



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

Wednesday, November 16, 2022

**COMMITTEE MEETING NOTICE**


AD 06

KAUR, Charnjit, Agent  
STARK ATK CORP  
4616 W HAMPTON Av  
Milwaukee, WI 53218

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. The hearing will be held at:

**Tuesday, November 29, 2022 at 01:50 PM**

The access code is <https://meet.goto.com/578608581>. If you wish to call in, please call [+1 \(224\) 501-3412](tel:+12245013412) and use Access Code: 578-608-581. Please see the enclosed best practices document for further instructions.

**Regarding:** Your Class A Malt & Class A Liquor, Food Dealer and Weights & Measures License Applications as agent for "STARK ATK CORP" for "Stark Food" at 1301 W  son Av.

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 in City Hall is available at reduced rates (5 hour limit) at the Milwaukee Center on the southwest corner of East Kilbourn and North Water Street. Parking tickets must be validated in the first floor information booth in City Hall.

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](http://www.milwaukee.gov/license)  
Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: [License@milwaukee.gov](mailto:License@milwaukee.gov)



CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Wednesday, November 16, 2022

COMMITTEE MEETING NOTICE

AD 06

KAUR, Charnjit, Agent
STARK ATK CORP
W127N6370 SUMAC CT
Menomonee Falls, WI 53051

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JIM OWCZARSKI, CITY CLERK

[Handwritten signature of Jim Cooney]

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, November 16, 2022



# Notice of Public Hearing

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KAUR, Charnjit, Agent  
Stark Food at 1301 W Atkinson Av  
Class A Malt & Class A Liquor, Food Dealer and Weights & Measures License Applications

**Tuesday, November 29, 2022 at 1:50 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 11/29/2022 at 1:50 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 phone or internet are asked to contact the staff assistant, Yadira Melendez at (414) 286-2775 or [stasst5@milwaukee.gov](mailto: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.

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## 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	1221 W ATKINSON AVE# 1	MILWAUKEE, WI 53206-3025
CURRENT OCCUPANT	1221 W ATKINSON AVE# 2	MILWAUKEE, WI 53206-3025
CURRENT OCCUPANT	1221 W ATKINSON AVE# 3	MILWAUKEE, WI 53206-3025
CURRENT OCCUPANT	1221 W ATKINSON AVE# 4	MILWAUKEE, WI 53206-3025
CURRENT OCCUPANT	1310 W ATKINSON AVE# 1	MILWAUKEE, WI 53206-2921
CURRENT OCCUPANT	1310 W ATKINSON AVE# 2	MILWAUKEE, WI 53206-2921
CURRENT OCCUPANT	1310 W ATKINSON AVE# 3	MILWAUKEE, WI 53206-2921
CURRENT OCCUPANT	1310 W ATKINSON AVE# 4	MILWAUKEE, WI 53206-2921
CURRENT OCCUPANT	1310 W ATKINSON AVE# 5	MILWAUKEE, WI 53206-2921
CURRENT OCCUPANT	1310 W ATKINSON AVE# 6	MILWAUKEE, WI 53206-2921
CURRENT OCCUPANT	1314 W ATKINSON AVE	MILWAUKEE, WI 53206-2919
CURRENT OCCUPANT	1320 W ATKINSON AVE	MILWAUKEE, WI 53206-2919
CURRENT OCCUPANT	1322 W ATKINSON AVE	MILWAUKEE, WI 53206-2919
CURRENT OCCUPANT	1324 W ATKINSON AVE	MILWAUKEE, WI 53206-2919
CURRENT OCCUPANT	1326 W ATKINSON AVE	MILWAUKEE, WI 53206-2919
CURRENT OCCUPANT	1330 W ATKINSON AVE	MILWAUKEE, WI 53206-2919
CURRENT OCCUPANT	1332 W ATKINSON AVE	MILWAUKEE, WI 53206-2919
CURRENT OCCUPANT	1340 W ATKINSON AVE	MILWAUKEE, WI 53206-2919
CURRENT OCCUPANT	1342 W ATKINSON AVE	MILWAUKEE, WI 53206-2919
CURRENT OCCUPANT	1344 W ATKINSON AVE	MILWAUKEE, WI 53206-2919
CURRENT OCCUPANT	1421 W ATKINSON AVE# 1	MILWAUKEE, WI 53206-2925
CURRENT OCCUPANT	1421 W ATKINSON AVE# 2	MILWAUKEE, WI 53206-2925
CURRENT OCCUPANT	1421 W ATKINSON AVE# 3	MILWAUKEE, WI 53206-2925
CURRENT OCCUPANT	1421 W ATKINSON AVE# 4	MILWAUKEE, WI 53206-2925
CURRENT OCCUPANT	1421 W ATKINSON AVE# 5	MILWAUKEE, WI 53206-2968
CURRENT OCCUPANT	1421 W ATKINSON AVE# 6	MILWAUKEE, WI 53206-2968
CURRENT OCCUPANT	1421 W ATKINSON AVE# 7	MILWAUKEE, WI 53206-2968
CURRENT OCCUPANT	1421 W ATKINSON AVE# 8	MILWAUKEE, WI 53206-2968
CURRENT OCCUPANT	3652 N 13TH ST	MILWAUKEE, WI 53206-3050
CURRENT OCCUPANT	3656 N 13TH ST	MILWAUKEE, WI 53206-3050
CURRENT OCCUPANT	3704 N 14TH ST	MILWAUKEE, WI 53206-2951
CURRENT OCCUPANT	3705 N 13TH ST	MILWAUKEE, WI 53206-3010
CURRENT OCCUPANT	3706 N 13TH ST	MILWAUKEE, WI 53206-3009
CURRENT OCCUPANT	3707 N 14TH ST	MILWAUKEE, WI 53206-2952
CURRENT OCCUPANT	3711 N 13TH ST	MILWAUKEE, WI 53206-3010
CURRENT OCCUPANT	3711 N 14TH ST	MILWAUKEE, WI 53206-2952
CURRENT OCCUPANT	3712 N 14TH ST	MILWAUKEE, WI 53206-2951
CURRENT OCCUPANT	3715 N 14TH ST	MILWAUKEE, WI 53206-2952
CURRENT OCCUPANT	3717 N 13TH ST	MILWAUKEE, WI 53206-3010
CURRENT OCCUPANT	3717A N 13TH ST	MILWAUKEE, WI 53206-3010
CURRENT OCCUPANT	3718 N 14TH ST	MILWAUKEE, WI 53206-2951
CURRENT OCCUPANT	3718 N 15TH ST	MILWAUKEE, WI 53206-2907
CURRENT OCCUPANT	3718A N 14TH ST	MILWAUKEE, WI 53206-2951
CURRENT OCCUPANT	3721 N 13TH ST	MILWAUKEE, WI 53206-3010
CURRENT OCCUPANT	3721 N 14TH ST	MILWAUKEE, WI 53206-2952
CURRENT OCCUPANT	3722 N 14TH ST	MILWAUKEE, WI 53206-2951

