



CITY OF MILWAUKEE  
OFFICE OF THE CITY CLERK

Wednesday, September 13, 2023

COMMITTEE MEETING NOTICE

AD 01

SINGH, Sukhwinder, Agent  
RKS LIQUOR INC  
W141N4845 Golden Fields Ct  
Menomonee Falls, WI 53051

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, September 26, 2023 at 09:30 AM**

The access code is <https://meet.goto.com/986783021>. If you wish to call in: +1 (408) 650-3123 and use Access Code: 986-783-021. Please see the enclosed best practices document for further instructions.

**Regarding:** Your Class A Malt & Class A Liquor and Weights & Measures License Applications as agent for "RKS LIQUOR INC" for "Lincoln Park Beer & Liquor" at 4770 N 18TH St.

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 85-1, 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](http://www.milwaukee.gov/license)  
Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: [License@milwaukee.gov](mailto:License@milwaukee.gov)

Date: 7/25/2023  
Officer: Alicia Walker &

Dominique Thompson

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

Name of Premise: RKS Liquor  
Address: 4770 N. 18<sup>th</sup> St.  
  
Phone: 414-372-4880  
Owner: Sukhwinder Singh  
Owner address: W141N4845 Golden Fields Ct.  
City State Zip: Menomonee Falls, WI 53051  
Owner Phone: 414-916-8010  
Owner email: sukwinder1521@yahoo.com

Manager:  
Home Address:  
City State Zip:  
Phone:  
Email:

Preferred contact: Sukhinder Singh

Location currently open:  YES  NO Under Previous Owner

Projected open date: September 15, 2023

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

Hours of Operation: Sun: 8:00am – 9:00pm 24 hours Y N  
Mon: 8:00am – 9:00pm  
Tue: 8:00am – 9:00pm  
Wed: 8:00am – 9:00pm  
Thu: 8:00am – 9:00pm  
Fri: 8:00am – 9:00pm  
Sat: 8:00am – 9:00pm

Premise Type: Liquor Store  
Convenience Store  
Other:

Licenses currently held:

- Alcohol:  Yes  No Class: ALQML #: 353857  
Tobacco:  Yes  No #: CIG 353858  
Food:  Yes  No #:  
Extended Hours:  Yes  No #:  
Secondhand Dealer:  Yes  No Type: #:  
Other:  Yes  No Type: Weights & Measure #: 353859  
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: 6
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: 1 week but will change to 1 month
19. Are there exterior cameras  Yes  No How many: 6
20. Are there interior cameras  Yes  No How many: 13
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
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:**

Right now the store is still open under the previous owner. There are many signs in the windows. Once you open the door a loud alarm sound off which let an employee know that someone enter the store. You do not see the address outside the store. It's only 1 No loitering sign at the front door.

