



CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Friday, February 25, 2022

COMMITTEE MEETING NOTICE

AD 04

SINGH, Gurdev, Agent
V K CITGO LLC
1254 N 35TH St
Milwaukee, WI 53208

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

Tuesday, March 08, 2022 at 10:25 AM

Regarding: Your Filling Station, Food Dealer and Weights & Measures License Applications as agent for "V K CITGO LLC" for "V K CITGO" at 1254 N 35TH St.

This meeting will be held via GoToMeeting. Please see the enclosed best practice document for further instructions. The access code is <https://meet.goto.com/472904013>. If you wish to call in, please call [+1 \(646\) 749-3122](tel:+16467493122) and use Access Code: [472-904-013](tel:+16467493122)

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 attend this meeting may result in the denial of your license. Individual applicants and partnership applicants must attend or attend by an attorney. The agent or attorney for corporate or limited liability applicants must attend. If you wish to do so and at your own expense, you may be accompanied by an attorney of your choosing to represent you at this hearing.

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

PLEASE NOTE: Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through sign language interpreters or other auxiliary aids. For additional information or to request this service, contact the Council Services Division ADA Coordinator at (414) 286-2998, Fax - (414) 286-3456, TDD - (414) 286-2025.

JIM OWCZARSKI, CITY CLERK

BY: _____

Jim Cooney
License Division Manager

If you have questions regarding this meeting, please contact the staff assistant, Yadira Melendez at (414) 286-2775 or stasst5@milwaukee.gov



CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Friday, February 25, 2022

COMMITTEE MEETING NOTICE

AD 04

SINGH, Gurdev, Agent
V K CITGO LLC
W176N5456 HIGHRIDGE DR
Menomonee Falls, WI 53051

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Tuesday, March 08, 2022 at 10:25 AM

Regarding: Your Filling Station, Food Dealer and Weights & Measures License Applications as agent for "V K CITGO LLC" for "V K CITGO" at 1254 N 35TH St.

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JIM OWCZARSKI, CITY CLERK

BY: _____

Jim Cooney
License Division Manager

If you have questions regarding this meeting, please contact the staff assistant, Yadira Melendez at (414) 286-2775 or stasst5@milwaukee.gov

325003
④

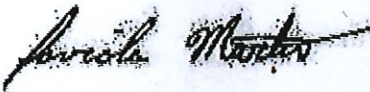
Melendez-Hagedorn, Yadira

From: License
Sent: Friday, July 16, 2021 6:21 PM
To: Melendez-Hagedorn, Yadira
Subject: FW: 1254 N. 35th Street
Attachments: IMG_3642.jpeg; IMG_3637.jpeg; IMG_3647.jpeg

please add as objection

Have a good day,

REDACTED RECORD



Faviola Martin
License Division Coordinator
City Clerk - License Division
200 E. Wells St. Rm. 105
Milwaukee, WI 53202
Office: 414-286-2238



From:
Sent: Friday, July 16, 2021 1:58 PM
To: License
Cc:
Subject: 1254 N. 35th Street

To Whom It May Concern:

I would like provide the following information regarding 1254 N. 35th Street. The applicant appeared before license last week and I believe the item was held.

