSE TYPE: ALQML

NEW:

RENEWAL: X

No. 342715

Application Date: 09/22/22

Expiration Date:

License Location: 6213 W. Appleton Ave.

Business Name: Steve's Liquor

Aldermanic District: 10

Licensee/Applicant: Cimbalnik, Steven M.

(Last Name, First Name, MI)

Date of Birth: 10/15/1958

Home Address: 15865 Smith Dr.

City: Brookfield

.....

Home Phone: (414) 315-7280

State: WI Zip Code: 53005

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:

On 12/19/2007 Milwaukee Police responded to an armed robbery complaint at 6213 W.

Appleton Ave. (Steve's Liquor). Investigation revealed two actors robbed the manager on duty at gunpoint. Incident #073530167 filed.

2. On 05/07/10 at 5:17 pm, Milwaukee police along with a police aide, entered 6213 W Appleton Avenue in plain clothes and had the aide attempt to purchase alcohol. The cashier identified as Scott Sowle, sold a 20 pack of Bud Light without asking for any ID. Sowle was cited Sale of Alcohol To Underage Person.

As to Scott Sowle:

Charge: Sale of Alcohol To Underage Person

Finding: Guilty

Sentence: Fined \$75.00 Date: 08/18/10

Case:

10069080

Page 2 Cimbalnik, Steven M

3. On 04/08/11 at 7:48 pm, Milwaukee police were conducting Sales of Alcohol To Minors and had a police aide, who is under the age of 21, enter 6213 W Appleton Avenue in attempts to purchase alcohol. The aide was able to purchase a 24 oz bottle of Mike's Hard Cranberry from the clerk who never asked for any ID. The clerk was identified as Scott Sowle and he was cited for the violation.

Charge:

Sale of Alcohol To Underage Person

Finding:

Guilty

Sentence:

Fined \$171.00 *** Currently an open warrant

Date:

Case:

11051872

4. On 05/27/21 at 6:18pm, Milwaukee Police were dispatched to 6213 W. Appleton Avenue for a stolen auto complaint. Investigation revealed that an employee had her vehicle taken from the parking lot of location. A report was filed.

Previous Premise

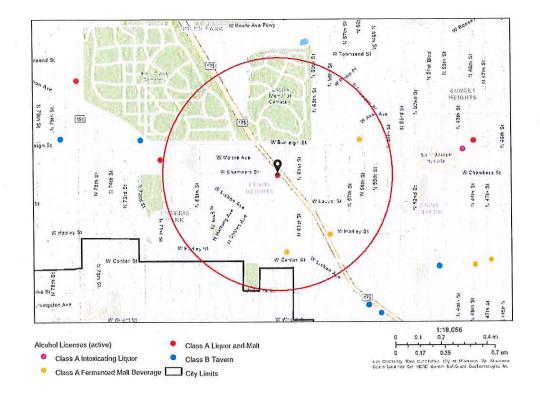


City Concentration Map

Area of Interest (AOI) Information

Area: 21,862,585.68 ft2

Apr 24 2023 12:03:50 Central Daylight Time



Summary

Name	Count	Area(ft²)	Length(mi)
Alcohol Licenses	4		

Alcohol Licenses

#	Legal Entity	Trade Name	Licensee	Address	License Type Name	Total Capacity	Expiration Date	Count
1	Bani Foods Inc	Express Pantry	Sarbjit Kaur, Agt	2719 N Blaine PL	Class A Fermented Malt Beverage Retailer's License		7/10/2023, 7:00 PM	1
2	Muzahem LLC	Hanna Food	Fady Muzahem, Agt	2778 N 59TH ST	Class A Fermented Malt Beverage Retailer's License		10/14/2023, 7:00 PM	1
3	CIMBALNIK'S LIQUOR, INC	STEVE'S LIQUOR	STEVEN M CIMBALNIK, Agt	6213 W APPLETON AV	Class A Malt & Class A Liquor License		12/9/2023, 6:00 PM	1
4	Sadeel, LLC	Full House Grocery	Jafar Jaraba, Agt	5602 W Burleigh ST	Class A Fermented Malt Beverage Retailer's License		1/15/2024, 6:00 PM	1