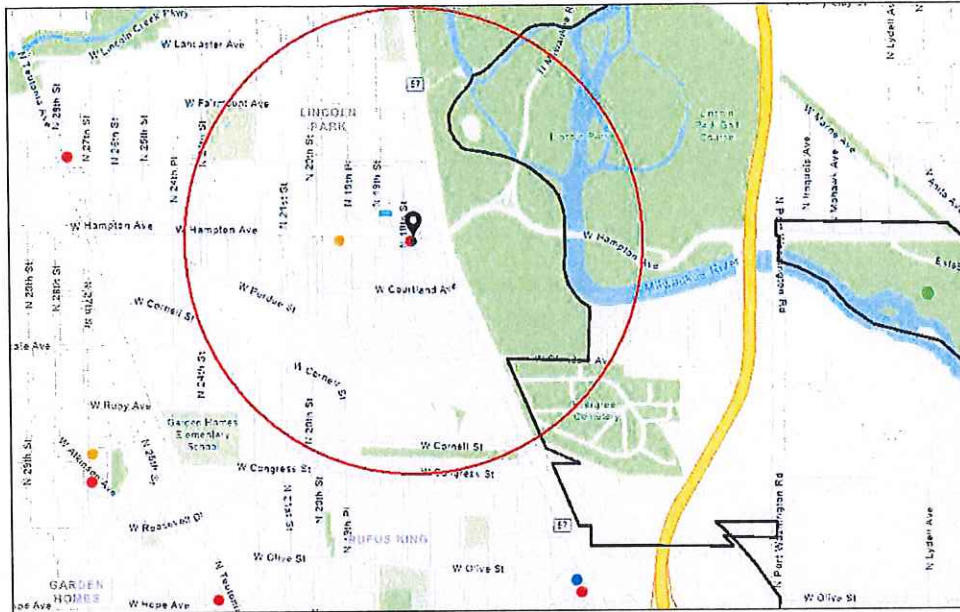


# Concentration Map 4770 N 18TH ST

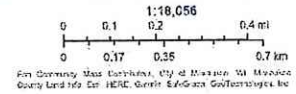
## Area of Interest (AOI) Information

Area : 21,862,585.72 ft<sup>2</sup>

Jun 27 2023 11:56:10 Central Daylight Time



- Alcohol Licenses (active)
  - Class A Fermented Malt Beverage
  - Class A Liquor and Malt
  - Class B Fermented Malt Beverage
  - Class B Tavern
  - Class C Wine Retailer
- City Limits



4770 N 18TH ST

## Summary

Name	Count	Area(ft <sup>2</sup> )	Length(mi)
Alcohol Licenses	2		

## Alcohol Licenses

#	Legal Entity	Trade Name	Licensee	Address	License Type Name	Total Capacity	Expiration Date	Count
1	Hampton Grocery, Inc	Hampton Grocery	HARJINDER SINGH, Agt	1951 W Hampton AV	Class A Fermented Malt Beverage Retailer's License		10/28/2023, 7:00 PM	1
2	LINCOLN PARK BEER & LIQUOR LLC	Lincoln Park Beer & Liquor	Prakash Navadia, Agt	4770 N 18TH ST	Class A Malt & Class A Liquor License		11/8/2023, 6:00 PM	1

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



Wednesday, September 13, 2023



# Notice of Public Hearing

Blank Notice

---

SINGH, Sukhwinder, Agent  
Lincoln Park Beer & Liquor at 4770 N 18TH St  
Class A Malt & Class A Liquor and Weights & Measures License Applications

**Tuesday, September 26, 2023 at 9:30 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 9/26/2023 at 9:30 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 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.

