



CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Thursday, January 13, 2022

COMMITTEE MEETING NOTICE

AD 13

ASSAD, Nimer, Agent
AL-YOUSEF SUPERMARKET & RESTAURANT LLC
8245 S 43RD ST
Franklin, WI 53132

You are requested to attend a virtual hearing to be held on:

Tuesday, January 25, 2022 at 02:45 PM

Regarding: Your Food Dealer and Weights & Measures License Applications as agent for "AL-YOUSEF SUPERMARKET & RESTAURANT LLC" for "AL-YOUSEF SUPERMARKET" at 6329 S 20th St.

This meeting will be held via GoToMeeting. Please see the enclosed best practices document for further instructions. The access code is <https://global.gotomeeting.com/join/522275661>. If you wish to call in, please call [+1 \(872\) 240-3311](tel:+18722403311) and use Access Code: **522-275-661**

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 attend this meeting may result in the denial of your license. Individual applicants and partnership applicants must attend or attend by an attorney. The agent or attorney for corporate or limited liability applicants must attend. 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 attend the virtual hearing and are 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 request an interpreter attend the meeting with you, at your expense, so that you can answer questions and participate in your hearing.

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 meeting, please contact the staff assistant, Yadira Melendez at (414) 286-2775 or stasst5@milwaukee.gov



**CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK**

Thursday, January 13, 2022

COMMITTEE MEETING NOTICE

AD 13

ASSAD, Nimer, Agent
AL-YOUSEF SUPERMARKET & RESTAURANT LLC
6329 S 20th St
Milwaukee, WI 53221

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Tuesday, January 25, 2022 at 02:45 PM

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JIM OWCZARSKI, CITY CLERK

BY: _____

Jim Cooney
License Division Manager

If you have questions regarding this meeting, please contact the staff assistant, Yadira Melendez at (414) 286-2775 or stas5@milwaukee.gov

From:
Sent: Sunday, November 21, 2021 12:56 PM
To: Roman, Carmen
Subject: Re: Al-Yousef Supermarket

REDACTED RECORD

Follow Up Flag: Follow up
Flag Status: Flagged

[You don't often get email from ... Learn why this is important at
http://aka.ms/LearnAboutSenderIdentification.]

6329 S 20th street...

> On Nov 19, 2021, at 14:05, ... wrote:

> Aren't you the ones that sent us the letter? Is it not your job to do this? I'm sorry, not on payroll.

>> On Nov 19, 2021, at 13:48, Roman, Carmen <Carmen.Roman@milwaukee.gov> wrote:

>> Good afternoon,
>> Can you please provide the address of the business for us to be able to add the objection to their license.

>> Thank you,
>> Carmen Roman
>> License Specialist II
>> City of Milwaukee
>> License Division
>> (414) 286-2238

>> -----Original Message-----
>> From: License
>> Sent: Tuesday, November 16, 2021 4:20 PM
>> To: Roman, Carmen
>> Cc: Martin, Faviola; Byrd, Yashica
>> Subject: FW: Al-Yousef Supermarket
>> Can you add please
>> -----Original Message-----

>> Sent: Monday, November 15, 2021 1:20 PM
>> To: License <LICENSE@milwaukee.gov>
>> Subject: Re: Al-Yousef Supermarket
>> [You don't often get email from ...]

>>>> On Nov 15, 2021, at 13:17 ...
>>>> I complained to the former Alderman, the current Alderman, who was Borkowskis assistant, the garbage the
customers throw on the ground, the one dumpster overflowing constantly. Garbage thrown on the ground.. Look at the

amount of accidents at the intersection since opening, people parking in the striped off handicap van access spot.. white car with out of state plates.. late night yelling, car and music above respectful levels.. not a good business..

>> The City of Milwaukee is subject to Wisconsin Statutes related to public records. Unless otherwise exempted from the public records law, senders and receivers of City of Milwaukee e-mail should presume that e-mail is subject to release upon request, and is subject to state records retention requirements. See City of Milwaukee full e-mail disclaimer at www.milwaukee.gov/email_disclaimer

REDACTED RECORD



Thursday, January 13, 2022



Notice of Public Hearing

Blank Notice

ASSAD, Nimer
AL- YOUSEF SUPERMARKET at 6329 S 20th St.
Food Dealer and Weights & Measures License Applications

Tuesday, January 25, 2022 at 02:45 PM

To whom it may concern:

The above application has been made by the above named applicant(s). This requires approval from the Licenses Committee and the Common Council of the City of Milwaukee. The hearing before the Licenses Committee will take place virtually on 01/25/2022 at 02:45 PM. 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 will be asked to do so by phone or internet and 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 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 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.