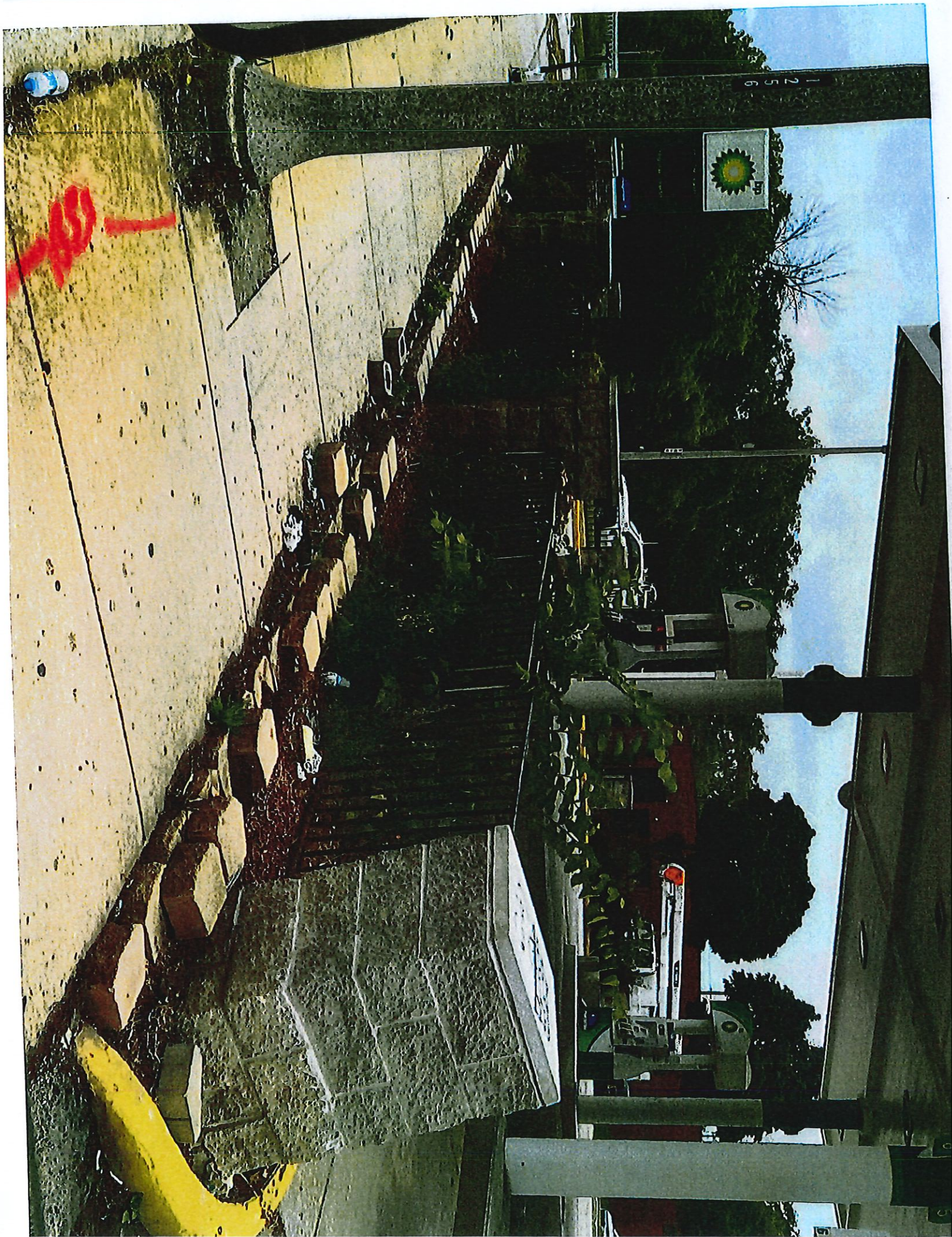
The attached pictures show the following:

- Broken windows
- Weeds and overgrowth
- Landscaping issues
- Trash including mattress in the rear of the property



1754

GRAND





MILWAUKEE POLICE DEPARTMENT

LICENSING

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

DATE: 06/07/21

LICENSE TYPE: FOOD FILLING

NEW:

RENEWAL:

No. 325000/325003

Application Date: 06/04/21

License Location:

Business Name:

Licensee/Applicant: Singh, Gurdev
(Last Name, First Name, MI)

Date of Birth: 04/04/61

Home Address: W 176N5456 Highridge Dr.

City: Menomonee Falls

State: WI **Zip Code:** 53051

Home Phone:

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

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

1. On 08/04/18 the applicant was cited by Milwaukee Police for Sale of Cigarettes to Minor/Underage.

Charge:	Sale of Cigarettes to Minor/Underage
Finding:	Guilty
Sentence:	Fine
Date:	12/05/19
Case:	19026327



Friday, February 25, 2022



Notice of Public Hearing

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SINGH, Gurdev
V K CITGO at 1254 N 35TH St.
Filling Station, Food Dealer and Weights & Measures License Applications