---

## **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	1729 W HAMPTON AVE	MILWAUKEE, WI 53209-5729
CURRENT OCCUPANT	1730 W HAMPTON AVE	MILWAUKEE, WI 53209-5730
CURRENT OCCUPANT	1735 W HAMPTON AVE	MILWAUKEE, WI 53209-5729
CURRENT OCCUPANT	1735A W HAMPTON AVE	MILWAUKEE, WI 53209-5729
CURRENT OCCUPANT	1738 W HAMPTON AVE	MILWAUKEE, WI 53209-5730
CURRENT OCCUPANT	1802 W HAMPTON AVE	MILWAUKEE, WI 53209-5732
CURRENT OCCUPANT	1802A W HAMPTON AVE	MILWAUKEE, WI 53209-5732
CURRENT OCCUPANT	1812 W HAMPTON AVE# 1	MILWAUKEE, WI 53209-5732
CURRENT OCCUPANT	1812 W HAMPTON AVE# 2	MILWAUKEE, WI 53209-5732
CURRENT OCCUPANT	1812 W HAMPTON AVE# 3	MILWAUKEE, WI 53209-5732
CURRENT OCCUPANT	1812 W HAMPTON AVE# 4	MILWAUKEE, WI 53209-5732
CURRENT OCCUPANT	1820 W HAMPTON AVE# 1	MILWAUKEE, WI 53209-5732
CURRENT OCCUPANT	1820 W HAMPTON AVE# 2	MILWAUKEE, WI 53209-5732
CURRENT OCCUPANT	1820 W HAMPTON AVE# 3	MILWAUKEE, WI 53209-5732
CURRENT OCCUPANT	1820 W HAMPTON AVE# 4	MILWAUKEE, WI 53209-5732
CURRENT OCCUPANT	1820 W HAMPTON AVE# 5	MILWAUKEE, WI 53209-5732
CURRENT OCCUPANT	1820 W HAMPTON AVE# 6	MILWAUKEE, WI 53209-5732
CURRENT OCCUPANT	1820 W HAMPTON AVE# 7	MILWAUKEE, WI 53209-5732
CURRENT OCCUPANT	1820 W HAMPTON AVE# 8	MILWAUKEE, WI 53209-5732
CURRENT OCCUPANT	4731 N 18TH ST	MILWAUKEE, WI 53209-6430
CURRENT OCCUPANT	4734 N PARKWAY AVE	MILWAUKEE, WI 53209-6427
CURRENT OCCUPANT	4735 N 18TH ST	MILWAUKEE, WI 53209-6430
CURRENT OCCUPANT	4740 N PARKWAY AVE	MILWAUKEE, WI 53209-6427
CURRENT OCCUPANT	4743 N GREEN BAY AVE	MILWAUKEE, WI 53209-6521
CURRENT OCCUPANT	4744 N 19TH ST	MILWAUKEE, WI 53209-6435
CURRENT OCCUPANT	4744 N PARKWAY AVE	MILWAUKEE, WI 53209-6427
CURRENT OCCUPANT	4747 N 18TH ST	MILWAUKEE, WI 53209-6430
CURRENT OCCUPANT	4747 N GREEN BAY AVE	MILWAUKEE, WI 53209-6521
CURRENT OCCUPANT	4750 N PARKWAY AVE	MILWAUKEE, WI 53209-6427
CURRENT OCCUPANT	4751 N 18TH ST	MILWAUKEE, WI 53209-6430
CURRENT OCCUPANT	4752 N 18TH ST	MILWAUKEE, WI 53209-6452
CURRENT OCCUPANT	4752 N 19TH ST	MILWAUKEE, WI 53209-6435
CURRENT OCCUPANT	4754 N PARKWAY AVE	MILWAUKEE, WI 53209-6427
CURRENT OCCUPANT	4756 N 19TH ST	MILWAUKEE, WI 53209-6435
CURRENT OCCUPANT	4757 N 18TH ST	MILWAUKEE, WI 53209-6430
CURRENT OCCUPANT	4760 N 18TH ST	MILWAUKEE, WI 53209-6452
CURRENT OCCUPANT	4800 N 18TH ST# 1	MILWAUKEE, WI 53209-5702
CURRENT OCCUPANT	4800 N 18TH ST# 2	MILWAUKEE, WI 53209-5702
CURRENT OCCUPANT	4800 N 18TH ST# 3	MILWAUKEE, WI 53209-5702
CURRENT OCCUPANT	4800 N 18TH ST# 4	MILWAUKEE, WI 53209-5702
CURRENT OCCUPANT	4822 N 18TH ST	MILWAUKEE, WI 53209-5702
CURRENT OCCUPANT	4827 N GREEN BAY AVE	MILWAUKEE, WI 53209-5727

Blank Notice

Total Records: 42

Radius 250.0 feet and Center of the Circle: 4770 N 18th St



# 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:  
Liquor Beer Wine Store

Do you have any experience operating this type of business?  No  Yes If yes, explain: I operate multiple Liquor Store in Milwaukee.

## 2. Business Operations

- a. Proposed Opening Date: 07/31/2023
- 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, Cigarette, Food
- 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 Locations: By Check Counters, Restrooms, Upstairs Storage Room  
Outside: 1 Locations: By Front Door Outside
- 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? 10 and describe the parking security plan: lighting and signs and chain
- 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? 16 and list locations: Monitors inside and store surroundings
- 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> %	Secondhand Merchandise <u>0</u> %	Precious Metals & Gems <u>0</u> %
Entertainment <u>0</u> %	Cigarettes <u>15</u> %	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) <u>0</u> %	Other <u>0</u> % Describe: <u>0</u>
Pawnbroker Activity <u>0</u> %	Salvaged Materials <u>0</u> % (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)