CURRENT OCCUPANT	3722 N 15TH ST	MILWAUKEE, WI 53206-2907
CURRENT OCCUPANT	3723 N 13TH ST	MILWAUKEE, WI 53206-3010
CURRENT OCCUPANT	3723 N 14TH ST	MILWAUKEE, WI 53206-2952
CURRENT OCCUPANT	3725 N 14TH ST	MILWAUKEE, WI 53206-2952
CURRENT OCCUPANT	3726 N 15TH ST	MILWAUKEE, WI 53206-2907
CURRENT OCCUPANT	3729 N 14TH ST	MILWAUKEE, WI 53206-2952
CURRENT OCCUPANT	3731 N 14TH ST	MILWAUKEE, WI 53206-2952
CURRENT OCCUPANT	3731A N 14TH ST	MILWAUKEE, WI 53206-2952
CURRENT OCCUPANT	3732 N 15TH ST	MILWAUKEE, WI 53206-2907
CURRENT OCCUPANT	3734 N 14TH ST	MILWAUKEE, WI 53206-2951
CURRENT OCCUPANT	3737 N 14TH ST	MILWAUKEE, WI 53206-2952
CURRENT OCCUPANT	3739 N 14TH ST	MILWAUKEE, WI 53206-2952
CURRENT OCCUPANT	3740 N 15TH ST	MILWAUKEE, WI 53206-2907
CURRENT OCCUPANT	3741 N 14TH ST	MILWAUKEE, WI 53206-2952
CURRENT OCCUPANT	3744 N 15TH ST	MILWAUKEE, WI 53206-2907
CURRENT OCCUPANT	3745 N 14TH ST	MILWAUKEE, WI 53206-2952
CURRENT OCCUPANT	3748 N 15TH ST	MILWAUKEE, WI 53206-2907
CURRENT OCCUPANT	3748A N 15TH ST	MILWAUKEE, WI 53206-2907
CURRENT OCCUPANT	3749 N 14TH ST	MILWAUKEE, WI 53206-2952
CURRENT OCCUPANT	3753 N 12TH ST	MILWAUKEE, WI 53206-3004
CURRENT OCCUPANT	3753 N 12TH ST# A	MILWAUKEE, WI 53206-3004
CURRENT OCCUPANT	3753 N 14TH ST	MILWAUKEE, WI 53206-2952
CURRENT OCCUPANT	3754 N 15TH ST	MILWAUKEE, WI 53206-2907
CURRENT OCCUPANT	3756 N 13TH ST	MILWAUKEE, WI 53206-3011
CURRENT OCCUPANT	3759 N 12TH ST	MILWAUKEE, WI 53206-3004
CURRENT OCCUPANT	3765 N 13TH ST# 1	MILWAUKEE, WI 53206-3012
CURRENT OCCUPANT	3765 N 13TH ST# 2	MILWAUKEE, WI 53206-3012
CURRENT OCCUPANT	3765 N 13TH ST# 3	MILWAUKEE, WI 53206-3012
CURRENT OCCUPANT	3765 N 13TH ST# 4	MILWAUKEE, WI 53206-3012
CURRENT OCCUPANT	3765 N 13TH ST# 5	MILWAUKEE, WI 53206-3012
CURRENT OCCUPANT	3765 N 13TH ST# 6	MILWAUKEE, WI 53206-3012
CURRENT OCCUPANT	3765 N 13TH ST# 7	MILWAUKEE, WI 53206-3012
CURRENT OCCUPANT	3765 N 13TH ST# 8	MILWAUKEE, WI 53206-3012
CURRENT OCCUPANT	3768 N 13TH ST	MILWAUKEE, WI 53206-3011
CURRENT OCCUPANT	3770 N 13TH ST	MILWAUKEE, WI 53206-3011
CURRENT OCCUPANT	3779 N 13TH ST	MILWAUKEE, WI 53206-3012
CURRENT OCCUPANT	3781 N 13TH ST	MILWAUKEE, WI 53206-3012
CURRENT OCCUPANT	3783 N 13TH ST	MILWAUKEE, WI 53206-3012

