



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

Monday, April 14, 2025

COMMITTEE MEETING NOTICE


AD 02

PATEL, Alpesh B, Agent
POOJA 01 LLC
10004 W FARMDALE ESTATES CT
Mequon, WI 53097

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, April 29, 2025 at 09:00 AM

The access code is <https://meet.goto.com/329456501>. Please see the enclosed best practices document for further instructions.

Regarding: Your Class A Malt & Class A Liquor and  & Measures Licenses Application as agent for "POOJA 01 LLC" for "MILWAUKEE LIQUOR" at 6220 W SILVER SPRING DR.

There is a possibility that your application may be denied for one or more of the following reasons: The recommendation of the committee regarding the application shall be based on evidence presented at the hearing. Per MCO 85-2.7-4, probative evidence concerning whether or not a new license should be granted may be presented on the following subjects: whether or not the applicant meets the municipal requirements, the appropriateness of the location and premises where the licensed premises is to be located and whether use of the premises for the purposes or activities permitted by the license would tend to facilitate a public or private nuisance or create undesirable neighborhood problems such as disorderly patrons, unreasonably loud noise, litter, and excessive traffic and parking congestion. Probative evidence relating to these matters may be taken from the plan of operation submitted with the license application, if any, but shall not include the content of any music. Evidence regarding the fitness of the location of the premises to be maintained as the principal place of business, including but not limited to whether there is an overconcentration of businesses of the type for which the license is sought; whether the proposal is consistent with any pertinent neighborhood business or development plans, or the location's proximity to areas where children are typically present. The applicant's record in operating similarly licensed premises; and whether or not the applicant has been charged with or convicted of any felony, misdemeanor, municipal offense or other offense, the circumstances of which substantially relate to the activity to be permitted by the license being applied for or any other factor which reasonably relates to the public health, safety or welfare may also be considered. See attached police report or correspondence.

**Notice for applicants with
warrants or unpaid fines:**

Proof of warrant satisfaction or payment of fines must be submitted at the hearing on the above date and time. Failure to comply with this requirement may result in a delay of the granting/denial of your application.

Failure to appear at this meeting may result in the denial of your license. Individual applicants must appear only in person or by an attorney. Corporate or Limited Liability applicants must appear only by the agent designated on the application or by an attorney. Partnership applicants must appear by a partner listed on the application or by an attorney. If you wish to do so and at your own expense, you may be accompanied by an attorney of your choosing to represent you at this hearing.

You will be given an opportunity to speak on behalf of the application and to respond and challenge any charges or reasons given for the denial. No petitions can be accepted by the committee, unless the people who signed the petition are present at the committee hearing and willing to testify. You may present witnesses under oath and you may also confront and cross-examine opposing witnesses under oath. If you have difficulty with the English language, you should bring an interpreter with you, at your expense, so that you can answer questions and participate in your hearing.

You may examine the application file at this office during regular business hours prior to the hearing date. Inquiries regarding this matter may be directed to the person whose signature appears below.

Limited parking for persons attending meetings 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

MILWAUKEE POLICE DEPARTMENT

LICENSING

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

DATE: 03/26/25
LICENSE TYPE: ALQML
NEW: ☐
RENEWAL: ☒

No. 378346
Application Date:

License Location: 6220 W Silver Spring Dr
Business Name: JK Liquor, Inc

Licensee/Applicant: PATEL, Praful P
(Last Name, First Name, MI)
Date of Birth: 06/01/1952

Home Address: 1900 Avalon Dr
City: Waukesha State: WI Zip Code: 53186
Home Phone: 262-309-1516

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

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

1. On 07/06/2017 officers were dispatched to 6220 W. Silver Spring Dr to investigate an armed robbery complaint. The investigation revealed a subject entered armed with a gun and demanded money.

- =====
2. On 08/29/23 at 3:53a.m., Milwaukee Police were dispatched to an Entry at 6220 W. Silver Spring Dr. Investigation revealed the suspect's gained entry via breaking a window and took liquor bottles. Security responded due to the alarm system and the suspects all fled the scene. Video surveillance captured the incident.
- =====

Previous premise

Date: 03/28/2025
Officer: T. Geniesse

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

Name of Premise: Milwaukee Liquor
Address: 6220 W Silver Spring Dr
Phone: 414-416-8877

Owner: Alpesh B Patel I/M 07/30/75 P3400027527005 Exp. 7/2026
Owner address: 11000 N Whilton Rd
City State Zip: Mequon, WI. 53097
Owner Phone: 414-416-8877
Owner email: patel-b@sbcglobal.net

Manager: : Alpesh B Patel
Home Address: 11000 N Whilton Rd
City State Zip: Mequon, WI. 53097
Phone: 414-416-8877
Email: patel-b@sbcglobal.net

