



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

Wednesday, October 09, 2024

COMMITTEE MEETING NOTICE

AD 13

OPPENHEIMER, Rory A, Agent
AUTO-SOURCE MOTORS INC.
10115 N Anne Ct
MEQUON, WI 53092

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, October 22, 2024 at 02:15 PM

The access code is <https://meet.goto.com/366619901>. Please see the enclosed best practices document for further instructions.

Regarding: Your Secondhand Motor Vehicle Dealer's License Application as agent for "AUTO-SOURCE MOTORS INC." for "AUTOSOURCE MOTORS " at 1010-26 E LAYTON AVE

There is a possibility that your application may be denied for one or more of the following reasons: Neighborhood Objections to the granting of such a license due to the creation of undesirable neighborhood problems, such as: parking and traffic problems which cause the normal flow of traffic on roadways and alleys to be impeded, loitering, littering, noise, loud music, and conduct which will have an adverse impact on the public health, safety and welfare of the community. Additionally, the over concentration of secondhand motor vehicle dealers in the neighborhood such that the concentration will have an adverse impact on the public health, safety and welfare of the neighborhood. you do not meet the statutory and municipal requirements; the appropriateness of the location to be licensed and whether the location will create undesirable neighborhood problems, whether or not you have been charged with or convicted of any felony, misdemeanor, municipal offense or other offense, the circumstances of which substantially relate to the licensed activity; and any other factors which reasonably relate to the public health, safety and welfare. See attached police report and/or written correspondence regarding this application. Please be advised the public will be able to provide information to the committee in person or in writing. The committee will receive and consider evidence regarding the above mentioned criteria.

**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.

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



Wednesday, October 09, 2024



Notice of Public Hearing

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OPPENHEIMER, Rory A, Agent
AUTOSOURCE MOTORS at 1010-26 E LAYTON Av
Secondhand Motor Vehicle Dealer's License Application

Tuesday, October 22, 2024 at 2:15 PM

To whom it may concern:

The above application has been made by the above named applicant(s). This requires approval from the Licenses Committee and the Common Council of the City of Milwaukee. The hearing before the Licenses Committee will take place on 10/22/2024 at 2:15 PM in Room 301-B, Third Floor, City Hall. This is a public hearing. Those wishing to view the proceeding are able to do so via the City Channel – Channel 25 on Spectrum Cable – or on the Internet at <http://city.milwaukee.gov/citychannel>. Those wishing to provide oral testimony via internet are asked to contact the staff assistant, Yadira Melendez at (414) 286-2775 or stasst5@milwaukee.gov for necessary information. Please make such requests no later than one business day prior to the start of the meeting. You are not required to attend the hearing, but please see the information below if you would like to provide testimony. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing.

Important details for those wishing to provide information for the Licenses Committee to consider when making its recommendation:

1. The license application is scheduled to be heard at the above time. Due to other hearings running longer than scheduled, you may have to wait some time to provide your testimony.
2. You must appear in person and testify as to matters that you have personally experienced or seen. (You cannot provide testimony for your neighbor, parent or anyone else; this is considered hearsay and cannot be considered by the committee.)
3. No letters or petitions can be accepted by the committee (unless the person who wrote the letter or the persons who signed the petition are present at the committee hearing and willing to testify).
4. Persons opposed to the license application are given the opportunity to testify first; supporters may testify after the opponents have finished.
5. When you are called to testify, you will be sworn in and asked to give your name, and address. (If your first and/or last names are uncommon please spell them.)
6. You may then provide testimony.
 - a. Include only information relating to the above license application.
 - b. Include only information you have personally witnessed or seen.
 - c. Provide concise and relevant information detailing how this business has affected or may affect the peaceful enjoyment of your neighborhood.
 - d. If by the time you have the opportunity to testify, the information you wish to share has already been provided to the committee, you may state that you agree with the previous testimony. Redundant or repetitive testimony will not assist the committee in making its recommendation.
7. After giving your testimony, the members of the Licenses Committee and the licensee may ask questions regarding the testimony you have given or other factors relating to the license application.
8. Business Competition is not a valid basis for denial or non-renewal of a license.
Please Note: If you have submitted an objection to the above application your objection cannot be considered by the committee unless you personally testify at the hearing.