Tuesday, March 08, 2022 at 10:25 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 virtually on 3/08/2022 at 10:25 AM. 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 will be asked to do so by phone or internet and 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 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 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	1201 N 34TH ST	MILWAUKEE, WI 53208-2949
CURRENT OCCUPANT	1218 N 34TH ST	MILWAUKEE, WI 53208-2948
CURRENT OCCUPANT	1219 N 34TH ST	MILWAUKEE, WI 53208-2949
CURRENT OCCUPANT	1220 N 34TH ST	MILWAUKEE, WI 53208-2948
CURRENT OCCUPANT	1221 N 34TH ST	MILWAUKEE, WI 53208-2949
CURRENT OCCUPANT	1225 N 34TH ST	MILWAUKEE, WI 53208-2949
CURRENT OCCUPANT	1228 N 34TH ST	MILWAUKEE, WI 53208-2948
CURRENT OCCUPANT	1229 N 34TH ST	MILWAUKEE, WI 53208-2949
CURRENT OCCUPANT	1232 N 34TH ST	MILWAUKEE, WI 53208-2948
CURRENT OCCUPANT	1233 N 34TH ST	MILWAUKEE, WI 53208-2949
CURRENT OCCUPANT	1234 N 34TH ST	MILWAUKEE, WI 53208-2948
CURRENT OCCUPANT	1235 N 34TH ST	MILWAUKEE, WI 53208-2949
CURRENT OCCUPANT	1237 N 34TH ST	MILWAUKEE, WI 53208-2949
CURRENT OCCUPANT	1238 N 34TH ST	MILWAUKEE, WI 53208-2948
CURRENT OCCUPANT	1239 N 34TH ST	MILWAUKEE, WI 53208-2949
CURRENT OCCUPANT	1241 N 34TH ST	MILWAUKEE, WI 53208-2949
CURRENT OCCUPANT	1242 N 34TH ST	MILWAUKEE, WI 53208-2948
CURRENT OCCUPANT	1243 N 34TH ST	MILWAUKEE, WI 53208-2949
CURRENT OCCUPANT	1245 N 34TH ST	MILWAUKEE, WI 53208-2949
CURRENT OCCUPANT	1247 N 34TH ST	MILWAUKEE, WI 53208-2949
CURRENT OCCUPANT	1249 N 34TH ST	MILWAUKEE, WI 53208-2949
CURRENT OCCUPANT	1250 N 34TH ST	MILWAUKEE, WI 53208-2948
CURRENT OCCUPANT	1251 N 34TH ST	MILWAUKEE, WI 53208-2949
CURRENT OCCUPANT	1253 N 34TH ST	MILWAUKEE, WI 53208-2949
CURRENT OCCUPANT	1255 N 34TH ST	MILWAUKEE, WI 53208-2949
CURRENT OCCUPANT	1316 N 36TH ST	MILWAUKEE, WI 53208-2819
CURRENT OCCUPANT	3321 W MC KINLEY BLVD	MILWAUKEE, WI 53208-2959
CURRENT OCCUPANT	3323 W MC KINLEY BLVD	MILWAUKEE, WI 53208-2959
CURRENT OCCUPANT	3326 W MC KINLEY BLVD	MILWAUKEE, WI 53208-2958
CURRENT OCCUPANT	3331 W MC KINLEY BLVD	MILWAUKEE, WI 53208-2959
CURRENT OCCUPANT	3333 W MC KINLEY BLVD	MILWAUKEE, WI 53208-2959
CURRENT OCCUPANT	3402 W JUNEAU AVE	MILWAUKEE, WI 53208-2952
CURRENT OCCUPANT	3404 W JUNEAU AVE	MILWAUKEE, WI 53208-2952
CURRENT OCCUPANT	3406 W JUNEAU AVE	MILWAUKEE, WI 53208-2952
CURRENT OCCUPANT	3408 W JUNEAU AVE	MILWAUKEE, WI 53208-2952