Preferred contact: Alpesh Patel

Location currently open: ☒ YES ☐ NO

Projected open date: As soon as approved

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

Hours of Operation: Sun: 9a-9p ☐24 hours ☐Y ☒N
Mon: 9a-9p
Tue: 9a-9p
Wed: 9a-9p
Thu: 9a-9p
Fri: 9a-9p
Sat: 9a-9p

Premise Type: ☒Liquor Store
☐Convenience Store
☐Other:

Licenses currently held: Hampton Beverage 10722 W Hampton and Hampton Beverage 2 8608
N 107th St

Alcohol: ☒ Yes ☐ No Class: #:
 Tobacco: ☒ Yes ☐ No #:
 Food: ☐ Yes ☒ No #:
 Extended Hours: ☐ Yes ☒ No #:
 Secondhand Dealer: ☐ Yes ☒ No Type: #:
 Other: ☐ Yes ☒ No Type: #:
 Other: ☐ Yes ☐ No Type: #:

Exterior Survey:

1. Is the area around the location clean? ☒ Yes ☐ No
2. What surrounds the location? (Check all the apply)
 - a. ☐ Park
 - b. ☒ School
 - c. ☒ Youth Center
 - d. ☐ Church
 - e. ☐ Tavern(s) If so, how many
 - f. ☒ Residential
 - g. ☒ Other businesses
 - h. ☐ Other:
3. Can you see from the outside of the location into the interior ☐ Yes ☒ No
4. Can you see the employees inside of the location from the outside ☐ Yes ☒ No
5. Are exterior windows free of signage ☒ Yes ☐ No
6. Is there a parking lot ☒ Yes ☐ No
7. Is the parking lot clean? ☒ Yes ☐ No
8. Is the parking lot well lit? ☒ Yes ☐ No
9. Are there areas where a person could conceal themselves ☒ Yes ☐ No
10. Is there exterior lighting? ☒ Yes ☐ No. Does it appears to be adequate ☒ Yes ☐ No
11. Exterior Payphone? ☐ Yes ☒ No
12. Are there No Loitering Signs posted? ☒ Yes ☐ No
13. Are there exterior security cameras ☒ Yes ☐ No How Many: 2 but will add 2 more
14. Are the address numbers prominently displayed and easy to see ☒ Yes ☐ No

Camera Survey:

15. Does this location have security cameras? ☒ Yes ☐ No
16. Are they in working order? ☒ Yes ☐ No
17. What format are the cameras?
 - a. Color ☒ Yes ☐ No
 - b. Digital ☒ Yes ☐ No
 - c. VCR ☐ Yes ☐ No
 - d. Recorded ☒ Yes ☐ No
18. How long is footage stored for later viewing: 30 days
19. Are there exterior cameras ☒ Yes ☐ No How many: 2
20. Are there interior cameras ☒ Yes ☐ No How many: 4
21. Do all employees know how to retrieve recorded digital images/footage? ☐ Yes ☒ No

Interior Survey:

22. Is the storeowner willing to be a standing complainant regarding loitering? ☒ Yes ☐ No
a. If yes have them fill out the standing complaint form and give them two of the commercial signs ☐ Yes ☒ No
23. Is the interior of the location neat and clean? ☒ Yes ☐ No
24. Does an interior camera face the entrance/exit? ☒ Yes ☐ No
25. Is there a lockable area that separates employees from customers? ☒ Yes ☐ No
26. Does the store sell single chore boy? ☐ Yes ☒ No
27. Does the store sell blunt wraps? ☒ Yes ☐ No
28. Does the store sell scales? ☐ Yes ☒ No
29. Does the store sell items that may be used as crack pipes? ☐ Yes ☒ No
a. Describe item
30. Does the store have an over abundance of sandwich baggies: ☐ Yes ☒ No
31. Does the owner understand that these items are often used for drug use? ☒ Yes ☐ No
32. Do the products in the store appear to be new and rotated often? ☒ Yes ☐ No
33. Are emergency and non-emergency numbers posted near the phone? ☐ Yes ☒ No will post a D4 contact guide
34. Does the owner know how to contact their police district directly? ☒ Yes ☐ No
a. Did you provide a district contact guide to the owner? ☒ Yes ☐ No

Complete this section if alcohol establishment is a convenience store:

(** Read full ordinance for all details "68-4.3 Convenience Food Stores")

All convenience food stores not exempted under sub. 3 shall:

1. Is the cash register located in a manner so that at the time of a sales transaction, the employee and customer are both visible from the sidewalk? ☐ Yes ☒ No **
2. Are the glass entrance and exit doors clear of any signs or advertisements with the exception of a sign which states that the cash register contains \$50 or less and that the safe is no accessible to employees? ☐ Yes ☒ No
3. Does the store maintain one of the following on the licensed premise:
 - a. A safe that was in use at the convenience food store on August 17, 1994? ☐ Yes ☐ No
 - b. A drop-safe or time release safe that weighs at least 500 pounds or which is attached to or set into the floor in a manner approved by the police department? ☒ Yes ☐ No
4. Is lighting provided for the store's parking area during all hours of darkness when employees or customers are on the premises at a minimum average of 2-foot candles per square foot, unless the store is not open for business after sunset and before sunrise? ☒ Yes ☐ No ☐ N/A
5. Are at least two high-resolution surveillance security cameras installed? ☒ Yes ☐ No
6. Are the security cameras in working order? ☒ Yes ☐ No
7. Does one camera show an overall view of the counter and register area? ☒ Yes ☐ No
8. Does one camera show a clear, identifiable, full frame image of the face of each person entering and leaving the store? ☒ Yes ☐ No
9. Are the camera views obstructed by fixtures or displays? ☐ Yes ☒ No
10. Is the recorded footage stored for at least 30 days? ☒ Yes ☐ No
11. Do all store employees know how to record footage from the camera system to media capable of being transferred to police custody? ☐ Yes ☒ No
12. Are customer entrances/exits made of glass or other transparent material? ☒ Yes ☐ No
 - a. Exception: A store that does not have such doors on August 17, 1994 shall not be required to install such doors until the holder of the store's food dealer license changes.

13. Has the owner and their employees attended the Robbery Prevention Training within 120 days of ownership or employment? ☒ Yes ☐ No

a. Contact Community Outreach and Education at 935-7836 for schedule.

Sub 3. Exemptions. The requirements of this section do not apply to a convenience food store that conforms to either of the following descriptions:

a-1. The store is located in an enclosed shopping structure, enclosed commercial building or hospital. A convenience food store is not in an enclosed structure or building if a customer can enter it directly from the outside.

Does store conform to a-1 ☐ Yes ☒ No

a-2 The store physically separates employees from customers with a solid partition that bars a person from entering the employee area from the customer area, has a secure lock on the employee side of any door between the employee area and the customer, and conducts all 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:

Adding additional lighting on the exterior of the building.

Will be moving coolers and storage to create more space on the interior

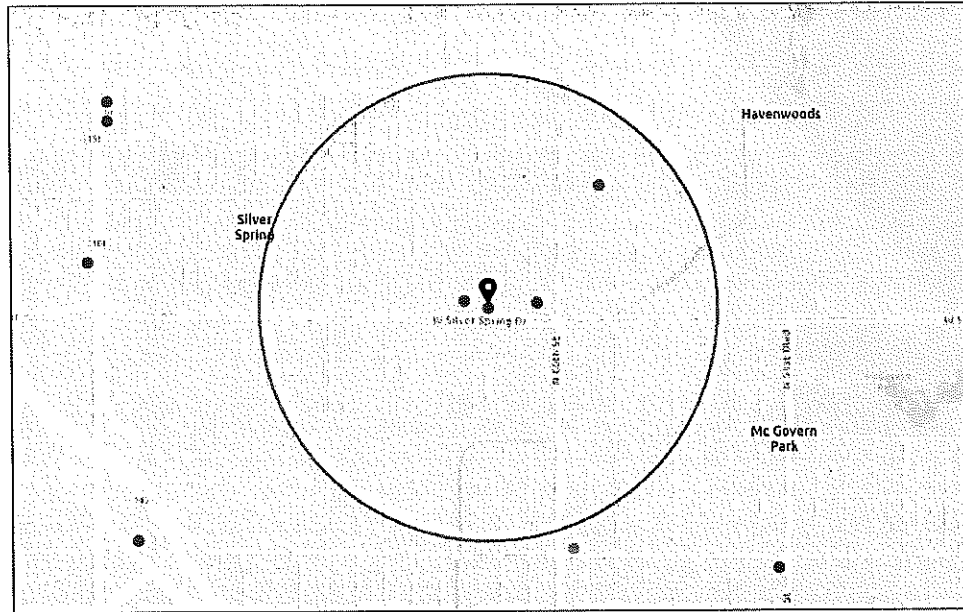


Concentration Map 6220 W Silver Spring Dr

Area of Interest (AOI) Information

Area : 21,862,585.64 ft²

Mar 21 2025 11:28:42 Central Daylight Time

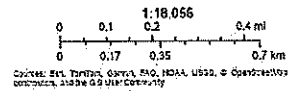


Alcohol Licenses (active)

● Class A Fermented Malt Beverage

● Class A Liquor and Malt

● Class B Tavern



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	Thirsty Fox Beverage Co LLC	Havenwoods Taproom and Beer Garden	Chase A Jaffray, Agt	5840 N 60TH ST	Class B Tavern License		4/30/2025, 7:00 PM	1
2	Sri Adya LLC	Silver Spring Sentry	Viral Patel, Agt	6350 W SILVER SPRING DR	Class A Malt & Class A Liquor License		8/13/2025, 7:00 PM	1
3	SILVER SPRING LIQUOR, INC	SILVER SPRING LIQUOR	JYOTSNABEN K PATEL, Agt	6018 W SILVER SPRING DR	Class A Malt & Class A Liquor License		9/26/2025, 7:00 PM	1
4	JK LIQUOR, INC	JK LIQUOR	PRAFUL P PATEL, Agt	6220 W SILVER SPRING DR	Class A Malt & Class A Liquor License		1/18/2026, 6:00 PM	1

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



Monday, April 14, 2025



Notice of Public Hearing

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PATEL, Alpesh B, Agent
MILWAUKEE LIQUOR at 6220 W SILVER SPRING DR
Class A Malt & Class A Liquor and Weights & Measures Licenses Application

Tuesday, April 29, 2025 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 4/29/2025 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 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.