OCCUPANT	MAIL ADDRESS	CITY STATE ZIP
CURRENT OCCUPANT	1000 E PRICE CT	MILWAUKEE, WI 53207-5258
CURRENT OCCUPANT	1001 E PRICE CT	MILWAUKEE, WI 53207-5258
CURRENT OCCUPANT	1002 E PRICE CT	MILWAUKEE, WI 53207-5258
CURRENT OCCUPANT	1003 E PRICE CT	MILWAUKEE, WI 53207-5258
CURRENT OCCUPANT	1008 E PRICE CT	MILWAUKEE, WI 53207-5258
CURRENT OCCUPANT	1010 E PRICE CT	MILWAUKEE, WI 53207-5258
CURRENT OCCUPANT	1011 E PRICE CT	MILWAUKEE, WI 53207-5258
CURRENT OCCUPANT	1013 E PRICE CT	MILWAUKEE, WI 53207-5258
CURRENT OCCUPANT	1017 E PRICE CT	MILWAUKEE, WI 53207-5258
CURRENT OCCUPANT	1019 E PRICE CT	MILWAUKEE, WI 53207-5258
CURRENT OCCUPANT	1020 E PRICE CT# 1	MILWAUKEE, WI 53207-5258
CURRENT OCCUPANT	1020 E PRICE CT# 2	MILWAUKEE, WI 53207-5258
CURRENT OCCUPANT	1020 E PRICE CT# 3	MILWAUKEE, WI 53207-5258
CURRENT OCCUPANT	1020 E PRICE CT# 4	MILWAUKEE, WI 53207-5258
CURRENT OCCUPANT	1020 E PRICE CT# 5	MILWAUKEE, WI 53207-5258
CURRENT OCCUPANT	1020 E PRICE CT# 6	MILWAUKEE, WI 53207-5258
CURRENT OCCUPANT	1020 E PRICE CT# 7	MILWAUKEE, WI 53207-5258
CURRENT OCCUPANT	1020 E PRICE CT# 8	MILWAUKEE, WI 53207-5258
CURRENT OCCUPANT	1020 E PRICE CT# 9	MILWAUKEE, WI 53207-5258
CURRENT OCCUPANT	4619 S LOGAN AVE	MILWAUKEE, WI 53207-5252
CURRENT OCCUPANT	4625 S LOGAN AVE	MILWAUKEE, WI 53207-5252
CURRENT OCCUPANT	4627 S LOGAN AVE	MILWAUKEE, WI 53207-5252
CURRENT OCCUPANT	4630 S LENOX ST	MILWAUKEE, WI 53207-5245
CURRENT OCCUPANT	4631 S LOGAN AVE	MILWAUKEE, WI 53207-5252
CURRENT OCCUPANT	4633 S LOGAN AVE	MILWAUKEE, WI 53207-5252
CURRENT OCCUPANT	4636 S LENOX ST	MILWAUKEE, WI 53207-5245
CURRENT OCCUPANT	4637 S LOGAN AVE	MILWAUKEE, WI 53207-5252
CURRENT OCCUPANT	4642 S LENOX ST	MILWAUKEE, WI 53207-5245
CURRENT OCCUPANT	4643 S LOGAN AVE	MILWAUKEE, WI 53207-5252
CURRENT OCCUPANT	4646 S LENOX ST	MILWAUKEE, WI 53207-5245
CURRENT OCCUPANT	4649 S LOGAN AVE	MILWAUKEE, WI 53207-5252
CURRENT OCCUPANT	4652 S LENOX ST	MILWAUKEE, WI 53207-5245
CURRENT OCCUPANT	4652A S LENOX ST	MILWAUKEE, WI 53207-5245
CURRENT OCCUPANT	4655 S LOGAN AVE	MILWAUKEE, WI 53207-5252

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Total Records: 34

Radius 250 feet and Center of the Circle: 1010 E Layton Av



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:

Second hand motor vehicle dealer

Do you have any experience operating this type of business? ☐ No ☒ Yes If yes, explain: 15 years same location

2. Business Operations

- a. Proposed Opening Date: Current
- 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: _____
- 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: offices
Outside: 0 Locations: _____
- c. Is a crowd control barrier used? ☒ No ☐ Yes If yes, describe: _____
- d. How many restrooms are on the premises? 2
- e. Name of solid waste contractor: ☐ Advanced Disposal ☒ Waste Management ☐ Other: _____

5. Security

- a. Are there onsite parking spaces? ☐ No ☒ Yes If yes, how many? 7 and describe the parking security plan: Onsite parking for customers
- b. Is there a loading zone? ☒ No ☐ Yes If yes, describe the loading area security plan: _____
- c. Will you have licensed security on premise? ☒ No ☐ Yes If yes, how many? _____ and answer the following:
What are their responsibilities? _____
Describe equipment used _____
List their License Number (s) _____
- d. Will there be security cameras? ☐ No ☒ Yes If yes, how many? 4 and list locations: corners of building
- e. Will searches/identification checks be done upon entry? ☒ No ☐ Yes If yes, describe _____