Capacity N/A (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: 2nd Floor Storage
- b. Describe Location:  Major Thoroughfare  Secondary Street  Other: \_\_\_\_\_
- c. Nearest Major Cross Street: Hampton Ave and 18th Street
- d. Describe Building:  Free Standing Building  Strip Mall  Other: \_\_\_\_\_
- e. Describe Premises Structure:  Single Story  Multi-Story - # of Stories 2  Other: \_\_\_\_\_
- f. Describe Surrounding Area:  Commercial  Residential  Industrial  Other: \_\_\_\_\_
- g. Building Owner Name: RKS Holdings Inc Phone Number: 414-305-0326  
 Building Owner Address: W141N4845 Golden Fields Ct, Menomonee Falls, WI 53051

## 10. Hours of Operation & Customers

Will customers be entering the premises?  No  Yes

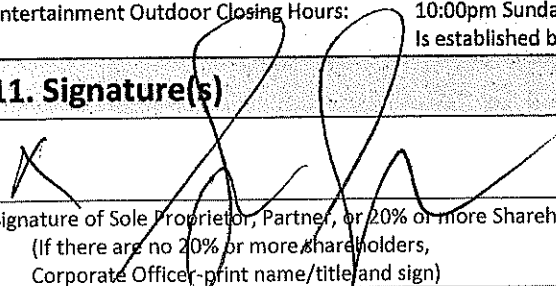
Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	08:00 a.m.	09:00 p.m.	200	18+	none
Monday	08:00 a.m.	09:00 p.m.	200	18+	none
Tuesday	08:00 a.m.	09:00 p.m.	200	18+	none
Wednesday	08:00 a.m.	09:00 p.m.	200	18+	none
Thursday	08:00 a.m.	09:00 p.m.	200	18+	none
Friday	08:00 a.m.	09:00 p.m.	200	18+	none
Saturday	08:00 a.m.	09:00 p.m.	200	18+	none

An Extended Hours Establishment License is required for any convenience store, filling station, personal service establishment (such as tattoo, body piercing, salon, tailor, tanning, etc.), recording studio or restaurant which is open between the hours of 12:00 a.m. and 5:00 a.m.

Alcohol Establishments Class A: 8:00 am to 9:00 pm Sunday thru Saturday  
 Permitted Hours of Operation: Class B: 6:00 am to 2:00 am Sunday thru Thursday, 6:00 am to 2:30 am Friday & Saturday

Entertainment Outdoor Closing Hours: 10:00pm Sunday-Thursday; 12:00am Friday & Saturday; unless a different time, either earlier or later, is established by the Common Council in its approval of the licensee's plan of operation.

## 11. Signature(s)

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

\_\_\_\_\_  
 Signature of additional partner or 20% or more shareholder

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



# 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: <b>RKS LIQUOR INC</b>
Premise Address: <b>4770 N 18TH STREET, MILWAUKEE, WI 53209</b>
<b>Proximity of Premises to Church, School, Daycare Center or Hospital</b>
Is the building within 300 feet of any church, school, daycare center or hospital? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<b>"Service Bar Only" Designation</b>
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.
<b>Business Information</b>
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: _____
<b>Property Information (New &amp; Transfer Applicants Only)</b>
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>RKS LIQUOR INC</u>
c) Are you purchasing the stock and/or fixtures? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, amount paid \$ <u>TBD</u>
d) Total amount paid for business    \$ <u>TBD</u>
e) Total amount paid for goodwill of the business    \$ <u>TBD</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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<b>Lease Information (New &amp; Transfer Applicants who are leasing the premises only)</b>
a) Date lease begins _____ Ends _____ <u>- N/A -</u>
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)? _____

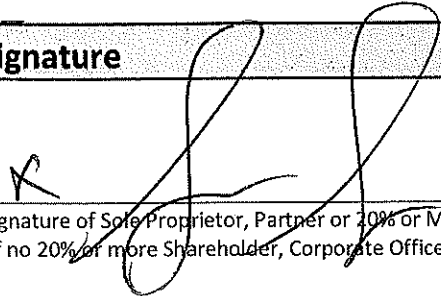
### Lease Information (Continued)

- 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-wmpln 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: RKS Liquor Inc.

