

CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Wednesday, May 24, 2023

COMMITTEE MEETING NOTICE

AD 07

SINGH, Satpal, Agent ANSH CLARK LIQUOR, INC. 1515 E Maple View DR Oak Creek, WI 53154

You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall or you may attend virtually using the link below. The hearing will be held at:

Tuesday, June 06, 2023 at 03:05 PM

The access code is https://meet.goto.com/436631477. If you wish to call in: https://meet.goto.com/43663147. If you wish to call in: https://meet.goto.com/43663147. If you

Regarding:

Your Class A Malt & Class A Liquor and Weights & Measures License Applications as agent for "ANSH CLARK LIQUOR, INC." for "Clark's Beer & Liquor" at 4728 W PLENEIGH St.

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

Notice for applicants with warrants or unpaid fines:

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

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

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

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

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

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

JIM OWCZARSKI, CITY CLERK

Jim Cooney

License Division Manager

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

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

MILWAUKEE POLICE DEPARTMENT LICENSING

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

| DATE: 01/05/22 LICENSE TYPE: CLASS A NEW: RENEWAL: | | No. 332564 Application Date: 01/05/22 |
|---|---|---|
| License Location: 4728 W Burleigh St Business Name: Clark's Liquor Store | | |
| Licensee/Applicant: Navadia, Prakash (Last Name, First Name, MI) Date of Birth: 03/15/89 | | |
| Home Address: W135 N7255 Luna Cr City: Menomonee Falls Home Phone: | State: WI | Zip Code: 53051 |
| This report is written by Police Officer Penny Days. | Monreal, ass | signed to the License Investigation Unit, |
| The Milwaukee Police Department's investiga | ation regardir | ng this application revealed the following: |
| 1. On 10/17/21 at 6:43p, officers were dispat Accident. Officers interviewed the caller officers with details of the incident. The vi the victim has been reporting incidents late and released by MFD. The business was surveillance | on scene, who ictim's mothe ely that were | o was hysterical and unable to provide or was also on scene and advised officers on't completely true. The victim was treated |

Previous Premise

Date: 5/12/2023

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: Address: | Clark's Beer and Liquor 4728 W. Burleigh St | |
|--|--|-----------------|
| Phone: Owner: Owner address: City State Zip: Owner Phone: Owner email: | 414-628-5248 Maqbool Imran | |
| Manager: Home Address: City State Zip: Phone: Email: | Satpal Singh 1515 E. Maple View Dr. Oak Creek, WI 53154 414-628-5248 ansh6020@att.net | |
| Preferred contact: Sat | pal Singh | |
| Location currently op | oen: X YES NO | |
| Projected open date: | As soon as the alcohol license gets app | roved |
| Day's open: S I | M □T □W □Th □F □SA ⊠ALL | , |
| Hours of Operation: | Sun: 9:00AM - 9:00PM Mon: 9:00AM - 9:00PM Tue: 9:00AM - 9:00PM Wed: 9:00AM - 9:00PM Thu: 9:00AM - 9:00PM Fri: 9:00AM - 9:00PM Sat: 9:00AM - 9:00PM | □24 hours □Y ⊠N |
| Premise Type: | □ Liquor Store □ Convenience Store □ Other: | |

| Licenses currently held: | |
|---------------------------------------|---|
| Alcohol: | Yes No Class: A #: ALQML 350927 |
| Tobacco: | ∑Yes |
| Food: | |
| Extended Hours: | Yes No #: |
| Secondhand Dealer: | Yes No Type: #: |
| Other: | Yes No Type: Weight & Measure #: W & M 350930 |
| Other: | Yes No Type: #: |
| C III C I | |
| Exterior Survey: | |
| | e location clean? Yes No |
| | location? (Check all the apply) |
| | tocation: (Check an the apply) |
| <u></u> | |
| b. School | |
| c. Youth Cer | nter |
| d. Church | YO . 1 |
| | If so, how many |
| f. Residentia | |
| g. 🕍 Other bus | inesses |
| hOther: | |
| | e outside of the location into the interior Yes No |
| | ployees inside of the location from the outside Yes No |
| Are exterior window | vs free of signage Yes No |
| 6. Is there a parking lo | t ⊠Yes ⊡No |
| 7. Is the parking lot cle | ean? ⊠Yes □No |
| 8. Is the parking lot we | |
| | re a person could conceal themselves Yes No |
| | ating? Yes No. Does it appears to be adequate Yes No |
| 11. Exterior Payphone? | |
| | ing Signs posted? ∑Yes □No |
| | ecurity cameras Yes No How Many: 4 |
| 14. And the address num | abers prominently displayed and easy to see Yes \No |
| 14. Are the address hun | ibers brounnentry disprayed and easy to see [7] Les [140] |
| Commence Commence | |
| Camera Survey: | |
| 15. Does this location in | ave security cameras? Yes No |
| 16. Are they in working | |
| 17. What format are the | , |
| a. Color | Yes No |
| b. Digital | ∑Yes _No |
| c. VCR | ☐Yes ⊠No |
| d. Recorded | ∑Yes _No , |
| 18. How long is footage | e stored for later viewing: 30 days |
| 19. Are there exterior c | ameras |
| 20. Are there interior ca | ameras XYes No How many: 16 |
| 21 Do all employees k | now 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 XYes No |
| 23. Is the interior of the location neat and clean? Yes No |
| 24. Does an interior camera face the entrance/exit? |
| 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? \times Yes \sum 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? XYes 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? X 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 |
| 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 c |
| 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 |
| 10. 13 and 1000faca footage sacred for al feast 30 days; 1 03 110 |