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Total Records: 84

Radius 250.0 feet and Center of the Circle: 1301 W Atkinson 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) GROCERY STORE

Provide a detailed description of the type of business you plan on operating:

GROCERY STORE

Do you have any experience operating this type of business?  No  Yes If yes, explain: 20+ years managing Retail Bus.

## 2. Business Operations

- a. Proposed Opening Date: 12/1/2022
- 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
- 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: 3/2 Locations: Counter, Front Door Side Door / 2 in backrooms  
Outside: 1 Locations: PARKING LOT - DUMPSTER
- 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? 12 and describe the parking security plan: Camera Surveillance
- 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? 24 and list locations: All around the store, outside 8, Basement, Entrance and Exit's
- e. Will searches/identification checks be done upon entry?  No  Yes If yes, describe \_\_\_\_\_

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

Alcohol <u>29</u> %	Food <u>37</u> %	Secondhand Merchandise _____ %	Precious Metals & Gems _____ %
Entertainment _____ %	Cigarettes <u>15</u> %	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____ %	Other <u>19</u> % Describe: <u>HBA, etc</u>
Pawnbroker Activity _____ %	Salvaged Materials _____ % (such as scrap metal)		

## 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) N/A

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):  
 1<sup>st</sup> Floor  2<sup>nd</sup> Floor  Basement Storage  Patio  Beer Garden  Sidewalk Café  Deck  Rooftop

*U*  Other: Describe: \_\_\_\_\_

- b. Describe Location:  Major Thoroughfare  Secondary Street  Other: \_\_\_\_\_

c. Nearest Major Cross Street: ATKINSON at CAPITOL

- 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: CHARNIT KAUR Phone Number: 414-795-4056

Building Owner Address: 12127 N 6370 Sumac Ct Menomonee Falls WI 53051

## 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	8:00 AM	9:00 PM	400	0-100	
Monday	8:00 AM	9:00 PM	300	0-100	
Tuesday	8:00 AM	9:00 PM	300	0-100	
Wednesday	8:00 AM	9:00 PM	300	0-100	
Thursday	8:00 AM	9:00 PM	300	0-100	
Friday	8:00 AM	9:00 PM	300	0-100	
Saturday	8:00 AM	9:00 PM	450	0-100	

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)

*Charnit Kaur*  
 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.





## 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](http://www.milwaukee.gov/license)

Legal Entity Name: STARK ATK CORP

Premise Address: 1301 W ATKINSON AVE MILWAUKEE WI 53206

### Proximity of Premises to Church, School, Daycare Center or Hospital

Is the building within 300 feet of any church, school, daycare center or hospital?  No  Yes

### "Service Bar Only" Designation

If applying for Class B or C license, are you applying for "Service Bar Only"?  No  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?  No  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?  No  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?  No  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?