6. Percentage of Sales (must total 100%)

Alcohol _____%	Food _____% Cigarettes, Electronic Vape Devices, Tobacco Products _____%	Secondhand Merchandise <u>100</u> %	Precious Metals & Gems _____%
Entertainment _____%			
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

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Full Service Restaurant | <input type="checkbox"/> Cafe/Coffee Shop | <input type="checkbox"/> Deli or Fast Food Restaurant | <input type="checkbox"/> Private/Fraternal/Veterans Club |
| <input type="checkbox"/> Night Club | <input type="checkbox"/> Tavern | <input type="checkbox"/> Cocktail Lounge | <input type="checkbox"/> Teen Club |
| <input type="checkbox"/> Banquet Hall | <input type="checkbox"/> Sports Facility | <input type="checkbox"/> Bowling Alley | |
| <input type="checkbox"/> Hotel/Motel : Number of Floors: _____
Number of Rooms: _____ | <input type="checkbox"/> Rooming House: Number of Floors: _____
Number of Rooms: _____ | | |

Type 2

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

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

- | | | | | | |
|---|--|---------------------------------------|---|---|---|
| <input checked="" type="checkbox"/> Occupancy Permit | <input type="checkbox"/> Cigarette, Tobacco,
Electronic Vape Products | <input type="checkbox"/> Gas Station | <input type="checkbox"/> Extended Hours | <input type="checkbox"/> Class "B" Tavern | <input type="checkbox"/> Weights & Measures |
| <input checked="" type="checkbox"/> Secondhand Dealer | <input type="checkbox"/> Precious Metal & Gem | <input type="checkbox"/> Other: _____ | | | |

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: Logan Ave

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: _____

g. Building Owner Name: Layton Ave, LLC Phone Number: 414-788-2002

Building Owner Address: 1010 E. Layton Ave Milwaukee WI 53207

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	Closed				
Monday	9 AM	6 PM	8	20-80	
Tuesday	9 AM	6 PM	8	"	
Wednesday	9 AM	6 PM	8	"	
Thursday	9 AM	6 PM	8	"	
Friday	9 AM	6 PM	8	"	
Saturday	9 AM	5 PM	8	"	

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)

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.



SECONDHAND MOTOR VEHICLE DEALER LICENSE SUPPLEMENTAL PLAN OF OPERATION

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

Legal Entity Name: AUTO-SOURCE MOTORS INC
Premises Address: 1010 E LAYTON AVE MILWAUKEE WI 53207

SECTION 1 LICENSE TYPE

What type of license are you applying for? (check one) ☒ Retail ☐ Wholesale

SECTION 2

Will you also be dealing in secondhand vehicle parts? ☐ Yes ☒ No

If wholesale, is the premises address a residential (home) address? ☐ Yes ☐ No

If yes, you must obtain a Home Occupational Statement from the Department of Neighborhood Services (414) 286-3874.

No vehicles can be parked and no customers are allowed at the premises.

The following questions in Section 2 do not apply to wholesale from a residential address. Go to Section 3.

Number of parking spaces available to customers/employees 8

Number of parking spaces that will be used for display/storage of Secondhand Motor Vehicles no

Do you understand that all vehicles associated with the business must be stored on the licensed premise? ☒ Yes ☐ No

What are your plans to ensure this requirement is met (check all that apply)? ☐ Employee Training

☒ Supervisor Monitoring ☐ Fenced Lot ☒ Keys Kept in Locked Box ☐ Other: _____

Do you understand all maintenance/repair work to these vehicles must be confined to the licensed premise? ☒ Yes ☐ No

What are your plans to ensure this requirement is met (check all that apply)? ☐ Employee Training

☒ Supervisor Monitoring ☒ Designated Repair Area ☐ Other: _____

Do you understand all keys to used motor vehicles offered for sale must be kept in a secure lockbox inside the dealership building at all times when the dealership is not open for business? ☒ Yes ☐ No

What are your plans to ensure this requirement is met (check all that apply)? ☒ Employee Training

☒ Supervisor Monitoring ☒ Other: Locked Room

SECTION 3 DISCLOSURE

Has any person on the application ever had a license relating to the activities licensed in Milwaukee Code of Ordinances Chapter 92 denied, not renewed, suspended, or revoked? ☒ No ☐ Yes

If yes, provide the circumstances and jurisdiction in which the event occurred (including a record of any actions from the State Department of Transportation and Financial Institutions relating to suspensions, revocations, forfeitures and warnings imposed by these departments relating to the operation of any automotive sales business by the applicant):

SECTION 4 SIGNATURES

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

Additional partner or 20% or more shareholder