Premise Address: 4770 N. 18th St, Milwaukee, WI 53209

## 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](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)

<b>Office Use Only:</b>	
App#	_____
Filed	_____
Initials	_____
Paid	_____
Lic #	_____

Legal Entity Name: RKS Liquor Inc.

Premise Address: 4770 N. 18th St. Milwaukee, WI 53209

**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

**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).



N →

North 185k

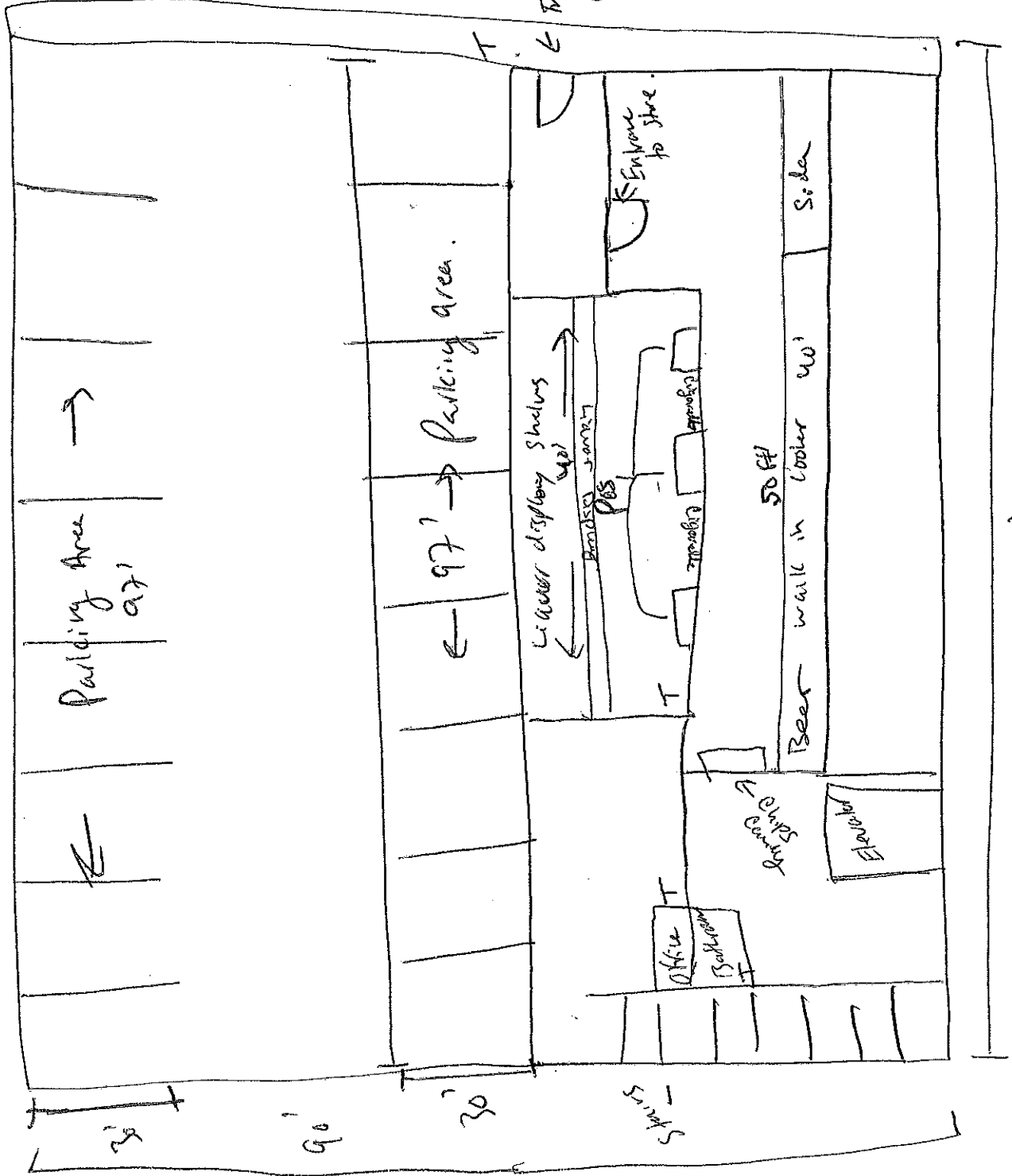
4770 N. 18th St  
Ph: Wanda, WI 53229  
RKS Liquor Inc.  
DBIA  
LinkedIn Profile Description  
6127123