No  Yes If yes, list name and address: \_\_\_\_\_

### Property Information (New & Transfer Applicants Only)

a) Do you own or lease the building?  Own  Lease

b) Who owns the fixtures (for example, coolers, etc.)? Landlord

c) Are you purchasing the stock and/or fixtures?  No  Yes If yes, amount paid \$ \_\_\_\_\_

d) Total amount paid for business \$ 0

e) Total amount paid for goodwill of the business \$ 0

Goodwill comprises the reputation and customer relationships of an existing business. If the price you pay for the business exceeds the fair market value of all of the rest of the assets of the business, the excess may be considered goodwill.

f) Have you made arrangements with the seller for payment of personal property taxes?  No  Yes

### Lease Information (New & Transfer Applicants who are leasing the premises only)

a) Date lease begins 12/1/2022 Ends 11/30/2032

b) Monthly rental \$ 12,500

c) Do you have an option to renew the lease?  No  Yes

d) Does your lease allow for assignment to another party without the consent of the owner?  No  Yes

e) For what length of time have you been guaranteed occupancy (number of years)? 10 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 occupancy 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



# FOOD DEALER LICENSE PLAN OF OPERATION

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

Legal Entity Name: <i>STARK ATR CORP</i>
Premises Address: <i>1301 W ATKINSON AVE MILWAUKEE WI 53206</i>
<b>SECTION 1 TYPE OF BUSINESS</b>
<p>What will be the majority of your food sales? (check one)</p> <p><input type="checkbox"/> Restaurant Items (meals): MEALS include, but are not limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, nachos w/ cheese and meat, French fries, cooked or deep fried vegetables/fruit, cooked cheese curds, corn dogs, egg rolls, salads.</p> <p><input checked="" type="checkbox"/> 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.</p> <p>Will it be a convenience store? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Bed &amp; Breakfast <input type="checkbox"/> Micro Market</p> <p>All Applicants: Submit a menu or a list of food items that will be sold.</p>
<p>Will any wholesale business be done? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, what percentage of food sales will be wholesale?</p> <p><input type="checkbox"/> Less than 25%</p> <p><input type="checkbox"/> 25% or More AND:  <input type="checkbox"/> Restaurant items (meals) will be sold – Complete this application and also contact DATCP.  <input type="checkbox"/> NO restaurant items (meals) will be sold - Do NOT complete this application. Contact DATCP only.</p>
<b>SECTION 2 FOOD PROCESSING</b>
<p>Will any food processing be done? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Processing is defined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, extracting, fermenting, distilling, pickling, freezing, drying, smoking, or packaging.</p>
<b>SECTION 3 FOOD REQUIRING TEMPERATURE CONTROL</b>
<p>Will any food that requires temperature control be sold? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)</p> <p>If yes, list the types of food items: <i>Dairy, Pizza, Poultry, Meat, Ice cream</i></p>

**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  Dining  
 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** *N/A.*

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:

ck I understand the Health Department must conduct an inspection and advise the License Division of their approval before the license may be issued.  
ck 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.  
ck 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.  
ck 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.  
ck 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]*  
 Signature of Additional Partner: \_\_\_\_\_



# 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](http://www.milwaukee.gov/license) [license@milwaukee.gov](mailto:license@milwaukee.gov)

Legal Entity Name: STARK ATK CORP

Premise Address: 1301 W ATKINSON AVE MILWAUKEE WI 53206.

## Type of Business

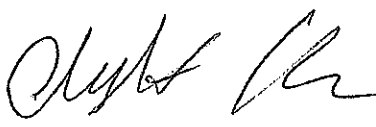
Provide a brief description of the establishment/business:  
SCANNERS FOR POS SYSTEM

*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](http://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](mailto:license@milwaukee.gov) • [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

**Office Use Only:**

App# \_\_\_\_\_  
Filed \_\_\_\_\_  
Initials \_\_\_\_\_  
Paid \_\_\_\_\_  
Lic # \_\_\_\_\_

Legal Entity Name: STARK ATK CORP

Premise Address: 1301 W ATKINSON AVE MILWAUKEE WI 53206

**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)
<b>Liquid Measuring Devices</b>				
<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		
<b>Scales</b>				
<input type="checkbox"/> Measuring any weight amount	24 months	\$55		
<b>Scanners</b>				
		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 type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	
<input type="checkbox"/> Four or more scanners	24 months	\$250 total*	<input type="checkbox"/> 4 <input type="checkbox"/> Other _____	
<b>Other Devices</b>				
<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 resealed, I must apply for and receive a new license so that an inspection of the device can be performed prior to its use.