[illegible]

CURRENT OCCUPANT	5560 N 62ND ST# 305	MILWAUKEE, WI 53218-3168
CURRENT OCCUPANT	5560 N 62ND ST# 306	MILWAUKEE, WI 53218-3168
CURRENT OCCUPANT	5560 N 62ND ST# 307	MILWAUKEE, WI 53218-3168
CURRENT OCCUPANT	5560 N 62ND ST# 309	MILWAUKEE, WI 53218-3168
CURRENT OCCUPANT	5560 N 62ND ST# 310	MILWAUKEE, WI 53218-3168
CURRENT OCCUPANT	5560 N 62ND ST# 311	MILWAUKEE, WI 53218-3168
CURRENT OCCUPANT	5560 N 62ND ST# 312	MILWAUKEE, WI 53218-3168
CURRENT OCCUPANT	5560 N 62ND ST# 313	MILWAUKEE, WI 53218-3168
CURRENT OCCUPANT	5560 N 62ND ST# 314	MILWAUKEE, WI 53218-3168
CURRENT OCCUPANT	5560 N 62ND ST# 315	MILWAUKEE, WI 53218-3168
CURRENT OCCUPANT	5560 N 62ND ST# 316	MILWAUKEE, WI 53218-3168
CURRENT OCCUPANT	5560 N 62ND ST# 317	MILWAUKEE, WI 53218-3168
CURRENT OCCUPANT	5560 N 62ND ST# 318	MILWAUKEE, WI 53218-3168
CURRENT OCCUPANT	5629 N 62ND ST# 1	MILWAUKEE, WI 53218-2334
CURRENT OCCUPANT	5629 N 62ND ST# 2	MILWAUKEE, WI 53218-2334
CURRENT OCCUPANT	5629 N 62ND ST# 3	MILWAUKEE, WI 53218-2334
CURRENT OCCUPANT	5629 N 62ND ST# 4	MILWAUKEE, WI 53218-2334
CURRENT OCCUPANT	5641 N 62ND ST# 1	MILWAUKEE, WI 53218-2337
CURRENT OCCUPANT	5641 N 62ND ST# 2	MILWAUKEE, WI 53218-2337
CURRENT OCCUPANT	5641 N 62ND ST# 3	MILWAUKEE, WI 53218-2337
CURRENT OCCUPANT	5641 N 62ND ST# 4	MILWAUKEE, WI 53218-2337
CURRENT OCCUPANT	5650 N 64TH ST	MILWAUKEE, WI 53218-2318
CURRENT OCCUPANT	5650A N 64TH ST	MILWAUKEE, WI 53218-2318
CURRENT OCCUPANT	6041 W SILVER SPRING DR	MILWAUKEE, WI 53218-3152
CURRENT OCCUPANT	6043 W SILVER SPRING DR	MILWAUKEE, WI 53218-3152
CURRENT OCCUPANT	6045 W SILVER SPRING DR	MILWAUKEE, WI 53218-3152
CURRENT OCCUPANT	6047 W SILVER SPRING DR	MILWAUKEE, WI 53218-3152
CURRENT OCCUPANT	6049 W SILVER SPRING DR	MILWAUKEE, WI 53218-3152
CURRENT OCCUPANT	6051 W SILVER SPRING DR	MILWAUKEE, WI 53218-3152
CURRENT OCCUPANT	6120 W SHERIDAN AVE	MILWAUKEE, WI 53218-3147
CURRENT OCCUPANT	6211 W THURSTON CT	MILWAUKEE, WI 53218-2348
CURRENT OCCUPANT	6214 W THURSTON CT# 1	MILWAUKEE, WI 53218-2347
CURRENT OCCUPANT	6214 W THURSTON CT# 2	MILWAUKEE, WI 53218-2347
CURRENT OCCUPANT	6214 W THURSTON CT# 3	MILWAUKEE, WI 53218-2347
CURRENT OCCUPANT	6220 W THURSTON CT	MILWAUKEE, WI 53218-2347
CURRENT OCCUPANT	6221 W THURSTON CT	MILWAUKEE, WI 53218-2348
CURRENT OCCUPANT	6221A W THURSTON CT	MILWAUKEE, WI 53218-2348
CURRENT OCCUPANT	6221B W THURSTON CT	MILWAUKEE, WI 53218-2348
CURRENT OCCUPANT	6222 W SILVER SPRING DR	MILWAUKEE, WI 53218-3155
CURRENT OCCUPANT	6222 W THURSTON CT	MILWAUKEE, WI 53218-2347
CURRENT OCCUPANT	6226 W THURSTON CT	MILWAUKEE, WI 53218-2347
CURRENT OCCUPANT	6228 W THURSTON CT	MILWAUKEE, WI 53218-2347
CURRENT OCCUPANT	6229 W SILVER SPRING DR	MILWAUKEE, WI 53218-3156
CURRENT OCCUPANT	6230 W THURSTON CT	MILWAUKEE, WI 53218-2347
CURRENT OCCUPANT	6231 W SILVER SPRING DR	MILWAUKEE, WI 53218-3156
CURRENT OCCUPANT	6232 W THURSTON CT	MILWAUKEE, WI 53218-2347
CURRENT OCCUPANT	6233 W SILVER SPRING DR	MILWAUKEE, WI 53218-3156