CURRENT OCCUPANT	6364 S 20TH ST	MILWAUKEE, WI 53221-5255
CURRENT OCCUPANT	6366 S 20TH ST	MILWAUKEE, WI 53221-5255
CURRENT OCCUPANT	6368 S 20TH ST	MILWAUKEE, WI 53221-5255
CURRENT OCCUPANT	6370 S 20TH ST	MILWAUKEE, WI 53221-5255
CURRENT OCCUPANT	6372 S 20TH ST	MILWAUKEE, WI 53221-5255
CURRENT OCCUPANT	6374 S 20TH ST	MILWAUKEE, WI 53221-5255
CURRENT OCCUPANT	6376 S 20TH ST	MILWAUKEE, WI 53221-5255
CURRENT OCCUPANT	6378 S 20TH ST	MILWAUKEE, WI 53221-5255
CURRENT OCCUPANT	6380 S 20TH ST	MILWAUKEE, WI 53221-5255
CURRENT OCCUPANT	6382 S 20TH ST	MILWAUKEE, WI 53221-5255
CURRENT OCCUPANT	6384 S 20TH ST	MILWAUKEE, WI 53221-5255
CURRENT OCCUPANT	6386 S 20TH ST	MILWAUKEE, WI 53221-5255
CURRENT OCCUPANT	6388 S 20TH ST	MILWAUKEE, WI 53221-5255
CURRENT OCCUPANT	6392 S 20TH ST	MILWAUKEE, WI 53221-5255
CURRENT OCCUPANT	6394 S 20TH ST	MILWAUKEE, WI 53221-5255
CURRENT OCCUPANT	6396 S 20TH ST	MILWAUKEE, WI 53221-5255
CURRENT OCCUPANT	6410 S 20TH ST	MILWAUKEE, WI 53221-5224
CURRENT OCCUPANT	6418 S 20TH ST	MILWAUKEE, WI 53221-5224

Blank Notice

Total Records: 64

Radius: 250.0 feet and Center of Circle: 6329 S 20th St



BUSINESS LICENSE PLAN OF OPERATION

cdl-busplan 5/12/2020

Office of the City Clerk License Division
200 E. Wells St. Room 105, Milwaukee, WI 53203
(414) 286-2298 www.milwaukee.gov/license e-mail address: license@milwaukee.gov

1. Type of Business

- Applying for: [] Extended hours (11:30 AM to 5 AM) of a food establishment, check all that apply [x] Delivery [] Drive Thru [] Dining Room
[] Self Service Bakery [] Massage Establishment [] Filling Station
[x] Other (supplemental application for specific license also required)

Provide a detailed description of the type of business you plan on operating: GROCERY STORE and restaurant

Do you have any experience operating this type of business? [] No [x] Yes If yes, explain: WORKING FEW YEARS

2. Business Operations

- a. Proposed Opening Date: 08/01/2021
b. Is this premise under construction? [x] No [] Yes If yes, list estimated completion date:
c. Is this a franchise? [x] No [] Yes
d. Is this premises currently licensed? [] No [x] Yes If yes, list type of license: Food and Beverage
e. Is the current licensee operating? [x] No [] Yes If no, list date closed:
f. Do you have future plans for other businesses, licenses or permits at this location? [x] No [] Yes
If yes, explain:
g. Have you previously held an Extended Hours License in Milwaukee? [x] No [] Yes
If yes, list address(es):
h. Are other businesses operating in the same building? [] No [x] Yes If yes, describe: LUNDRY, HAIR SALON

3. Litter & Noise

- a. How are grounds kept clean? [x] Sweep [] Pressure Wash [x] Pick Up Litter [] Other:
b. How often will grounds be cleaned? [x] Daily [] Weekly [x] As Needed [] Monthly [] Other:
c. Grounds cleaned by: [] Licensee [] Building Owner [x] Employees [] Hired Maintenance [] Other:
d. How are noise issues prevented and/or addressed? [] Security [x] Manager approaches customer(s) [] Call Police
[] Signs Posted [] Other:
e. Will a sound amplification system be used? [x] No [] Yes If yes, describe:

4. Smoking & Sanitation

- a. Are there designated outdoor smoking areas? [x] No [] Yes If yes, describe:
b. Number of Garbage Cans: Inside: 4 Locations: BATHROOM, MEATCORNER, KITCHEN, BEHIND COU
Outside: 1 Locations: FRONT DOOR
c. Is a crowd control barrier used? [x] No [] Yes If yes, describe:
d. How many restrooms are on the premises? 1
e. Name of solid waste contractor: [] Advanced Disposal [x] Waste Management [] Other:

5. Security

- a. Are there onsite parking spaces? No Yes If yes, how many? 10 and describe the parking security plan: Camera System
- 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: INSIDE 10, 2
outside
- e. Will searches/identification checks be done upon entry? No Yes if yes, describe _____