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

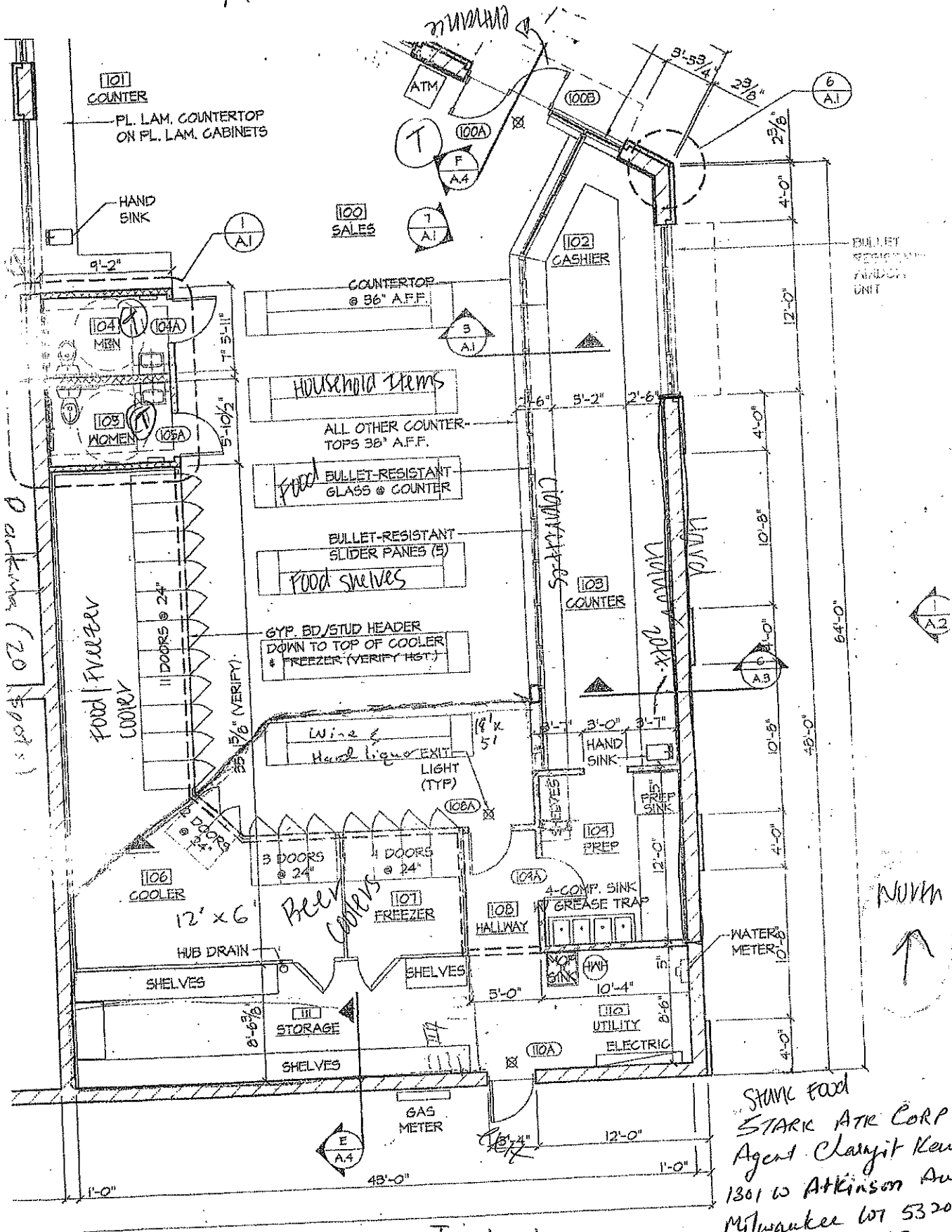
I have read, understand, and will adhere to all the above acknowledgments.

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)

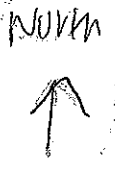
Signature of additional partner or 20% or more shareholder

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](http://www.milwaukee.gov/licenses).

# ATKINSON AVE



137th STREET



T = trash

STARK FOOD  
 STARK ATK CORP  
 Agent Chanjit Kaur  
 1301 W Atkinson Ave  
 Milwaukee WI 53206  
 October 03, 2022  
 TOTAL SQUARE FT.: 3,072  
 48x64 FT.