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







Notice of Public Hearing

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SINGH, Sukhwinder, Agent STEVE'S LIQUOR at 6213 W APPLETON Av Class A Malt & Class A Liquor and Weights & Measures License Applications

Tuesday, June 06, 2023 at 9:00 AM

To whom it may concern:

The above application has been made by the above named applicant(s). This requires approval from the Licenses Committee and the Common Council of the City of Milwaukee. The hearing before the Licenses Committee will take place on 6/6/2023 at 9:00 AM 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.

OCCUDANT	**** ADDDECC	CITY CTATE 71D
OCCUPANT OCCUPANT	MAIL ADDRESS	CITY STATE ZIP
CURRENT OCCUPANT	2966 N 62ND ST# 1	MILWAUKEE, WI 53210-1422
CURRENT OCCUPANT	2966 N 62ND ST# 2	MILWAUKEE, WI 53210-1422
CURRENT OCCUPANT	2966 N 62ND ST# 3	MILWAUKEE, WI 53210-1422
CURRENT OCCUPANT	2966 N 62ND ST# 4	MILWAUKEE, WI 53210-1422
CURRENT OCCUPANT	3000 N 62ND ST	MILWAUKEE, WI 53210-1424
CURRENT OCCUPANT	3002 N 62ND ST	MILWAUKEE, WI 53210-1424
CURRENT OCCUPANT	3007 N 62ND ST	MILWAUKEE, WI 53210-1425
CURRENT OCCUPANT	3008 N 62ND ST	MILWAUKEE, WI 53210-1424
CURRENT OCCUPANT	3014 N 62ND ST	MILWAUKEE, WI 53210-1424
CURRENT OCCUPANT	3015 N 62ND ST	MILWAUKEE, WI 53210-1425
CURRENT OCCUPANT	3019 N 62ND ST	MILWAUKEE, WI 53210-1425
CURRENT OCCUPANT	3025 N 62ND ST	MILWAUKEE, WI 53210-1425
CURRENT OCCUPANT	3026 N 63RD ST	MILWAUKEE, WI 53210-1426
CURRENT OCCUPANT	6131 W CHAMBERS ST# 1	MILWAUKEE, WI 53210-1451
CURRENT OCCUPANT	6131 W CHAMBERS ST# 2	MILWAUKEE, WI 53210-1451
CURRENT OCCUPANT	6131 W CHAMBERS ST# 3	MILWAUKEE, WI 53210-1451
CURRENT OCCUPANT	6131 W CHAMBERS ST# 4	MILWAUKEE, WI 53210-1451
CURRENT OCCUPANT	6133 W APPLETON AVE	MILWAUKEE, WI 53210-1435
CURRENT OCCUPANT	6140 W APPLETON AVE# 1	MILWAUKEE, WI 53210-1437
CURRENT OCCUPANT	6140 W APPLETON AVE# 2	MILWAUKEE, WI 53210-1437
CURRENT OCCUPANT	6140 W APPLETON AVE# 3	MILWAUKEE, WI 53210-1437
CURRENT OCCUPANT	6140 W APPLETON AVE# 4	MILWAUKEE, WI 53210-1437
CURRENT OCCUPANT	6141 W APPLETON AVE# 1	MILWAUKEE, WI 53210-1435
CURRENT OCCUPANT	6141 W APPLETON AVE# 2	MILWAUKEE, WI 53210-1435
CURRENT OCCUPANT	6141 W APPLETON AVE# 3	MILWAUKEE, WI 53210-1435
CURRENT OCCUPANT	6141 W APPLETON AVE# 4	MILWAUKEE, WI 53210-1435
CURRENT OCCUPANT	6153 W APPLETON AVE	MILWAUKEE, WI 53210-1435
CURRENT OCCUPANT	6157 W APPLETON AVE	MILWAUKEE, WI 53210-1435
CURRENT OCCUPANT	6159 W APPLETON AVE	MILWAUKEE, WI 53210-1435
CURRENT OCCUPANT	6203 W APPLETON AVE	MILWAUKEE, WI 53210-1440
CURRENT OCCUPANT	6212 W GIRARD AVE	MILWAUKEE, WI 53210-1460
CURRENT OCCUPANT	6220 W GIRARD AVE	MILWAUKEE, WI 53210-1460
CURRENT OCCUPANT	6226 W GIRARD AVE	MILWAUKEE, WI 53210-1460
CURRENT OCCUPANT	6226A W GIRARD AVE	MILWAUKEE, WI 53210-1460
CURRENT OCCUPANT	6230 W CHAMBERS ST# 7	MILWAUKEE, WI 53210-1454
CURRENT OCCUPANT	6230 W CHAMBERS ST# 8	MILWAUKEE, WI 53210-1454
CURRENT OCCUPANT	6230 W CHAMBERS ST# 9	MILWAUKEE, WI 53210-1454
CURRENT OCCUPANT	6232 W CHAMBERS ST# 1	MILWAUKEE, WI 53210-1455
CURRENT OCCUPANT	6232 W CHAMBERS ST# 2	MILWAUKEE, WI 53210-1455
CURRENT OCCUPANT	6232 W CHAMBERS ST# 3	MILWAUKEE, WI 53210-1455
CURRENT OCCUPANT	6232 W CHAMBERS ST# 4	MILWAUKEE, WI 53210-1455
CURRENT OCCUPANT	6232 W CHAMBERS ST# 5	MILWAUKEE, WI 53210-1455
CURRENT OCCUPANT	6232 W CHAMBERS ST# 6	MILWAUKEE, WI 53210-1455
CURRENT OCCUPANT	6300 W GIRARD AVE	MILWAUKEE, WI 53210-1462
CURRENT OCCUPANT	6300A W GIRARD AVE	MILWAUKEE, WI 53210-1462
CURRENT OCCUPANT	6301 W CHAMBERS ST	MILWAUKEE, WI 53210-1457