| | all store employees know how to record footage from the camera system to media capable of |
|--------|--|
| be | ing transferred to police custody? Yes No |
| 12. At | e 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. |
| | as the owner and their employees attended the Robbery Prevention Training with in 120 days ownership or employment? Yes No |
| | a. Contact Community Outreach and Education at 935-7836 for schedule. |
| | ptions . The requirements of this section do not apply to a convenience food store that 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:

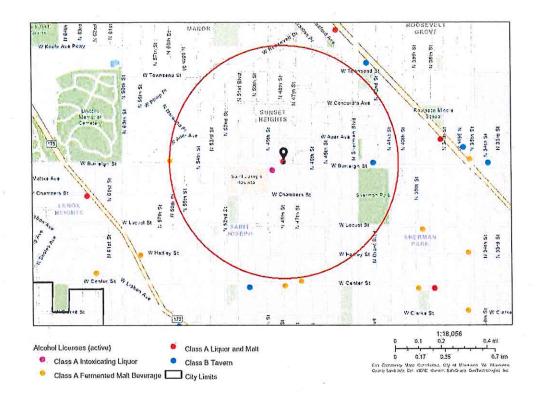


Area of Interest (AOI) Information

Area: 21,862,585.89 ft2

4/21/23, 12:05 PM

Apr 21 2023 11:55:08 Central Daylight Time



Summary

| Name | Count | Area(ft²) | Length(mi) |
|------------------|-------|-----------|------------|
| Alcohol Licenses | 3 | | |

Alcohol Licenses

| # | Legal Entity | Trade Name | Licensee | Address | License Type Name | Total Capacity | Expiration Date | Count |
|---|------------------------------------|----------------------------|---------------------------|-----------------------|---|-------------------|------------------------|-------|
| 1 | SRJEWELL ENTERTAINM ENT LLC | 42nd Street Bar & Grill | SHERLISE A JEWELL, Agt | 4200 W BURLEIGH ST | Class B Tavern License | 80 | 10/31/2023, 7:00 PM | 1 |
| 2 | QUICK KOSHER LLC | Quickosher | Mordechai Bates, Agt | 4833 W BURLEIGH ST | Class A Retailer's Intoxicating Liquor License | | 2/6/2024, 6:00 PM | 1 |
| 3 | 4728 Property Management Inc | Clark's Beer & Liquor | Prakash Navadia, Agt | 4728 W BURLEIGH ST | Class A Malt & Class A Liquor License | | 3/19/2024, 7:00 PM | 1 |

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

ccl-busplan 5/12/2020

MILWAUKEE

BUSINESS LICENSE PLAN OF OPERATION

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: <u>license@milwaukee.gov</u>