6. Percentage of Sales (must total 100%)

Alcohol _____%	Food <u>90</u> %	Secondhand Merchandise _____%	Precious Metals & Gems _____%
Entertainment _____%	Cigarettes <u>10</u> %	_____%	_____%
Pawnbroker Activity _____%	Scrapped 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: _____ Number of Rooms: _____
 Rooming House: Number of Floors: _____ Number of Rooms: _____

Type 2

- Liquor Store Corner Store Supermarket Convenience Store
- Gas Station Amusement/Phonograph Distributor Recycling, Salvage or Towing
- Used Car Dealer Personal Service Establishment
(such as tattoo business, hair salon, tailor, etc.) Recording Studio

What other licenses/permits will you hold at this location? (check all that apply)

- Occupancy Permit Cigarette & Tobacco Gas Station Extended Hours Class "B" Tavern Weights & Measures
- Secondhand Dealer Precious Metal & Gem Other _____

8. Legal Capacity (only if a Type 1 premises in #7 above)

Capacity _____ (Call the Milwaukee Development Center at 414-236-8211 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 Cafe Deck Rooftop
 Other: Describe: _____
- b. Describe Location: Major Thoroughfare Secondary Street Other: _____
- c. Nearest Major Cross Street: COLLEGE AVE
- d. Describe Building: Free Standing Building Strip Mall Other: _____
- e. Describe Premises Structure: Single Story Multi-Story - # of Stories _____ Other: _____
- f. Describe Surrounding Area: Commercial Residential Industrial Other: _____
- g. Building Owner Name: RAED ASSAD Phone Number: 4147500757
 Building Owner Address: 1141 S 22 st, Milwaukee, WI 53204

10. Hours of Operation & Customers

Will customers be entering the premises? No Yes

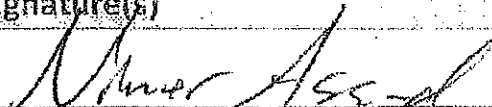
Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (if none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	9 AM	10 PM	500	18+	
Monday	9 AM	10 PM	500	18+	
Tuesday	9 AM	10 PM	500	18+	
Wednesday	9 AM	10 PM	500	18+	
Thursday	9 AM	10 PM	500	18+	
Friday	9 AM	10 PM	500	18+	
Saturday	9 AM	10 PM	500	18+	

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; 1:00am Friday & Saturday; unless a different time, either earlier or later is established by the Common Council in its approval of the licensee's plan of operation.

11. Signature(s)


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

Signature of additional partner or 20% or more shareholder

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



FOOD DEALER LICENSE PLAN OF OPERATION

ccf-foouplan 2/18/19

OFFICE OF THE CITY CLERK, LICENSE DIVISION
CITY HALL, 200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 246 2238 - license@milwaukee.gov * www.ci.milwaukee.gov/license

Legal Entity Name: **AL - YOUSEF SUPERMARKET & RESTAURANT LLC**

Premises Address: **6329 S 20TH ST, MILWAUKEE, WI 53221**

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 & salsa, 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, marinating, 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: **MILK, FROZENS PRODUCTS, MEAT**

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 Drilling

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:

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

NA 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.

NA 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.

NA 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.

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

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

Signature of Additional Partner: Raw Asaad

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Renewal

Applicant's Wisconsin 15-digit Sales Tax Account Number

⊗ This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership, sole proprietorship)			Federal Employer Identification No. (FEIN)		
AL- YOUSEF SUPERMARKET & RESTAURANT LLC			87-1846738		
Trade or Business Name (if different than Legal Name)			Telephone Number		
AL- YOUSEF SUPERMARKET			2246562115		
Business Address (License Location)			Business Telephone		
6329 S 20TH ST					
Business Located in			County		
<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town or			MILWAUKEE		
Municipality	State	Zip Code			
MILWAUKEE	WI	53221			
Mailing Address (if different than Business Address)			State Zip Code		

Organization (check one)

Sole Proprietor Wisconsin Corporation – Enter date incorporated: 1/1/18

Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No

Other (describe) _____

- Yes No 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing unaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTR-129 revenue.wi.gov/forms/excise/otp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://wilobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensee's premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

[Signature]
 Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Proprietor



WEIGHTS & MEASURES LICENSE SUPPLEMENTAL APPLICATION

OFFICE OF THE CITY CLERK, LICENSE DIVISION
CITY HALL, 200 E. WELLS ST, ROOM 1205, MILWAUKEE, WI 53202
(414) 286-2238 • license@milwaukee.gov • www.milwaukee.gov/license

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

Legal Entity Name: Al. Yousef Supermarket & Restaurant LLC

Premise Address: 6392 S 20th St, Milwaukee, WI 53221

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		
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 checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
<input type="checkbox"/> Four or more scanners	24 months	\$250 total*	<input type="checkbox"/> 4 <input type="checkbox"/> Other	
Other Devices				
<input type="checkbox"/> Length Measuring Device	24 months	\$60		
<input type="checkbox"/> Timing Device	24 months	\$30		

Total Fee Due 180

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.