CURRENT OCCUPANT	6235 W SILVER SPRING DR	MILWAUKEE, WI 53218-3156
CURRENT OCCUPANT	6235 W THURSTON CT	MILWAUKEE, WI 53218-2348
CURRENT OCCUPANT	6237 W SILVER SPRING DR	MILWAUKEE, WI 53218-3156
CURRENT OCCUPANT	6237 W THURSTON CT	MILWAUKEE, WI 53218-2348
CURRENT OCCUPANT	6239 W SILVER SPRING DR	MILWAUKEE, WI 53218-3156
CURRENT OCCUPANT	6240 W THURSTON CT	MILWAUKEE, WI 53218-2347
CURRENT OCCUPANT	6241 W THURSTON CT	MILWAUKEE, WI 53218-2348
CURRENT OCCUPANT	6242 W THURSTON CT	MILWAUKEE, WI 53218-2347
CURRENT OCCUPANT	6243 W SILVER SPRING DR	MILWAUKEE, WI 53218-3156
CURRENT OCCUPANT	6243 W THURSTON CT	MILWAUKEE, WI 53218-2348
CURRENT OCCUPANT	6245 W SILVER SPRING DR	MILWAUKEE, WI 53218-3156
CURRENT OCCUPANT	6247 W SILVER SPRING DR	MILWAUKEE, WI 53218-3156
CURRENT OCCUPANT	6249 W SILVER SPRING DR	MILWAUKEE, WI 53218-3156
CURRENT OCCUPANT	6300 W THURSTON CT# 1	MILWAUKEE, WI 53218-2344
CURRENT OCCUPANT	6300 W THURSTON CT# 2	MILWAUKEE, WI 53218-2344
CURRENT OCCUPANT	6300 W THURSTON CT# 3	MILWAUKEE, WI 53218-2344
CURRENT OCCUPANT	6300 W THURSTON CT# 4	MILWAUKEE, WI 53218-2344
CURRENT OCCUPANT	6301 W SILVER SPRING DR	MILWAUKEE, WI 53218-3158
CURRENT OCCUPANT	6303 W SILVER SPRING DR	MILWAUKEE, WI 53218-3158
CURRENT OCCUPANT	6305 W SILVER SPRING DR	MILWAUKEE, WI 53218-3158
CURRENT OCCUPANT	6307 W SILVER SPRING DR	MILWAUKEE, WI 53218-3158
CURRENT OCCUPANT	6311 W SILVER SPRING DR	MILWAUKEE, WI 53218-3158
CURRENT OCCUPANT	6313 W SILVER SPRING DR	MILWAUKEE, WI 53218-3158
CURRENT OCCUPANT	6315 W SILVER SPRING DR	MILWAUKEE, WI 53218-3158
CURRENT OCCUPANT	6317 W SILVER SPRING DR	MILWAUKEE, WI 53218-3158
CURRENT OCCUPANT	6319 W SILVER SPRING DR	MILWAUKEE, WI 53218-3158

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Total Records: 166

Radius 250 feet and Center of the Circle: 6220 W Silver Spring Dr



BUSINESS LICENSE PLAN OF OPERATION

zcl-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:

LIQUOR STORE

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

2. Business Operations

- a. Proposed Opening Date: 03-20-2025
- 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: CLASS 'A' LIQUOR
- 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: 2 Locations: BY THE CASHIER, RESTROOM
Outside: 2 Locations: EACH SIDE OF THE BUILDING
- c. Is a crowd control barrier used? ☒ No ☐ Yes If yes, describe: _____
- d. How many restrooms are on the premises? 1
- e. Name of solid waste contractor: ☐ Advanced Disposal ☒ Waste Management ☐ Other: _____

5. Security

- a. Are there onsite parking spaces? ☐ No ☒ Yes If yes, how many? 6 and describe the parking security plan SECURITY CAMERAS OUTSIDE, NO LOITERING POSTED
- 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? 10 and list locations: 3 OUTSIDE
2 STORAGE AREA & INSIDE
- e. Will searches/identification checks be done upon entry? ☒ No ☐ Yes If yes, describe _____

6. Percentage of Sales (must total 100%)

Alcohol <u>80</u> %	Food <u>5</u> % Cigarettes, Electronic Vape Devices, Tobacco Products <u>15</u> %	Secondhand Merchandise _____ %	Precious Metals & Gems _____ %
Entertainment _____ %	Salvaged Materials _____ % (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____ %	Other _____ % Describe _____
Pawnbroker Activity _____ %			

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 _____
 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, Electronic Vape Products ☐ 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 414-286-8211 if you have questions.)