CURRENT OCCUPANT	6305 W CHAMBERS ST	MILWAUKEE, WI 53210-1457
CURRENT OCCUPANT	6306 W GIRARD AVE	MILWAUKEE, WI 53210-1462
CURRENT OCCUPANT	6309 W CHAMBERS ST	MILWAUKEE, WI 53210-1457
CURRENT OCCUPANT	6312 W GIRARD AVE	MILWAUKEE, WI 53210-1462
CURRENT OCCUPANT	6313 W CHAMBERS ST	MILWAUKEE, WI 53210-1457
CURRENT OCCUPANT	6314 W CHAMBERS ST	MILWAUKEE, WI 53210-1456
CURRENT OCCUPANT	6318 W GIRARD AVE	MILWAUKEE, WI 53210-1462
CURRENT OCCUPANT	6319 W CHAMBERS ST	MILWAUKEE, WI 53210-1457
CURRENT OCCUPANT	6320 W CHAMBERS ST	MILWAUKEE, WI 53210-1456
CURRENT OCCUPANT	6324 W GIRARD AVE	MILWAUKEE, WI 53210-1462
CURRENT OCCUPANT	6325 W CHAMBERS ST	MILWAUKEE, WI 53210-1457
CURRENT OCCUPANT	6326 W CHAMBERS ST	MILWAUKEE, WI 53210-1456
CURRENT OCCUPANT	6330 W GIRARD AVE	MILWAUKEE, WI 53210-1462
CURRENT OCCUPANT	6330A W GIRARD AVE	MILWAUKEE, WI 53210-1462
CURRENT OCCUPANT	6333 W CHAMBERS ST	MILWAUKEE, WI 53210-1457
Blank Notice		