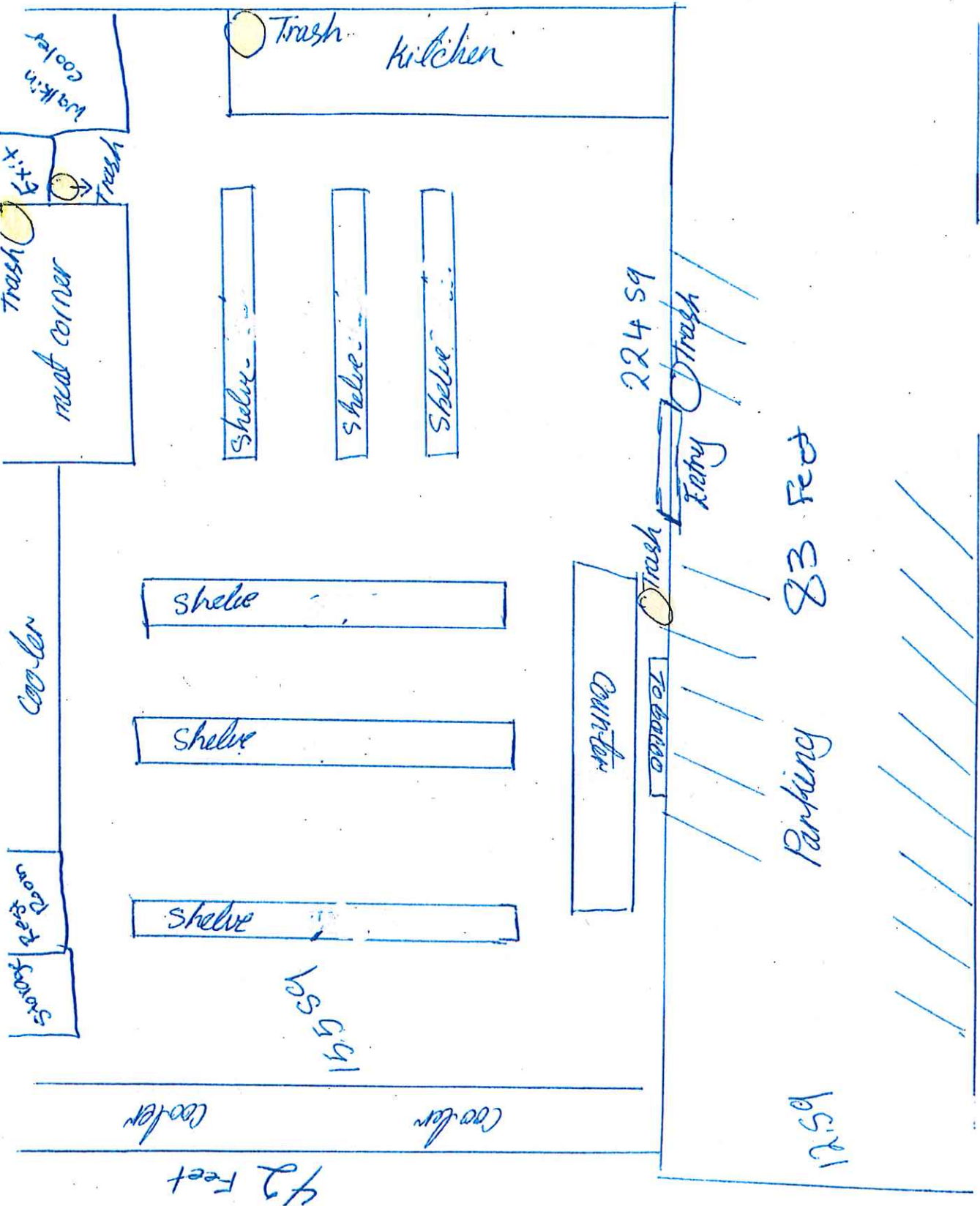
I acknowledge that as a condition of being issued this license, I must allow the Health Department into the establishment to test the device to validate its specifications/tolerances. If any devices are found out of compliance, I may be charged inspection fees.

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

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

Signature of additional partner or 20% or more shareholder

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



Total square 3486 sq
Total parking 998 sq

Car-Yousef Supermarket & restaurant LLC
 6329 S 20th St
 71612021
 Nimve Assad
 North ↑

20 St