| 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: | 1 |
| LIQUOR STORE | |
| Do you have any experience operating this type of business? \[\text{No Pes} \] No \[\text{Yes} \] If yes, explain: \[\text{Flum rently} \] Operate brevery \[\text{Shore with BEER} \] | |
| 2. Business Operations | |
| a. Proposed Opening Date: 04/30/2023 | |
| b. Is this premise under construction? 🖟 No 🗌 Yes If yes, list estimated completion date: | |
| c. Is this a franchise? 12 No Yes | |
| d. Is this premises currently licensed? No Ves If yes, list type of license: Luse A Lland, Food, Clus, Weight e. Is the current licensee operating? No Ves If no, list date closed: | ه ا |
| | U_# 6" |
| 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? | |
| c. Grounds cleaned by: Licensee Building Owner LEmployees 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 | 7 |
| a. Are there designated outdoor smoking areas? 🔲 No 🗌 Yes If yes, describe: | |
| b. Number of Garbage Cans: Inside: 2 Locations: By logh Register and restrooms | |
| b. Number of Garbage Cans: Inside: 2 Locations: By lash Register and restrooms Outside: 2 Locations: By Frent door and Panling Lot | |
| c. Is a crowd control barrier used? No Yes If yes, describe: | |
| d. How many restrooms are on the premises? | |
| e. Name of solid waste contractor: Advanced Disposal Waste Management Other: | |
| | 1 |

| 5. Security | | | | | | |
|------------------|---|--------------------------------|-----------------|--|-----------------------|---------------------------|
| a. Are there | onsite parking sp | oaces? No VYes | If yes, how i | many? <u>(</u> an | d describe | the parking security |
| plan: <u> </u> | ECURITY | CAMERA SUSTE | M MON | ITORS PARKU | 16- le | 24/7 |
| b. Is there a | loading zone? | ☑No ☐ Yes If yes, de | escribe the lo | pading area security plar |): | |
| c. Will you h | ave security per | sonnel on premise? \cline{l} | No □Yes | If yes, how many? | an | nd answer the following: |
| | • | | | | | |
| ls s | ecurity equipme | nt used? 🔲 No 🔲 Yo | es If yes, de | scribe | | |
| | _ | certification, or training | | . 1 | | |
| | | | | | | |
| | | | | | | T 2417 |
| e. Will searc | hes/identification | on checks be done upon | entry? 🔲 N | No 🛛 Yes If yes, descri | be_41)_ | CHECK |
| 6. Percenta | - | (must total 100% | 6) | | | |
| Alcohol | <u>95</u> % | Food 5 | % | Secondhand Merchandis | e | Precious Metals & Gems |
| Entertainment | % | Cigarettes | <u>_</u> % | % | | % |
| Pawnbroker Activ | Pawnbroker Activity | | | | | |
| 7. Business | es/Licenses | on the Premises | s (check a | all that apply): | | |
| Type 1 | | | <u> Пън</u> | - t f - d Destavant | Debunta | e/Fraternal/Veterans Club |
| Full Service I | Restaurant | Cafe/Coffee Shop | | ast Food Restaurant | | |
| ☐ Night Club | | ☐ Tavern | Cocktail | • | Teen C | aul. |
| Banquet Hal | | Sports Facility | Bowling | | | |
| Hotel/Mote | Number of Flo Number of Ro | oors: | Roomin | g House: Number of Floo Number of Roo | | |
| Type 2 | | | | | | sianaa Chaua |
| Liquor Store | ! | Corner Store | Superma | arket | | lience store |
| Gas Station | Gas Station Amusement/Phonograph Distributor Recycling, Salvage or Towing | | | | ng, Salvage or Towing | |
| Used Car De | Used Car Dealer Personal Service Establishment Recording Studio (such as tattoo business, hair salon, tailor, etc.) | | | | | |
| What other lice | nses/permits will | you hold at this location? | (check all that | apply) | | · • |
| ₽ Occu | pancy Permit 🖽 🤇 | Cigarette & Tobacco G | as Station 🔲 | Extended Hours Class " | B" Tavern [| Weights & Measures |
| Seco | ndhand Dealer | Precious Metal & Gem | Other: | | | |
| 8. Legal Ca | | y if a Type 1 prei | | | | - 19a |
| Capacity | ール/。 (Call the | 4 – e Milwaukee Developmen | t Center at 41 | .4-286-8211 if you have que | estions.) | ONE - |

.