5. Security

- a. Are there onsite parking spaces? ☐ No ☒ Yes If yes, how many? 6 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 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? 10 and list locations: 2 OUTSIDE
2 STORAGE AREA, 6 INSIDE
- e. Will searches/identification checks be done upon entry? ☒ No ☐ Yes If yes, describe _____

6. Percentage of Sales (must total 100%)

Alcohol <u>80</u> %	Food <u>5</u> % Cigarettes, Electronic Vape Devices, Tobacco Products <u>15</u> %	Secondhand Merchandise _____ %	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

- ☐ 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

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- ☒ Occupancy Permit ☒ Cigarette, Tobacco, Electronic Vape Products ☐ 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 414-286-8211 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: 61st STREET
- 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 ALPESH PATEL Phone Number 414 416-8877
 Building Owner Address 10723 W. HAMPTON AVE, MILWAUKEE, WI 53225

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	9:00 AM	9:00 PM	60	21 & UP	
Monday	9:00 AM	9:00 PM	40	21 & UP	
Tuesday	9:00 AM	9:00 PM	50	21 & UP	
Wednesday	9:00 AM	9:00 PM	70	21 & UP	
Thursday	9:00 AM	9:00 PM	80	21 & UP	
Friday	9:00 AM	9:00 PM	100	21 & UP	
Saturday	9:00 AM	9:00 PM	110	21 & UP	

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)

Alpesh Patel
 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)

Patel
 Signature of additional partner or 20% or more shareholder

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



ALCOHOL BEVERAGE & PUBLIC ENTERTAINMENT PREMISES SUPPLEMENTAL APPLICATION

Office of the City Clerk License Division
200 E. Wells St. Room 105, Milwaukee, WI 53202
(414) 286-2238 e-mail address: license@milwaukee.gov www.milwaukee.gov/license

Legal Entity Name: <u>POOJA OI LLC</u>	
Premise Address: <u>6220 W. SILVER SPRING DR., MILWAUKEE, WI 53218</u>	
Proximity of Premises to Church, School, Daycare Center or Hospital	
Is the building within 300 feet of any church, school, daycare center or hospital? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
"Service Bar Only" Designation	
If applying for Class B or C license, are you applying for "Service Bar Only"? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Service Bar Only means customers cannot sit at the bar. Alcohol is served to employees who serve patrons seated at tables. No stools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.	
Business Information	
a) Are you taking out this application for anyone that may not be eligible for a license? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, list their name and address _____	
b) Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the business? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
If no, list the name and address of the person(s) who will _____	
Class B Applicants: If the agent, a partner or the individual licensee will not be conducting the day-to-day operations of the business, the person(s) listed above must obtain a Class B Managers license.	
c) Does anyone else have money invested or any other interest in this business? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, explain: _____	
d) Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If yes, list name and address: _____	
Property Information (New & Transfer Applicants Only)	
a) Do you own or lease the building? <input checked="" type="checkbox"/> Own <input type="checkbox"/> Lease	
b) Who owns the fixtures (for example, coolers, etc.)? <u>OWNER</u>	
c) Are you purchasing the stock and/or fixtures? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If yes, amount paid \$ _____	
d) Total amount paid for business \$ <u>200,000</u>	
e) Total amount paid for goodwill of the business \$ <u>10,000</u>	
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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Lease Information (New & Transfer Applicants who are leasing the premises only)	
a) Date lease begins _____ Ends _____	
b) Monthly rental \$ _____	
c) Do you have an option to renew the lease? <input type="checkbox"/> No <input type="checkbox"/> Yes	
d) Does your lease allow for assignment to another party without the consent of the owner? <input type="checkbox"/> No <input type="checkbox"/> Yes	
e) For what length of time have you been guaranteed occupancy (number of years)? _____	

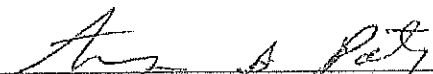
Lease Information (Continued)

- 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

ccl-wmplan 1/9/18

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

Legal Entity Name:

POOJA 01 LLC

Premise Address:

6220 N. SILVERSPRING DR. MILWAUKEE, WI 53218

Type of Business

Provide a brief description of the establishment/business:

LIQUOR STORE

Other licenses may be required depending on the type of business you are operating.