Total Records: 61

Radius 250.0 feet and Center of the Circle: 6213 W Appleton Av

ccl-busplan 5/12/2020



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: license@milwaukee.gov

1. Type of Business
Applying for: Extended Hours (12AM to 5AM) - If a food establishment, check all that apply: Delivery Drive Thru Dining Room
Self Service Laundry Massage Establishment Filling Station
Other (supplemental application for specific license also required)
Provide a detailed description of the type of business you plan on operating:
LIQUOR STORE
Do you have any experience operating this type of business? \(\bar{\text{No}} \bar{\text{Ves}} \) If yes, explain: \(\bar{\text{Ligure Starte}} \) \(\bar{\text{Ves}} \)
2. Business Operations
a. Proposed Opening Date: 06 01 2023
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? \(\sumsymbol{\text{No}} \sumsymbol{\text{No}} \sumsymbol{\text{Yes}} \) If yes, list type of license: \(\text{CLASS A UQUIL, CLG.} \) e. Is the current licensee operating? \(\sumsymbol{\text{No}} \sumsymbol{\text{No}} \sumsymbol{\text{Ves}} \) If no, list date closed: \(\text{LASS A UQUIL, CLG.} \)
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? VNo 🔲 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? To 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: a Locations: by employed over and Enfrance door
Outside: Locations: front of Avilding
c. Is a crowd control barrier used? No Yes If yes, describe:
d. How many restrooms are on the premises?
e. Name of solid waste contractor: Advanced Disposal Waste Management Wother:

5. Se	curity						
а.	Are there onsite parking s	paces? No 🔀 Yes	If yes, how	many? 2 an	d describe	the parking security	
	plan: Yfrea is	well lit					
b.	b. Is there a loading zone? No Yes If yes, describe the loading area security plan:						
c.	Will you have security per						
	•						
	, , ,		-	escribe		-	
		certification, or trainin				C	
d.	Will there be security cam aroum. How by	ieras? [] No 12 Yes ilding 5 insid	If yes, how i	many? <u>[U</u> and list l (occhus, (bshiver	ocations:	allvay, and Rooter area	
e.	Will searches/identification	V					
6. P	ercentage of Sales	(must total 1009	%)				
Alcoh	3 0 %	Food		Secondhand Merchandiso	9	Precious Metals & Gems	
Entert	ainment%	Cigarettes	O%	%		%	
Pawn	oroker Activity%	Salvaged Materials (such as scrap metal)	%	Personal Services (such a body piercing, salon, tailo tanning, etc.)	or,	Other% Describe:	
7. B	usinesses/Licenses	on the Premise	s (check a	all that apply):			
Туре		promote the second	····		F-7	In	
<u> </u> F	ull Service Restaurant	Cafe/Coffee Shop		ast Food Restaurant		/Fraternal/Veterans Club	
🗀 1	light Club	Tavern	Cocktail	Lounge	Teen C	lub	
	Banquet Hall	Sports Facility	Bowling	Alley			
l	lotel/Motel: Number of Flo	oors:	Roomin	g House: Number of Floo			
		oms:		Number of Roo	ms:		
Type	iquor Store	Corner Store	Superma	arket	Conven	ience Store	
	Gas Station	Amusement/Phonog	graph Distribu	tor	Recycli	ng, Salvage or Towing	
	Used Car Dealer Personal Service Establishment Recording Studio (such as tattoo business, hair salon, tailor, etc.)						
Wha	nt other licenses/permits will	you hold at this location?	(check all that	apply)			
	Occupancy Permit	Igarette & Tobacco G	as Station 🔲	Extended Hours 🔲 Class "I	3" Tavern	☑ Weights & Measures	
	Secondhand Dealer	Precious Metal & Gem	Other:				
8, 1	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 De	escription					
☐ 1 Floor ☐ 2	(s) of the premises that will be a second of the premises that will be a second of the):	
□Other: Descri	,					
b. Describe Location	on: Major Thoroughfare	Secondary Street Ot	her:			
	Cross Street: 62 N					
	ng: Free Standing Buildin				1	
	ses Structure: Single Sto	•				
f. Describe Surrou	unding Area: Commercia	I ☐ Besidential ☐ Industr	ial Other:	Ou min		
g. Building Owner Building Owner	Name: <u>4173-4</u> Address: ぬいい	175 GEBEN 15AM	Phone Number: 414-	416-8010 CT, HEN:	MONTE FALS	
10. Hours of O	peration & Custor	ners				
Will customers be ente	ering the premises? 🔼 No 📗	es				
Day of the Week	Proposed Hour	s of Operation:	Estimated Number of Customers	Potential Age Range	Class B Tavern Applicant Only:	
Day of the week	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	8:00 AM	9100 RM	360	2147	1	
Monday	8200 AM	9:00 Fm	300	214	NA	
Tuesday	8 LO AM	9:00 FM	300		,	
Wednesday	8:00 AM	9:08m	300			
Thursday	81 w AM	9 20 RM	300			
Friday	8:00 AM	9:00 PM	300	1		
Saturday	8:10 Am	9:0 RM	300	V		
An Extended Hours Es piercing, salon, tailor,	tablishment License is requin tanning, etc.), recording stud	ed 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 5	nment (such as tattoo, body 5:00 a.m.	
Alcohol Establishment Permitted Hours of O		am to 9:00 pm Sunday thru am to 2:00 am Sunday thru		30 am Friday & Sa	turday	
Entertainment Outdo		Opm Sunday-Thursday; 12:0 tablished by the Common Co				
11. Signature	(s)					
K Sul Lys						
Signature of Sole Proprietor, Partner, or 20% of more Shareholder (If there are no 20% or more shareholders, Corporate Officer-print name/title and sign)						