| 9. Premises De | escription | | - Administrative v | | |
|---|---|---|--|--|---|
| ☑1 st Floor □2 | nd Floor □Basement Stora | pe used in operating this bus ge □Patio □Beer Garde | iness (include areas used n □Sidewalk Café □D | i only for storage eck □Rooftop |): |
| □Other: Descri | | | | | |
| | | Secondary Street Ot | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | .* | LEIGH ST D | | | |
| | - | g Strip Mall Other: | | | |
| | | ry Multi-Story - # of Stor | | | |
| f. Describe Surrou | inding Area: 🔲 Commercia مراه | Presidential Industr ないなどSS GROUP | ial [] Other: | 4 466 | 5-45-19 |
| | | | Ebone Number: | <u> </u> | |
| Building Owner | Address: | | | | |
| 10. Hours of O | peration & Custor | ners | | | |
| Will customers be ente | ering the premises? 🔲 No | Yes | | | |
| Day of the Week | Proposed Hour | s of Operation: | Estimated Number of Customers | Potential Age Range | Class B Tavern Applicant Only: |
| Day of the week | Open Time (include a.m. or p.m.) | Close Time (include a.m. or p.m.) | expected each day | of Customers | Age Restriction (If none, write 'None') |
| Sunday | 9:00 AM | 9:00 PM | 300 | 21 Laver | - |
| Monday | 9:00 AM | 9:00 PM | 300 | 1 | 2 |
| Tuesday | 9:00 AM | 9:00 PM | 300 | \((| |
| Wednesday | 9:00 AM | 9:00 PM | 300 | 11 | |
| Thursday | 9:00 AM | 9:00 PM | 300 | 1/ | |
| Friday | 9:00 AM | 9:00 PM | 300 | 1 1/ | |
| Saturday | 9:00AM | 9:00 PM | 300 | .17 | |
| An Extended Hours Est piercing, salon, tailor, | tablishment License is requi tanning, etc.), recording stu | red for any convenience stor dio or restaurant which is op | e, filling station, persona en between the hours of | i service establis f 12:00 a.m. and | hment (such as tattoo, body 5:00 a.m. |
| Alcohol Establishmen Permitted Hours of O | | am to 9:00 pm Sunday thru am to 2:00 am Sunday thru | | 30 am Friday & Sa | aturday |
| Entertainment Outdo | | Opm Sunday-Thursday; 12:0 | | | time, either earlier or later, n of operation. |
| 11. Signature | | | | | |
| 2 | thous 2 | | | | |
| | prietor, Partner, or 20% or m 0% or more shareholders, | nore Shareholder | Signature of additional | partner or 20% o | r more shareholder |
| | r-print name/title and sign) | | | | |

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: ANSH CLARIC LIQUOR INC. |
|--|
| Premise Address: 4728 W BURLEIGH ST. MILWAUKEE WI 53210 |
| Proximity of Premises to Church, School, Daycare Center or Hospital |
| Is the building within 300 feet of any church, school, daycare center or hospital? Yes |
| "Service Bar Only" Designation |
| If applying for Class B or C license, are you applying for "Service Bar Only"? 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? |
| If yes, list their name and address: |
| Class B Applicants: If the agent, a partner or the individual licensee will not be conducting the day-to-day operations of the busin 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? |
| If yes, explain: |
| d) Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business? No Yes If yes, list name and address: |
| Property Information (New & Transfer Applicants Only) |
| a) Do you own or lease the building? |
| b) Who owns the fixtures (for example, coolers, etc.)? ANSH CLARK LIQUOR WC |
| c) Are you purchasing the stock and/or fixtures? |
| d) Total amount paid for business \$ 9.5000 Monthly |
| e) Total amount paid for goodwill of the business \$_ C |
| Goodwill comprises the reputation and customer relationships of an existing business. If the price you pay for the business exceeds fair market value of all of the rest of the assets of the business, the excess may be considered goodwill. |
| f) Have you made arrangements with the seller for payment of personal property taxes? No Yes |
| Lease Information (New & Transfer Applicants who are leasing the premises only) |
| a) Date lease begins $U-3o-23$ Ends $U-3o-2o33$ |
| b) Monthly rental \$ 950 6-60 c) Do you have an option to renew the lease? \(\bar{\pi} \) No \(\bar{\pi} \) Yes |
| c) Do you have an option to renew the lease? \(\subseteq \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| e) For what length of time have you been guaranteed occupancy (number of years)? |
| |

| Lea | se 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? \times(\text{No} \subseteq) \text{/es} |
| Cha | ange of Agent Applicants Only |
| | ve there been any changes to the floor plan since the last application was submitted? No Yes no, a new floor plan is not required. If yes, submit a new floor plan and explain the change(s): |
| Sig | nature |
| | Satpad Surger Sture of Sole Proprietor, Partner-or 20% of More Shareholder 20% or more Shareholder, Corporate Officer - print name/title and sign) |
| | Note: All information contained in this application is subject to approval by the Common Council. Deviating from approved plan of operation will subject licensee to citations, and/or suspension or non-renewal of the license. Contact the License Division for information on how to request changes. New and transfer of premises applicants must submit the following: |

