



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

Tuesday, June 04, 2024

COMMITTEE MEETING NOTICE


AD 05

MANHANI, Navpreet S, Agent
Liquor Outlet Lovers Lane, Inc.
5417 N LOVERS LANE Rd
Milwaukee, WI 53225

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, June 18, 2024 at 09:15 AM

The access code is <https://meet.goto.com/147383645>. 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 "Liquor Outlet Lovers Lane, Inc." for "Liquor Outlet" at 5417 N  RS LANE Rd.

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

Notice for applicants with warrants or unpaid fines:

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

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

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

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

Limited parking for persons attending meetings during normal business hours is available at reduced rates (5 hour limit) at the Milwaukee Center on the southwest corner of Kilbourn Avenue and Water Street. You must present a copy of the meeting notice to the parking cashier.

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

JIM OWCZARSKI, CITY CLERK

BY: _____

Jim Cooney
License Division Manager

If you have questions regarding this notice, please contact the License Division at (414) 286-2238.

200 E. Wells Street, Room 105, City Hall, Milwaukee, WI 53202. www.milwaukee.gov/license
Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: License@milwaukee.gov



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AD 05

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Liquor Outlet Lovers Lane, Inc.
1317 E OKLAHOMA AV
Milwaukee, WI 53207

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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

Date: 4-30-24
Officer: T. Geniesse

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

Name of Premise: Liquor Outlet
Address: 5417 N Lovers Lane Rd
Phone: 414-539-5923
Owner: Navpreet Manhani
Owner address: 1317 E Oklahoma Ave
City State Zip: Milwaukee, WI 53207
Owner Phone 414-807-7236
Owner email: navi_singh23@yahoo.com

Manager: Dinesh Chakeri
Home Address:
City State Zip:
Phone: 414-399-1233
Email:

Preferred contact: Navpreet Manhani

Location currently open: YES NO

Projected open date:

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

Hours of Operation: Sun: 8a-9p 24 hours Y N
Mon: 8a-9p
Tue: 8a-9p
Wed: 8a-9p
Thu: 8a-9p
Fri: 8a-9p
Sat: 8a-9p

Premise Type: Liquor Store
 Convenience Store
 Other:

Licenses currently held:

Alcohol: Yes No Class #: ALQML 0200597
 Tobacco: Yes No #: CIG 1032225
 Food: Yes No #: FREST 0014379
 Extended Hours: Yes No #:
 Secondhand Dealer: Yes No Type: #:
 Other: Yes No Type: #:
 Other: Yes No Type: #:

Exterior Survey:

1. Is the area around the location clean? Yes No
2. What surrounds the location? (Check all the apply)
 - a. Park
 - b. School
 - c. Youth Center
 - d. Church
 - e. Tavern(s) If so, how many 1
 - 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: 13
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: 90 DAYS
19. Are there exterior cameras Yes No How many: 13
20. Are there interior cameras Yes No How many: 53
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