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: _____

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 License Supplemental Application, and appropriate fee. Forms can be obtained online at www.milwaukee.gov/licenses.



WEIGHTS & MEASURES LICENSE SUPPLEMENTAL APPLICATION

OFFICE OF THE CITY CLERK, LICENSE DIVISION
CITY HALL, 200 E. WELLS ST., ROOM 105, MILWAUKEE, WI 53202
(414) 286-7238 • license@milwaukee.gov • www.milwaukee.gov/licenses

Office Use Only

App# _____
Filed _____
Initial _____
Paid _____
Lic # _____

Legal Entity Name POOJA D1 LLC

Premise Address G220 W. SILVER SPRING DR., MILWAUKEE WI 53218

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 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 checked="" 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 130.00

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 repaired, 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.

[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]
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.
Form can be obtained online at www.milwaukee.gov/licenses



WEIGHTS & MEASURES LICENSE SUPPLEMENTAL APPLICATION

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

Office Use Only:

App# _____
Filed _____
Initials _____
Paid _____
Lic # _____

Legal Entity Name: POOJA 01 LLC

Premise Address: _____

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 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 type="checkbox"/> 1 <input checked="" 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 130.00

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.

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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.

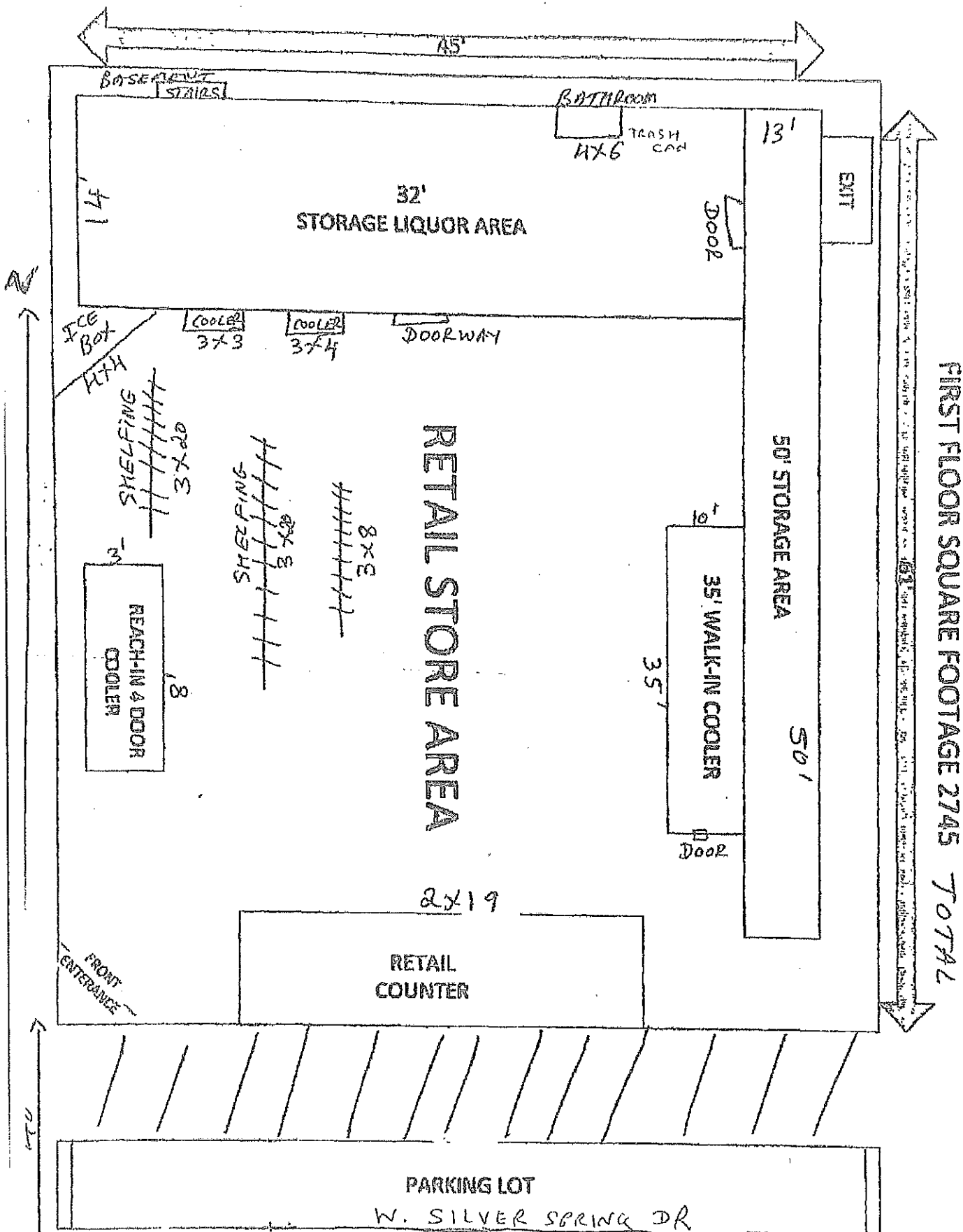
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I have read, understand, and will adhere to all the above acknowledgments.