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Total Records 35

Radius: 250.0 feet and Center of Circle: 1254 N 35th St



1. Type of Business	
Applying for: <input type="checkbox"/> Extended Hours (12AM to 5AM) - If a food establishment, check all that apply: <input type="checkbox"/> Delivery <input type="checkbox"/> Drive Thru <input type="checkbox"/> Dining Room <input type="checkbox"/> Self Service Laundry <input type="checkbox"/> Massage Establishment <input checked="" type="checkbox"/> Filling Station <input type="checkbox"/> Other (supplemental application for specific license also required)	
Provide a detailed description of the type of business you plan on operating: <u>GASOLINE ION WITH C-STORE</u>	
Do you have any experience operating this type of business? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, explain: <u>I own two more gasoline station in city of MKE</u>	
2. Business Operations	
a. Proposed Opening Date: <u>03/01/2021</u> May 15, 2021 <u>October 30, 2021</u>	
c. Is this a franchise? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list estimated completion date: <u>Not yet, waiting on governmental approval.</u>	
d. Is this premises currently licensed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list type of license: _____	
e. Is the current licensee operating? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If no, list date closed: _____	
f. Do you have future plans for other businesses, licenses or permits at this location? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain: _____	
g. Have you previously held an Extended Hours License in Milwaukee? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, list address(es): <u>1254 N 35th St</u>	
h. Are other businesses operating in the same building? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe: _____	
3. Litter & Noise	
a. How are grounds kept clean? <input checked="" type="checkbox"/> Sweep <input type="checkbox"/> Pressure Wash <input checked="" type="checkbox"/> Pick Up Litter <input type="checkbox"/> Other: _____	
b. How often will grounds be cleaned? <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> As Needed <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	
c. Grounds cleaned by: <input checked="" type="checkbox"/> Licensee <input type="checkbox"/> Building Owner <input checked="" type="checkbox"/> Employees <input type="checkbox"/> Hired Maintenance <input type="checkbox"/> Other: _____	
d. How are noise issues prevented and/or addressed? <input type="checkbox"/> Security <input checked="" type="checkbox"/> Manager approaches customer(s) <input type="checkbox"/> Call Police <input checked="" type="checkbox"/> Signs Posted <input type="checkbox"/> Other: _____	
e. Will a sound amplification system be used? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe: _____	
4. Smoking & Sanitation	
a. Are there designated outdoor smoking areas? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe: _____	
b. Number of Garbage Cans: Inside: <u>3</u> Locations: <u>By Cash Register, Coffee Area and Restroom</u> Outside: <u>6</u> Locations: <u>By Main Door, Airpump and Pump Area</u>	
c. Is a crowd control barrier used? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe: _____	
d. How many restrooms are on the premises? <u>2</u>	
e. Name of solid waste contractor: <input type="checkbox"/> Advanced Disposal <input checked="" type="checkbox"/> Waste Management <input type="checkbox"/> Other: _____	

5. Security

- a. Are there onsite parking spaces? No Yes If yes, how many? 12 and describe the parking security plan: Security Camera system monitor parking lot 24/7 on site security guard
- 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? 1 and answer the following:
 What are their responsibilities? Watch the customer who is come in and out of the premises, report any susg
 Is security equipment used? No Yes If yes, describe We are also looking to employ off duty MPD.
 List their licensing, certification, or training credentials _____
- d. Will there be security cameras? No Yes If yes, how many? 16 and list locations: _____
 Monitor inside and store surroundings. _____
- e. Will searches/identification checks be done upon entry? No Yes If yes, describe Photo ID Check for tobacco products

6. Percentage of Sales (must total 100%)

Alcohol <u>0</u> %	Food <u>20</u> %	Secondhand Merchandise <u>0</u> %	Precious Metals & Gems <u>0</u> %
Entertainment <u>0</u> %	Cigarettes <u>40</u> %	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) <u>0</u> %	Other <u>40</u> % Describe: <u>Gasoline & othe</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 none (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: 35th and McKinley Blvd
- 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: Kamaljit Singh Phone Number: 219-898-0102
 Building Owner Address: 3901 W Dun Hwy, Michigan City, Indiana

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	5:00 am	12:00 am	250	all	none
Monday	5:00 am	12:00 am	250	all	none
Tuesday	5:00 am	12:00 am	250	all	none
Wednesday	5:00 am	12:00 am	250	all	none
Thursday	5:00 am	12:00 am	250	all	none
Friday	5:00 am	12:00 am	250	all	none
Saturday	5:00 am	12:00 am	250	all	none

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

Alcohol Establishments Permitted Hours of Operation: Class A: 8:00 am to 9:00 pm Sunday thru Saturday
 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)

X - Kamaljit Singh
 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)

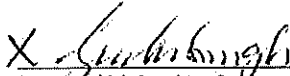
 Signature of additional partner or 20% or more shareholder

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



**FILLING STATION LICENSE AND
WEIGHTS & MEASURES (RETAIL PETROLEUM METERS)
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