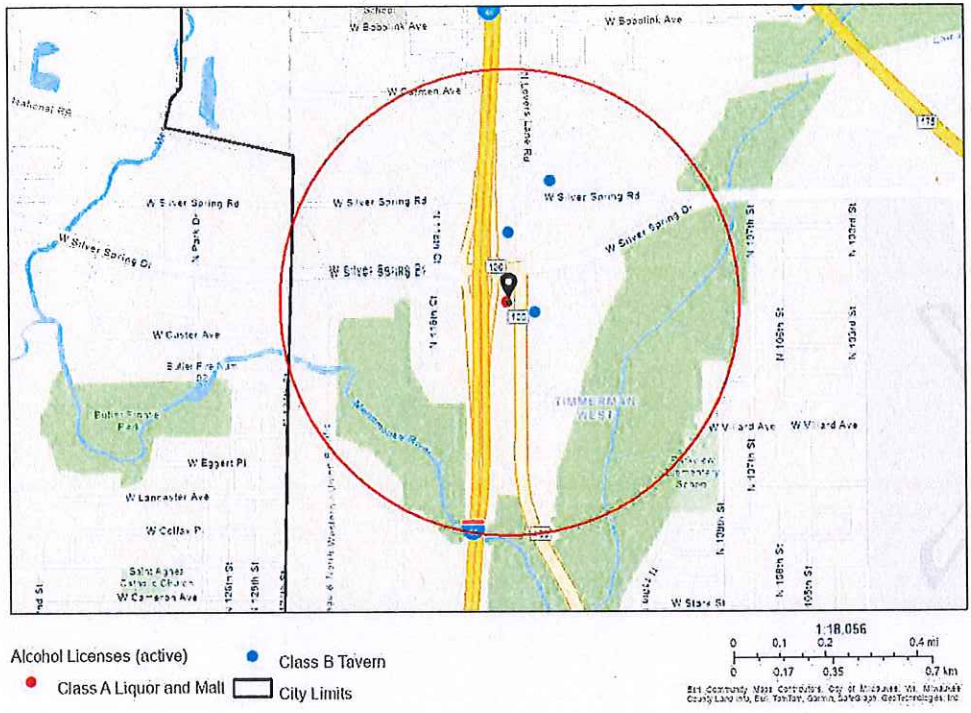
ADDITIONAL COMMENTS/RECOMMENDATIONS:

No Additional comments as this was to apply for hours change and business ownership

Area of Interest (AOI) Information

Area : 21,862,585.81 ft²

Apr 26 2024 11:46:24 Central Daylight Time



Summary

Name	Count	Area(ft ²)	Length(mi)
Alcohol Licenses	4		

Alcohol Licenses

#	Legal Entity	Trade Name	Licensee	Address	License Type Name	Total Capacity	Expiration Date	Count
1	CAMELOT BANQUET ROOMS, INC	Silk/Rock Country	SCOTT A KRAHN, Agt	11400 W SILVER SPRING RD	Class B Tavern License	376	6/29/2024, 7:00 PM	1
2	A DIFFERENT VIBE LOUNGE LLC	A DIFFERENT VIBE LOUNGE	Candy C Gandy, Agt	5400 N LOVERS LANE RD	Class B Tavern License	99	7/26/2024, 7:00 PM	1
3	5417 N Lovers LLC	Liquor Outlet	NAVPREET S MANHANI, Agt	5417 N LOVERS LANE RD	Class A Malt & Class A Liquor License		9/28/2024, 7:00 PM	1
4	RED CRAB MILWAUKEE LLC	Red Crab Juicy Seafood	Fu Jiang Chen, Agt	5547 N Lovers Lane RD	Class B Tavern License	150	12/13/2024, 6:00 PM	1

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



Tuesday, June 04, 2024



Notice of Public Hearing

Blank Notice

MANHANI, Navpreet S, Agent
Liquor Outlet at 5417 N LOVERS LANE Rd
Class A Malt & Class A Liquor, Food Dealer and Weights & Measures License Applications

Tuesday, June 18, 2024 at 9:15 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 6/18/2024 at 9:15 AM in Room 301-B, Third Floor, City Hall. This is a public hearing. Those wishing to view the proceeding are able to do so via the City Channel – Channel 25 on Spectrum Cable – or on the Internet at <http://city.milwaukee.gov/citychannel>. Those wishing to provide oral testimony via internet are asked to contact the staff assistant, Yadira Melendez at (414) 286-2775 or stasst5@milwaukee.gov for necessary information. Please make such requests no later than one business day prior to the start of the meeting. You are not required to attend the hearing, but please see the information below if you would like to provide testimony. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing.