T = trash cans  
Agent: Sukhwinder Singh  
6127123

Total sq ft =  
8730  
Business: 2910  
1st Floor.

Hampton Ave.

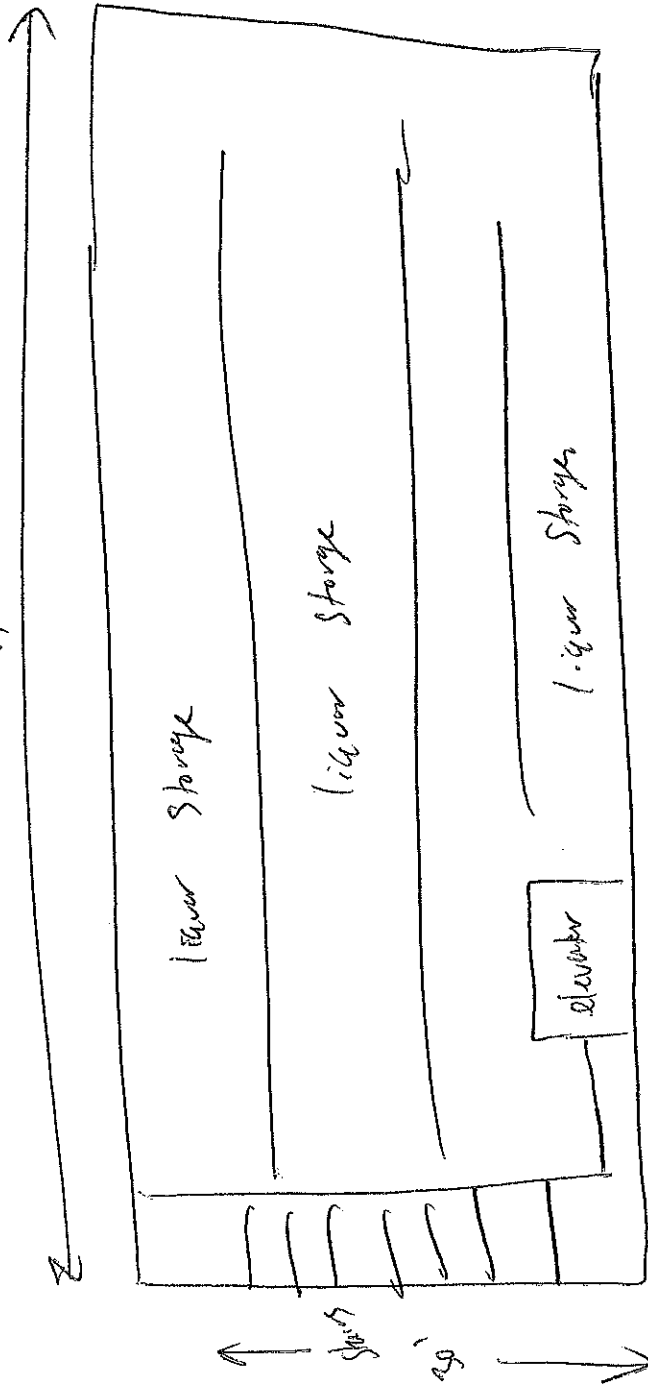
Front Door Entrance.



97

North 18 St

97'



N →

4770 N 18th St.

Milwaukee, WI 53209

RKS Liquor Inc.

DBM

Lincoln Park

Beer + Liquor.

6/27/23

Total Sq Ft

= 2910

2nd floor

Storage

Agent: Sukhwinder Singh

6/27/23