



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

Thursday, September 17, 2020

**COMMITTEE MEETING NOTICE**

AD 09

LAWRENCE, Segun J, Agent  
LEORITE INVESTMENT LLC  
9312 N 107TH St

Milwaukee, WI 53224

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

**Tuesday, September 29, 2020 at 10:50 AM**

**Regarding:** Your Secondhand Motor Vehicle Dealer's-Wholesale Only License Application as agent for "LEORITE INVESTMENT LLC" for "Leorite Motors" at 9312 N 107TH 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/945944877>. If you wish to call in, please call +1 (872) 240-3412 and use Access Code: 945-944-877.

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. 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 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: \_\_\_\_\_  
Jessica Celella  
License Division Manager

**If you have questions regarding this meeting, please contact the staff assistant, Molly Kuether-Steele at (414) 286-2775 or [molly.kuether-steele@milwaukee.gov](mailto:molly.kuether-steele@milwaukee.gov).**



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# 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:

Wholesale used car dealership

Do you have any experience operating this type of business?  No  Yes If yes, explain:

## 2. Business Operations

- a. Proposed Opening Date: \_\_\_\_\_
- 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: wholesale used car
- 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: same as above

## 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: X Locations: \_\_\_\_\_  
Outside: X Locations: \_\_\_\_\_
- c. Is a crowd control barrier used?  No  Yes If yes, describe: \_\_\_\_\_
- d. How many restrooms are on the premises? 3
- 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? 30 and describe the parking security plan: \_\_\_\_\_
- b. Is there a loading zone?  No  Yes If yes, describe the loading area security plan: \_\_\_\_\_
- c. Will you have security personnel on premise?  No  Yes If yes, how many? \_\_\_\_\_ and answer the following:  
 What are their responsibilities? \_\_\_\_\_  
 Is security equipment used?  No  Yes If yes, describe surveillance camera  
 List their licensing, certification, or training credentials \_\_\_\_\_
- d. Will there be security cameras?  No  Yes If yes, how many? 5 and list locations: NSWE  
CORNERS
- e. Will searches/identification checks be done upon entry?  No  Yes If yes, describe \_\_\_\_\_

## 6. Percentage of Sales (must total 100%)

Alcohol _____%	Food _____%	Secondhand Merchandise _____%	Precious Metals & Gems _____%
Entertainment _____%	Cigarettes _____%		
Pawnbroker Activity _____%	Salvaged Materials _____% (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____%	Other _____% Describe: _____

## 7. Businesses/Licenses on the Premises (check all that apply):

### Type 1

- Full Service Restaurant       Cafe/Coffee Shop       Deli or Fast Food Restaurant       Private/Fraternal/Veterans Club
- Night Club       Tavern       Cocktail Lounge       Teen Club
- Banquet Hall       Sports Facility       Bowling Alley
- Hotel/Motel: Number of Floors: \_\_\_\_\_       Rooming House: Number of Floors: \_\_\_\_\_  
 Number of Rooms: \_\_\_\_\_      Number of Rooms: \_\_\_\_\_

### Type 2

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

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

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

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

Capacity X (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):  
 1<sup>st</sup> Floor  2<sup>nd</sup> 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: 107th st and Glenbrook
- 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: Granville Bus center Phone Number: \_\_\_\_\_  
 Building Owner Address: Wayne Strats

## 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	8am	3pm			
Tuesday	closed				
Wednesday	closed				
Thursday	8am	3pm			
Friday	closed				
Saturday	closed				

An Extended Hours Establishment License is required for any convenience store, filling station, personal service establishment (such as tattoo, body piercing, salon, 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, date or date is established by the Common Council in its approval of the licensee's plan of operation.

## 11. Signature(s)

 100%  
 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](mailto:license@milwaukee.gov)

Legal Entity Name: Leorite Investment LLC  
Premises Address: Leorite auto sales 9312 N 107th st, milwi  
**SECTION 1 LICENSE TYPE** Wholesale used car dealership

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 30  
Number of parking spaces that will be used for display/storage of Secondhand Motor Vehicles 10

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: \_\_\_\_\_

## 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] 100%  
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