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	ise Address: 6213 W APPLETON AVE MILWANIE WI 53210
Prem	nise Address: 6213 W APPLETON AVE MILWAULEE WI 53210
Prox	kimity of Premises to Church, School, Daycare Center or Hospital
ls th	e building within 300 feet of any church, school, daycare center or hospital? 📈 No 🕯 🕬 S
"Ser	vice Bar Only" Designation
	oplying for Class B or C license, are you applying for "Service Bar Only"? No Yes
Serv	vice Bar Only means customers cannot sit at the bar. Alcohol is served to employees who serve patrons seated at tables.
No s	stools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.
Bus	iness Information
a)	Are you taking out this application for anyone that may not be eligible for a license?
b)	If yes, list their name and address:
,	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?
	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:
Pro	perty Information (New & Transfer Applicants Only)
a)	Do you own or lease the building?
b)	Who owns the fixtures (for example, coolers, etc.)? RKS UBOVA Z INC
c)	Are you purchasing the stock and/or fixtures? \(\sum No \subseteq \text{Ves if yes, amount paid \$ \tag{T&O} \)
d)	Total amount paid for business \$ TBD
e)	Total amount paid for goodwill of the business \$ TBD
	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 Ves
Lea	se Information (New & Transfer Applicants who are leasing the premises only)
a)	Date lease beginsEnds
b)	Monthly rental \$
(c)	Do you have an option to renew the lease? No Yes Does your lease allow for assignment to another party without the consent of the owner? No Yes
(d) (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





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/license

Legal Entity Name:	RKS	u	Quol 2	INC		
Premise Address:	6213	W	APPLETON	Ave	MIL ALLOWE	120ES 160
Type of Business						
Provide a brief descript	ion of the esta		/business:			
Other licenses may be I	equired depen	ding on th	ne type of business y	ou are operatir	g.	
Litter & Noise	gwein in					
b. How often will g c. Grounds cleaned d. How are noise is	rounds be clea	ned? ee Bui d and/or a	oaily □Weekly □	As Needed [Litter Other: Monthly Other:ed Maintenance Other ger approaches customer(s	*
Signature		All the second				
Signature of Sole Proprie (If there are no 20% Corporate Officer-pr	tor, Partner, or 2 or more shareho int name/title an	20% or mor olders, nd sign)	e Shareholder	Signature o	f additional partner or 20% o	r more shareholder
					Weights & Measures nilwaukee.gov/licenses.	License Supplementa