Important details for those wishing to provide information for the Licenses Committee to consider when making its recommendation:

1. The license application is scheduled to be heard at the above time. Due to other hearings running longer than scheduled, you may have to wait some time to provide your testimony.
2. You must appear in person and testify as to matters that you have personally experienced or seen. (You cannot provide testimony for your neighbor, parent or anyone else; this is considered hearsay and cannot be considered by the committee.)
3. No letters or petitions can be accepted by the committee (unless the person who wrote the letter or the persons who signed the petition are present at the committee hearing and willing to testify).
4. Persons opposed to the license application are given the opportunity to testify first; supporters may testify after the opponents have finished.
5. When you are called to testify, you will be sworn in and asked to give your name, and address. (If your first and/or last names are uncommon please spell them.)
6. You may then provide testimony.
 - a. Include only information relating to the above license application.
 - b. Include only information you have personally witnessed or seen.
 - c. Provide concise and relevant information detailing how this business has affected or may affect the peaceful enjoyment of your neighborhood.
 - d. If by the time you have the opportunity to testify, the information you wish to share has already been provided to the committee, you may state that you agree with the previous testimony. Redundant or repetitive testimony will not assist the committee in making its recommendation.
7. After giving your testimony, the members of the Licenses Committee and the licensee may ask questions regarding the testimony you have given or other factors relating to the license application.
8. Business Competition is not a valid basis for denial or non-renewal of a license.
Please Note: If you have submitted an objection to the above application your objection cannot be considered by the committee unless you personally testify at the hearing.

CURRENT OCCUPANT	5366B N LOVERS LANE RD# 246	MILWAUKEE, WI 53225-5324
CURRENT OCCUPANT	5366B N LOVERS LANE RD# 247	MILWAUKEE, WI 53225-5324
CURRENT OCCUPANT	5366B N LOVERS LANE RD# 248	MILWAUKEE, WI 53225-5324
CURRENT OCCUPANT	5368A N LOVERS LANE RD# 149	MILWAUKEE, WI 53225-5325
CURRENT OCCUPANT	5368A N LOVERS LANE RD# 150	MILWAUKEE, WI 53225-5325
CURRENT OCCUPANT	5368A N LOVERS LANE RD# 151	MILWAUKEE, WI 53225-5325
CURRENT OCCUPANT	5368A N LOVERS LANE RD# 152	MILWAUKEE, WI 53225-5325
CURRENT OCCUPANT	5368A N LOVERS LANE RD# 249	MILWAUKEE, WI 53225-5326
CURRENT OCCUPANT	5368A N LOVERS LANE RD# 250	MILWAUKEE, WI 53225-5326
CURRENT OCCUPANT	5368A N LOVERS LANE RD# 251	MILWAUKEE, WI 53225-5326
CURRENT OCCUPANT	5368A N LOVERS LANE RD# 252	MILWAUKEE, WI 53225-5326
CURRENT OCCUPANT	5368B N LOVERS LANE RD# 153	MILWAUKEE, WI 53225-5327
CURRENT OCCUPANT	5368B N LOVERS LANE RD# 154	MILWAUKEE, WI 53225-5327
CURRENT OCCUPANT	5368B N LOVERS LANE RD# 155	MILWAUKEE, WI 53225-5327
CURRENT OCCUPANT	5368B N LOVERS LANE RD# 156	MILWAUKEE, WI 53225-5327
CURRENT OCCUPANT	5368B N LOVERS LANE RD# 253	MILWAUKEE, WI 53225-5328
CURRENT OCCUPANT	5368B N LOVERS LANE RD# 254	MILWAUKEE, WI 53225-5328
CURRENT OCCUPANT	5368B N LOVERS LANE RD# 255	MILWAUKEE, WI 53225-5328
CURRENT OCCUPANT	5368B N LOVERS LANE RD# 256	MILWAUKEE, WI 53225-5328

Blank Notice

Total Records: 112

Radius 250 feet and Center of the Circle: 5417 N Lovers Lane Rd



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 Store and convenience store

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

2. Business Operations

- a. Proposed Opening Date: Currently operating
- 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 Malt/Liquor, Food Dealer, Cig
- 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: 6 Locations: Bathroom, counter, entrance and exit
Outside: 2 Locations: Front door and 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: Eagle Disposal