[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]
Signature of additional partner or 20% or more shareholder

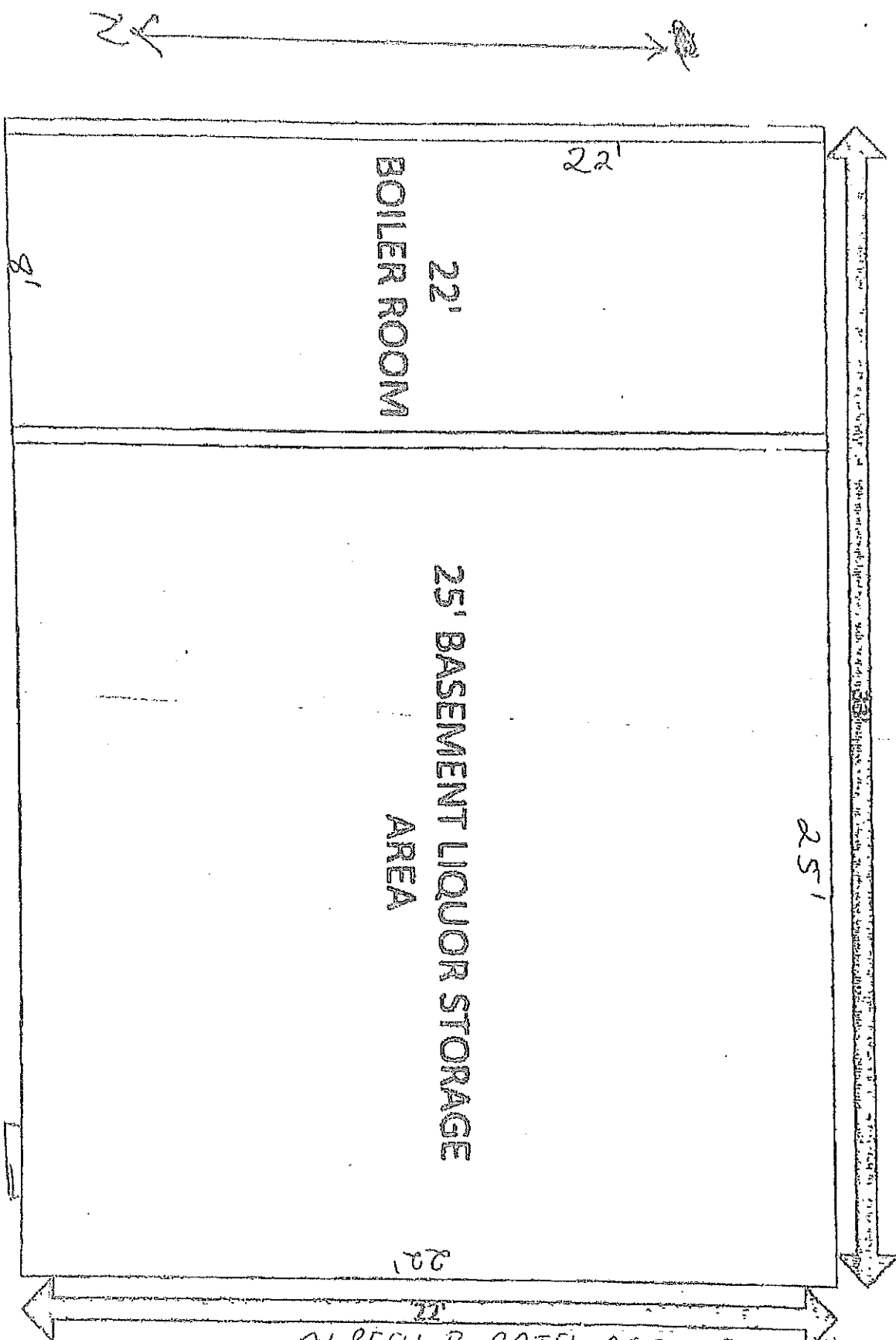
This form must be submitted with the Business License Application, Weights & Measures Plan of Operation, and appropriate fee.
Forms can be obtained online at www.milwaukee.gov/licenses.



ALPESH B. PATEL AGENT FOR "POOJA 01 LLC"
MILWAUKEE LIQUOR

6220 W. SILVER SPRING DR. MILWAUKEE WI 53218

DATE 2-25-25



SQUARE FOOTAGE BASEMENT 726' TOTAL

ALPESH B. PATEL AGENT FOR "POOJA OJ LLC"
MILWAUKEE LIQUOR
6220 N. SILVER SPRING DR. MILWAUKEE WI
DATE 2-25-25