Legal Entity Name: V K CITGO LLC	
Premise Address: 1254 N 35TH STREET, MILWAUKEE, WI 53208	
Filling Station License Fee	\$ 275
Weights & Measures License Fee	
Number of Retail Petroleum Meters* 8	x \$60 per meter = \$ 480
*For each nozzle, count the number of grades (not including midgrade if mixed in the pump), add the number of all grades together and that is your number of retail petroleum meters.	
Will electronic scanners be used to determine/record the price of items? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Will scales be used to price items based on their weight? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes to either or both questions, a separate Weights & Measures License Application must be submitted for these devices.	
Acknowledgements and Signature	
I confirm that all information is true and correct. I understand any changes to the information in this application must be reported to the City Clerk License Division within 10 days. I have knowledge of the City of Milwaukee ordinances currently regulating the licenses applied for and understand that the licenses may be subject to suspension, non-renewal, or revocation if I violate these regulations.	
 _____ Signature of Sole Proprietor, Partner, or 20% or more Shareholder (If no 20% or more Shareholder, Corporate Officer must sign and provide title)	
_____ Signature of Additional Partner or 20% or more Shareholder	
Submit this form with the following: <ul style="list-style-type: none"> • Business License Application • Business Plan of Operation • Floor plan • License fees Forms can be obtained online at www.milwaukee.gov/licenses	

Office Use Only:			
App#	_____	Filed	_____
Paid	_____	MPD	_____
HD	_____	DNS	_____
		Initials	_____
		CC	_____
		Lic #	_____



FOOD DEALER LICENSE PLAN OF OPERATION

cci-foodplan 2/28/19

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

Legal Entity Name: V K CITGO LLC	
Premises Address: 1254 N 35TH STREET, MILWAUKEE, WI 53208	
SECTION 1 TYPE OF BUSINESS	
What will be the majority of your food sales? (check one)	
<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.
<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.
	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.
<input type="checkbox"/>	Bed & Breakfast
<input type="checkbox"/>	Micro Market
All Applicants: Submit a menu or a list of food items that will be sold.	
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?	
<input type="checkbox"/>	Less than 25%
<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.
SECTION 2 FOOD PROCESSING	
Will any food processing be done? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Processing is defined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, extracting, fermenting, distilling, pickling, freezing, drying, smoking, or packaging.	
SECTION 3 FOOD REQUIRING TEMPERATURE CONTROL	
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)	
If yes, list the types of food items: <u>MILK, CHEESE, ICE CREAM, POULTRY, Frozen Food</u>	

SECTION 4 DETAILS OF OPERATION

Will you have seating on site for dining? No Yes

Will you be doing any catering? No Yes

No Yes - Check all that apply: Bar Cooking/Grilling Dining

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

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 B

Yes If Yes, check all that apply: New construction of a building Renovation or remodeling

Construction changes to existing building Equipment changes only

Please see attached:

Provide a brief description of the changes: _____

Start date: _____

Name, Address & Phone Number of Architect: Please see attached. _____

Name, Address & Phone Number of Contractor: Please see attached. _____

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:

gs I understand the Health Department must conduct an inspection and advise the License Division of their approval before the license may be issued.

gs 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.

gs 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.

gs 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.

gs 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: X [Signature]

Signature of Additional Partner: _____



**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: VK CHAO LLC
Premise Address: 1254 N. 35TH ST. MILWAUKEE 53208

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 checked="" type="checkbox"/> Retail Petroleum Meters	12 months	\$60	16	960
<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				
<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	130.00
<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 1090

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]
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.

PLAN OF OPERATION 1254 N. 35th Street

To: City of Milwaukee License Division – (via email License@Milwaukee.gov)

cc: Milwaukee Alderman Robert Bauman - (via email rjbauma@milwaukee.gov)
Keith Stanley, Executive Director, Near West Side Partners//BID #10 - (Via email director@nearwestsidepartners.org)
Tammy Brokhorst – Aide to Alderman Bauman (via email Tammy.Bockhorst@milwaukee.gov)
Gurdev Singh - (via email galstfoodgurdev@yahoo.com)

From: Attorney Michael S. Maistelman

Dated: January 26, 2021

Re: Plan of Operation - 1254 N 35th Street, Milwaukee, WI 53208.

We recently met with Captain Johnson, his staff, Alderman Bauman and Keith Stanley, Executive Director, Near West Side Partners//BID #10, based upon those meetings we submit the following Plan of Operation to be incorporated into our attached license application

We have retained Lucas Security, a licensed and bonded security company, to assess our security needs and develop a game-plan for the premises' safety and security and provide protection for the premises. We will only hire licensed security personal for the premises. We are willing to off an duty Milwaukee Police officer. We have already reached out to Acting Chief Norman's Chief of Staff Nick DeSiato to get information on this process.