5. Security

- a. Are there onsite parking spaces? No Yes If yes, how many? 15 and describe the parking security plan: exterior cameras will monitor parking lot and parking spaces
- b. Is there a loading zone? No Yes If yes, describe the loading area security plan: _____
- c. Will you have licensed security on premise? No Yes If yes, how many? _____ and answer the following:
 What are their responsibilities? _____
 Describe equipment used _____
 List their License Number (s) _____
- d. Will there be security cameras? No Yes If yes, how many? 20 and list locations: _____
 interior and exterior of premises
- e. Will searches/identification checks be done upon entry? No Yes If yes, describe _____

6. Percentage of Sales (must total 100%)

Alcohol <u>90</u> %	Food <u>5</u> % Cigarettes, Electronic Vape Devices, Tobacco Products <u>5</u> %	Secondhand Merchandise _____ %	Precious Metals & Gems _____ %
Entertainment _____ %	Salvaged Materials _____ % (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____ %	Other _____ % Describe: _____
Pawnbroker Activity _____ %			

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

Type 1

- Full Service Restaurant Cafe/Coffee Shop Deli or Fast Food Restaurant Private/Fraternal/Veterans Club
- Night Club Tavern Cocktail Lounge Teen Club
- Banquet Hall Sports Facility Bowling Alley
- Hotel/Motel: Number of Floors: _____ 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, Electronic Vape Products Gas Station Extended Hours Class "B" Tavern Weights & Measures
- Secondhand Dealer Precious Metal & Gem Other: _____

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

Capacity _____ (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)

9. Premises Description

a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage):

1st Floor 2nd Floor Basement Storage Patio Beer Garden Sidewalk Café Deck Rooftop

Other: Describe: _____

b. Describe Location: Major Thoroughfare Secondary Street Other: _____

c. Nearest Major Cross Street: Silver Spring Drive

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: 5417 N Lovers LLC Phone Number: 414-807-7236

Building Owner Address: 5417 N Lovers Lane Rd., Milwaukee, WI 53225

10. Hours of Operation & Customers

Will customers be entering the premises? No Yes

Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (Include a.m. or p.m.)	Close Time (Include a.m. or p.m.)			
Sunday	8:00 AM	9:00 PM	75+	21+	21+
Monday	8:00 AM	9:00 PM	75+	21+	21+
Tuesday	8:00 AM	9:00 PM	75+	21+	21+
Wednesday	8:00 AM	9:00 PM	75+	21+	21+
Thursday	8:00 AM	9:00 PM	75+	21+	21+
Friday	8:00 AM	9:00 PM	75+	21+	21+
Saturday	8:00 AM	9:00 PM	75+	21+	21+

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)

Navpreet S. Manhani

Navpreet S. Manhani / Apr 18, 2024 17:25 (DT)

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: Liquor Outlet Lovers Lane, Inc.	
Premise Address: 5417 N Lovers Lane Rd., Milwaukee, WI 53225	
Proximity of Premises to Church, School, Daycare Center or Hospital	
Is the building within 300 feet of any church, school, daycare center or hospital? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
"Service Bar Only" Designation	
If applying for Class B or C license, are you applying for "Service Bar Only"? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Service Bar Only means customers cannot sit at the bar. Alcohol is served to employees who serve patrons seated at tables. No stools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.	
Business Information	
a) Are you taking out this application for anyone that may not be eligible for a license? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list their name and address: _____	
b) Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the business? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If no, list the name and address of the person(s) who will: _____	
Class B Applicants: If the agent, a partner or the individual licensee will not be conducting the day-to-day operations of the business, the person(s) listed above must obtain a Class B Managers license.	
c) Does anyone else have money invested or any other interest in this business? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain: _____	
d) Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list name and address: _____	
Property Information (New & Transfer Applicants Only)	
a) Do you own or lease the building? <input checked="" type="checkbox"/> Own <input type="checkbox"/> Lease	
b) Who owns the fixtures (for example, coolers, etc.)? <u>5417 N Lovers LLC</u>	
c) Are you purchasing the stock and/or fixtures? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, amount paid \$ _____	
d) Total amount paid for business <u>§ N/A</u>	
e) Total amount paid for goodwill of the business <u>§ N/A</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	
Lease Information (New & Transfer Applicants who are leasing the premises only)	
a) Date lease begins _____ Ends _____	
b) Monthly rental \$ _____	
c) Do you have an option to renew the lease? <input type="checkbox"/> No <input type="checkbox"/> Yes	
d) Does your lease allow for assignment to another party without the consent of the owner? <input type="checkbox"/> No <input type="checkbox"/> Yes	
e) For what length of time have you been guaranteed occupancy (number of years)? _____	