WEIGHTS & MEASURES LICENSE SUPPLEMENTAL APPLICATION

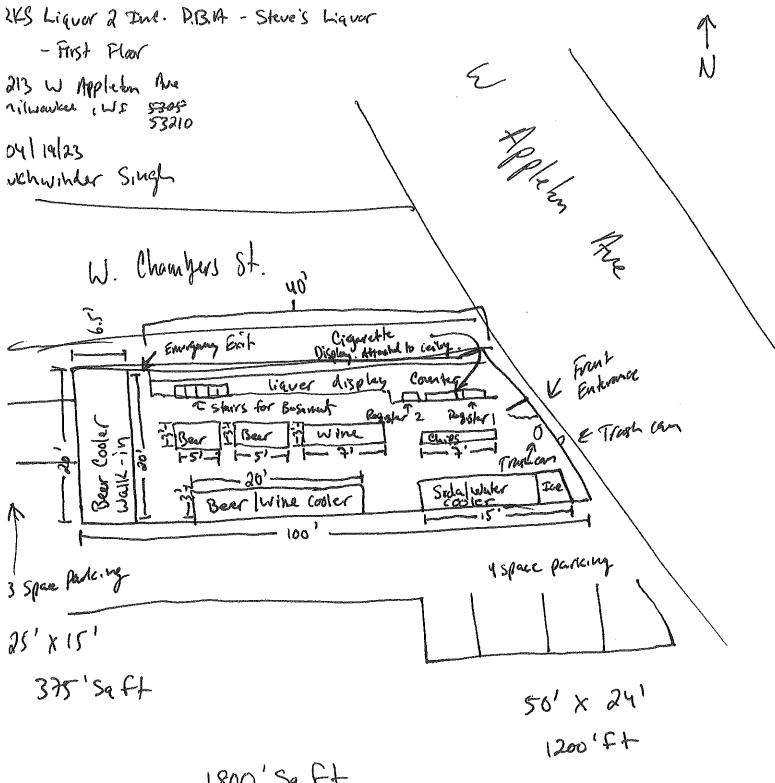
OFFICE OF THE CITY CLERK, LICENSE DIVISION
CITY HALL, 200 E. WELLS ST, ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 * license@milwaukee.gov * www.milwaukee.gov/license

Office U	lse Only:
App#	
Filed	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Initials	<u></u>
Paid	
Lic#	