Pursuant to our discussions with Alderman Bauman, we will not seek extended hours of operation. We will be open from 5 am to midnight. However, we will have a security guard on the premises during the hours that we are closed.

We intend to raise the current building and invest \$1.3 million and build from the ground up a quality, modern gas station. Please see the attached architecture plans.

Cameras - We will install a new video security system with a total of 16 cameras. We will have eight within the premises and eight around the premises' perimeter. We will add additional security video cameras in and around the perimeter of the establishment recommended by our security consultant and/or Milwaukee Police Department ("MPD").

We will install new light fixtures designed to minimize the impact on the residence while providing adequate lighting levels to assure security and discourage loitering. We will also add additional light fixtures as recommended by MPD and/or our security consultant.

VK CITGO LLC

1254 N 35TH Street, Milwaukee, WI 53208

Section 6 Addendum to Food Dealer Plan of Operation

Provide a brief description of the changes: We intend to raze the entire building and build a new, state-of-the-art facility as well as new gas pumps, canopy, landscaping as is more set forth on the attached plans.

Start date: As soon as the Board of Zoning Appeals and the Common Council grant us our respective occupancy permit and appropriate licenses.

Name, Address & Phone Number of Architect: Patera LLC, 2601 S. Sunny Slope Rd. New Berlin, WI 53151. Telephone: 262-786-6776.

Name, Address & Phone Number of Contractor: FHM Mechanical LLC, 12001 N. Ridgeway Ave. Mequon, WI 53097-2741. Telephone: 414-364-7900.

We will have monthly employee meetings to continue to go over these policies and procedures.

Customers will be discouraged from loitering outside the property and in the surrounding neighborhoods. We will have our security make hourly sweeps of the surrounding community to ensure that no one is loitering.

We will post signs that police will be called for loitering, littering, and loud noise. Any customer who violates these rules and regulations will be placed on a list and banned from our premises.

We will immediately notify MPD if any issues arise without concern to having a PA-33 issued

Litter Control – We shall control and inspect the litter emanating from our site and the general perimeter from our location in the public right-of-way three times per day, in the morning, mid-day, and an hour before close.

Part of our investment in the property will include state-of-the-art gas pumps.

We will also replace signage on the property.

We will install landscaping that is inconsistent with our other locations. Please see the attached architecture drawings. We are willing to modify these plans based upon the Department of Neighborhood Service's advice.

We will participate in a local block watch and the Near West Side Partners//BID #10.

We will host a neighborhood barbeque a number of times a year.

We will attend the monthly crime prevention meetings conducted by District 3.

We will participate in the E-Notify system for email updates regarding the premises.

We will regularly file open records requests for Milwaukee Police Department Computer Aided Dispatch System (CADS) reports regarding the property.

We will institute a standing complaint with District 3 that will allow the police department to remove any individuals loitering on the property.

We will serve a no trespassing order against identified nuisance persons and provide the local police district station a copy of the served order.

We will contract with a towing company to remove vehicles that are trespassing.

Plan of Operation
1254 N 35th Street, Milwaukee, WI 53208.
1/26/21
Page 3 of 3

We are also open to suggestions from MPD, Alderman Bauman, Keith Stanley, and the neighbors on how we can effectively address any issues and concerns that may arise.

We will install a Knox Box so that both MPD and the fire department will have immediate access to our building at all times.

Below is the owner's contact information, his son's contact information, as well as mine for Alderman Bauman, MPD, Keith Stanley, MPD and the neighbors should any need arise:

Contact Info for Owner: Gurdev Singh
Telephone: (414) 467-1077
Email: galstfoodgurdev@yahoo.com

Attorney Michael S. Maistelman
(414) 908-4254
msm@maistelmanlaw.com

Jasbir Singh
(414) 236-8011
Email: galstfoodgurdev@yahoo.com

Fax

From

Attorney Michael
Maistelman

To

City Clerk

Number of pages

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Message

City Clerk, As the City is only able to receive my emails sporadically and did not receive this one, please find the revised application with floor plan for 1254 N. 35th St License Application.

Thank you,

Mike