Lease Information (Continued)

- f) In addition to paying the monthly rental, will you have to pay anything additional to the owner of the building to guarantee performance of the lease? No Yes If yes, explain _____
- g) Does the present owner or occupant object to the granting of your license? No Yes
If yes, explain _____

Change of Agent Applicants Only

Have there been any changes to the floor plan since the last application was submitted? No Yes
If no, a new floor plan is not required. If yes, submit a new floor plan and explain the change(s):

Signature

Navpreet S. Manhani

Navpreet S. Manhani (Apr 18, 2024 17:25 CDT)

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

ccl-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: Liquor Outlet Lovers Lane, Inc.

Premises Address: 5417 N Lovers Lane Rd., Milwaukee, WI 53225

SECTION 1 TYPE OF BUSINESS

What will be the majority of your food sales? (check one)

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.

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? Yes 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.

Bed & Breakfast

Micro Market

All Applicants: Submit a menu or a list of food items that will be sold.

Will any wholesale business be done? No Yes If yes, what percentage of food sales will be wholesale?

Less than 25%

25% or More AND:

Restaurant items (meals) will be sold – Complete this application and also contact DATCP.

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? No 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? No Yes
(includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)

If yes, list the types of food items: Dairy, Eggs, Frozen Food

SECTION 4 DETAILS OF OPERATION	
Will you have seating on site for dining?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Will you be doing any catering?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Will you be doing any delivery?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Will you have outdoor activities?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - Check all that apply: <input type="checkbox"/> Bar <input type="checkbox"/> Cooking/Grilling <input type="checkbox"/> Dining
Will you have a drive thru window?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - Are hours different from inside? <input type="checkbox"/> No <input type="checkbox"/> Yes <div style="text-align: right; margin-top: 5px;">If Yes, provide drive thru hours: _____</div>
Will scales or barcode scanners be used?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - You must also apply for a Weights & Measures License.
SECTION 5 ADDITIONAL SITES	
Where will food be prepared and/or sold?	
<input checked="" type="checkbox"/> At a single site <input type="checkbox"/> 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?	
<input checked="" type="checkbox"/> No If No, SKIP to Section 7	
<input type="checkbox"/> Yes If Yes, check all that apply: <input type="checkbox"/> New construction of a building <input type="checkbox"/> Renovation or remodeling <div style="margin-left: 100px;"><input type="checkbox"/> Construction changes to existing building <input type="checkbox"/> Equipment changes only</div>	
Provide a brief description of the changes: _____	
Start date: _____	
Name, Address & Phone Number of Architect: _____ <div style="margin-left: 100px;">_____</div>	
Name, Address & Phone Number of Contractor: _____ <div style="margin-left: 100px;">_____</div>	
SECTION 7 ALCOHOL BEVERAGES	
Are you applying for an alcohol beverage license?	
<input type="checkbox"/> No If No, SKIP to Section 8	
<input checked="" type="checkbox"/> Yes If YES, if your food license is approved prior to the alcohol license, when do you want the food license issued?	
<input type="checkbox"/> Immediately <input checked="" type="checkbox"/> At the same time as the alcohol license	
SECTION 8 ACKNOWLEDGEMENTS & SIGNATURE	
You must initial each item confirming your understanding:	
<u>NSM</u> <small>NSM</small>	I understand the Health Department must conduct an inspection and advise the License Division of their approval before the license may be issued.
<u>NSM</u> <small>NSM</small>	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.
<u>NSM</u> <small>NSM</small>	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.
<u>NSM</u> <small>NSM</small>	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.
<u>NSM</u> <small>NSM</small>	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: <u>Navpreet S. Manhani</u> <small>Navpreet S. Manhani (Apr 18, 2024, 17:25 CDT)</small>	
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 license@milwaukee.gov