Liquid Measuring Devices Liquid Measuring Devices Liquid Measuring Devices Liquid Measuring Devices Liquid Measuring any weight amount 24 months 5250				-		Lic#	
Check all device types for which you need a license. For each device type 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 Dev. Exemption: 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 Retail Petroleum Meters 12 months \$60 Use 10 30 gallons per minute 24 months \$50 Over 200 gallons per minute 24 months \$250 Scales Measuring any weight amount 24 months \$55 Scales Measuring any weight amount 24 months \$310 total* □ 1 □ 1 □ 1 □ 1 □ 1 □ 1 □ 1 □ 1 □ 1 □	Legal Entity Name:	RKS	LIQUOR	- 2 INC	خ		
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 Period Type (a) Liquid Measuring Devices Retail Petroleum Meters 12 months \$60 Us to 30 gallons per minute 24 months \$50 31 to 200 gallons per minute 24 months \$250 Over 200 gallons per minute 24 months \$550 Measuring any weight amount 24 months \$550 Measuring any weight amount 24 months \$550 Length Measuring Devices — Fee or scanners 4 up to 3 scanners 24 months \$5130 total* Fee for scanners Check how many is briage sceneris you have 10 ther Devices — Length Measuring Device 24 months \$50 Length Measuring Device 24 months \$50 Total Fee Due Signature Herefly 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. Lunderstand 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. 1 acknowledge that a	Premise Address:	6213	IN APP	Wolow A	we MI	MILLOR	201 5340
Device Type	 Check all d For each d Calculate t Add all Tot Excepti If you h 	evice type check he Total Fee Per al Fee Per Devic ion: The Scanner ave 1-3 scanner	ked, indicate how Device Type by the Type amounts ar fee is not per as, the total due	w many you have i multiplying the Fe together and tha device. Check the	ee Per Device Typ t will be your Tot box for the app	pe (a) by the Numb tal Fee Due. ropriate range.	per of Devices (b).
Retail Petroleum Meters 12 months \$60 0 to 30 gallons per minute 24 months \$50 31 to 200 gallons per minute 24 months \$250 Over 200 gallons per minute 24 months \$250 Scales Measuring any weight amount 24 months \$55 Scanners Fee for scanners Styrange scanners you have scan			License Period	Device Type		Device Type	
Oto 30 gallons per minute	Liquid Me	asuring Devices					
31 to 200 gallons per minute	Ret	ail Petroleum M	eters	12 months	\$60		
Over 200 gallons per minute	□ 0 to	30 gallons per i	minute	24 months	\$60		
Scales	□ 31 t	to 200 gallons pe	er minute	24 months	\$250		
Measuring any weight amount 24 months S55 Scanners Fee for scanners Check how many Scanners you have S130 total* 1 1 2 1 1 2 1 1 2 1 1	☐ Ove	er 200 gallons pe	er minute	24 months	\$250		
Scanners Fee for scanners Check how many scanners you have	Scales						
Signature Sign	☐ Me	asuring any wei	ght amount	24 months	\$55		
Up to 3 scanners 24 months \$130 total* 1 1 2 2 2 3	Scanners						,
Length Measuring Device 24 months \$60 Timing Device 24 months \$30 Total Fee Due V30 - 60 Signature	₩ Up	to 3 scanners		24 months			
Length Measuring Device 24 months \$30	☐ Fou	ir or more scann	iers	24 months	\$250 total*	□4 □Other	
Timing Device 24 months \$30 Total Fee Due V30	Other De	vices					
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.	☐ Len	gth Measuring I	Device	24 months	\$60		
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.	☐ Tim	ing Device		24 months	\$30		
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Signature of additional partner or 20% or more Shareholder Signature of additional partner or 20% or more shareholder	I hereby agree that I Milwaukee Code of C I understand that all National Institute of premises or in my ve I understand that the resealed, I must appl I acknowledge that a device to validate its I have read, understand	devices must be of Standards and Tenhicle prior to open ese device licensery for and receive is a condition of be specifications/toland, and will agree	ing the operation operated within the chnology Handbooming for business of a new license so the children of the children operation.	of weighing and me the specifications, toke ok 44. I understand or operating the dev while (with the except hat an inspection of tense, I must allow the vices are found out the acknowledgments.	erances and other that the license fo lice. Ition of scanners). the device can be the Health Departmon compliance, I me	technical requirement which I am applying If the device is replace performed prior to intention to the establish be charged inspections.	nts set forth in the g must be posted on the ced or needs to be ts use. The characters to test the ction fees.

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.

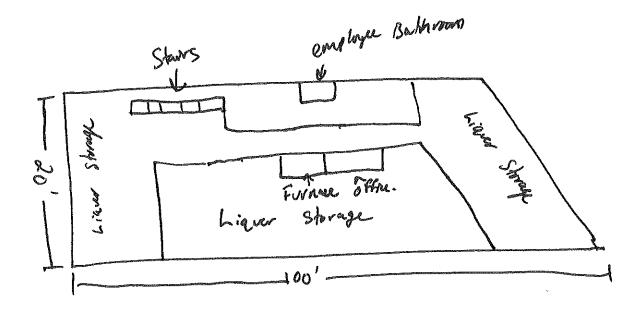
Corporate Officer-print name/title and sign)



1800' Sa Ft

RKS Liquer 2 Inc. D.B.A - Steve's Liquor
-Basemet
5213 W. Appleton Me.
hilwarker, WI 53210
4/19/23
Suchwinder Singh

か N



1800' Saft