Legal Entity Name: Liquor Outlet Lovers Lane, Inc.	
Premise Address: 5417 N Lovers Lane Rd., Milwaukee, WI 53225	
Type of Business	
Provide a brief description of the establishment/business: Liquor store and convenience store	
<i>Other licenses may be required depending on the type of business you are operating.</i>	
Litter & Noise	
a. How are grounds kept clean? <input checked="" type="checkbox"/> Sweep <input checked="" 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 type="checkbox"/> As Needed <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	
c. Grounds cleaned by: <input 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 checked="" type="checkbox"/> Call Police <input checked="" type="checkbox"/> Signs Posted <input type="checkbox"/> Other: _____	
Signature	
<u>Navpreet S. Manhani</u> <small>Navpreet S. Manhani (Apr 18, 2024 17:25 CDT)</small>	
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
<i>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.</i>	



**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: Liquor Outlet Lovers Lane, Inc.

Premise Address: 5417 N Lovers Lane Rd., Milwaukee, WI 53225

Device Type(s)

- Check all device types for which you need a license.
 - For each device type checked, indicate how many you have in the Number of Devices column (b).
 - Calculate the Total Fee Per Device Type by multiplying the Fee Per Device Type (a) by the Number of Devices (b).
 - Add all Total Fee Per Device Type amounts together and that will be your Total Fee Due.
- * **Exception:** The Scanner fee is not per device. Check the box for the appropriate range.
If you have 1-3 scanners, the total due is \$130. If you have 4 or more scanners, the total due is \$250.
Check the Number of Devices (b).

Device Type	License Period	Fee Per Device Type (a)	Number of Devices (b)	Total Fee Per Device Type (a x b)
Liquid Measuring Devices				
<input type="checkbox"/> Retail Petroleum Meters	12 months	\$60		
<input type="checkbox"/> 0 to 30 gallons per minute	24 months	\$60		
<input type="checkbox"/> 31 to 200 gallons per minute	24 months	\$250		
<input type="checkbox"/> Over 200 gallons per minute	24 months	\$250		
Scales				
<input type="checkbox"/> Measuring any weight amount	24 months	\$55		
Scanners				
		Fee for scanners is by range	Check how many scanners you have	
<input checked="" type="checkbox"/> Up to 3 scanners	24 months	\$130 total*	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	
<input type="checkbox"/> Four or more scanners	24 months	\$250 total*	<input type="checkbox"/> 4 <input type="checkbox"/> Other ___	
Other Devices				
<input type="checkbox"/> Length Measuring Device	24 months	\$60		
<input type="checkbox"/> Timing Device	24 months	\$30		
Total Fee Due				<input style="width: 100px; height: 20px;" type="text"/>

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.

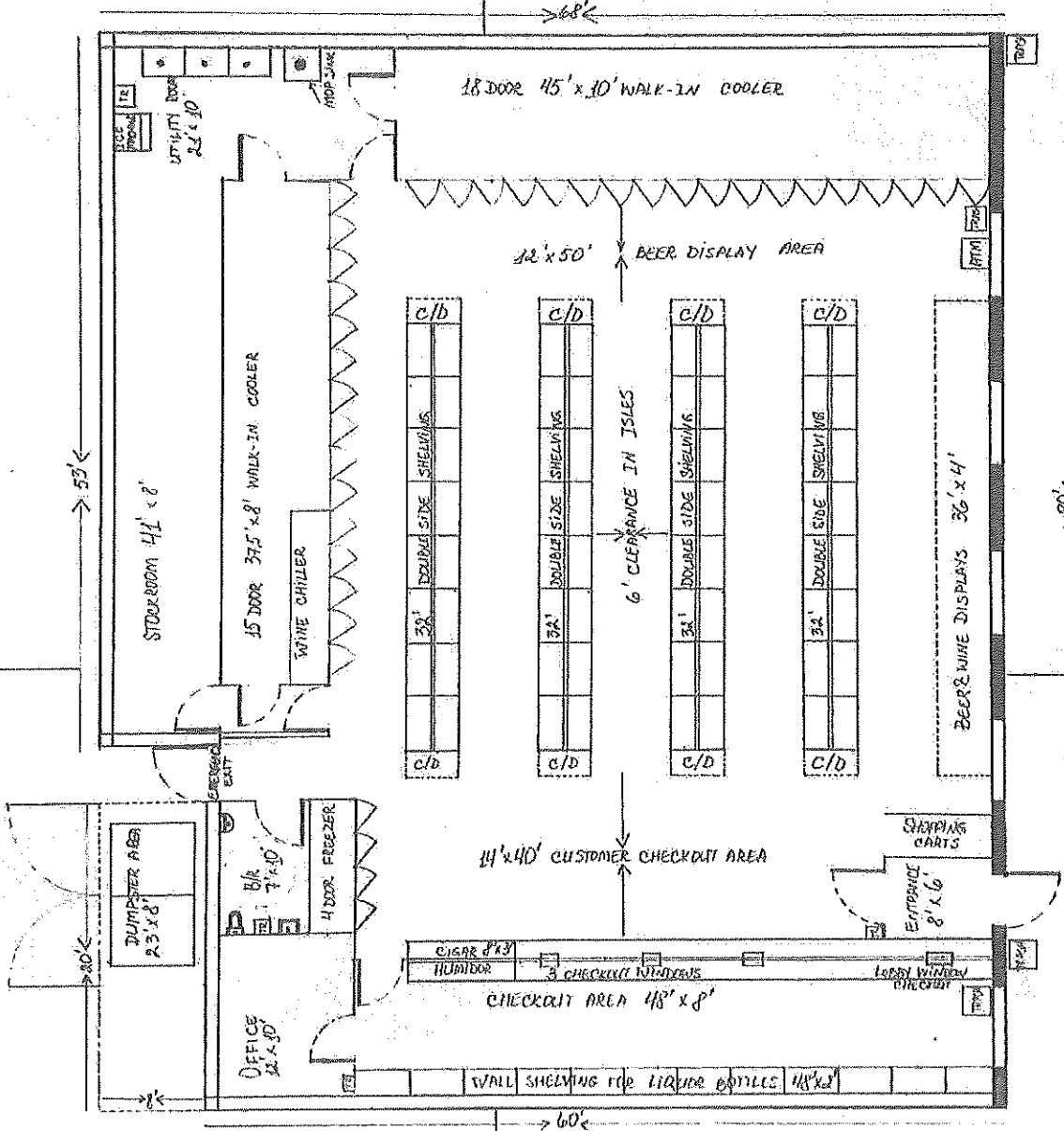
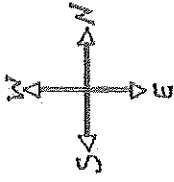
Navpreet S. Manhani

Navpreet S. Manhani / Agr 13, 2024 17:35 CDT

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.



Liquor Outlet Lovers Lane, Inc.
dba Liquor Outlet

5417 N Lovers Lane Rd.
Milwaukee, WI 53225
Agent: Navpreet Singh Manhani
414-807-7236

Sq. Ft. 5,500
April 26, 2024

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