Detailed floor plan

☐ If a restaurant, copy of the menu



FOOD DEALER LICENSE PLAN OF OPERATION

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

| Legal Entity Name: AUGH CLARIC LIQUOR INC. |
|---|
| Premises Address: 4728 W BURLEIGH ST. MILWHUKFE WI 53210 |
| 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? I 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 Ves (includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry) |
| If yes, list the types of food items: MILIA, BCF CREAM POUTER 9 |

cci-foodplan 2/28/19

| SECTION 4 DETAILS OF OPERATION | | | |
|---|--|--|--|
| Will you have seating on site for dining? | | | |
| Will you be doing any catering? | | | |
| Will you be doing any delivery? | | | |
| Will you have outdoor activities? | | | |
| Will you have a drive thru window? | | | |
| 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 8 | | | |
| Yes If Yes, check all that apply: New construction of a building Renovation or remodeling | | | |
| Construction changes to existing building Equipment changes only | | | |
| Provide a brief description of the changes: | | | |
| Start date: | | | |
| Name, Address & Phone Number of Architect: | | | |
| | | | |
| Name, Address & Phone Number of Contractor: | | | |
| | | | |
| SECTION 7 ALCOHOL BEVERAGES | | | |
| Are you applying for an alcohol beverage license? | | | |
| □ No If No, SKIP to Section 9 | | | |
| 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: | | | |
| S.S. I understand the Health Department must conduct an inspection and advise the License Division of their approval | | | |
| before the license may be issued. | | | |
| 1 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. | | | |
| 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. | | | |
| 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. | | | |
| 1 will not operate my food business until the license has been issued and posted in the establishment. | | | |
| Signature of Sole Proprietor, Partner, or 20% Shareholder: | | | |
| | | | |
| Signature of Additional Partner: | | | |

Application for Cigarette and

| | | ucts Retail l | | | License N | lumber |
|---|--|----------------------------------|--|--|---|--|
| Su | ıbmit to m | unicipal clerk. | | | Period Co | overed |
| Applicant's V | Misconsin 15-digl | t Sales Tax Account Num | e e inicaniic | t be issued in the same me of the licensee below. | Date of Is | ssuance |
| Trade or Business Ad Business Ad Municipality Muliman Addi | (corporation, limited ANSI-I siness Name (if of LA121C 1 Idress (License L 728 W1 | Illability company, partnersh L | p or sole proprietorship) VOR UC - | Business Located In Locity | Telephon (Y1 Y) Business (Y1Y) County M State | |
| | ership · (describe) | Out-of-S | State Corporation – A | re you registered to do business | in Wisconsi | in? Yes No |
| Yes | ☐ No | | | that they must purchase cigare onsin Department of Revenue | | from distributors or jobbers |
| Yes | □ No | untaxed toba available fro | Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.) | | | |
| Yes | ☐ No | | | that they cannot purchase/exc transferring existing stock to a | | |
| Yes | ☐ No | | | nat they must provide employed f Health Services?(<u>https://wit</u> d | | |
| Yes | ☐ No | 5. Does the ap | plicant understand i nicotine products | that they may not sell, give or to minors (including electronic | otherwise cigarettes | provide cigarettes/tobacco containing nicotine)? |
| Yes | ☐ No | 6. Does the ap | plicant understand | that they may not sell single ci | garettes? | |
| Yes | ☐ No | licensed pre Wisconsin D | mises for two years epartment of Reve | that cigarette and tobacco positions the date of the invoice nue/law enforcement and that rettes/tobacco products? | and be ava | ailable for inspection by the |
| Yes | ☐ No | the Wiscons | in Department of Ju | hat only cigarettes and roll-your istice's website labeled "Director ii.us/dls/tobacco-directory may | ory of Certi | fied Tobacco Manufacturers |
| Cigarette | es / Tobacco | will be sold | ver counter | through vending m | achine | ☐ both |
| been trut | thfully answe | red to the best of th | e knowledge of the | ovided by law, the applicant state applicant. Applicant agrees to op), if granted, cannot be assigned | erate this b | ousiness according to law and |
| is a misc | demeanor an | d grounds for revo | | ng inspection will be deemed a r . Any person who knowingly pro | | |

(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

MUNICIPAL USE ONLY

ccl-wmplan 1/9/18

MILWAUKEE

WEIGHTS & MEASURES PLAN OF OPERATION

Office of the City Clerk License Division
200 E. Wells St. Room 105, Milwaukee, W1 53202
(414) 286-2238 www.milwaukee.gov/license license@milwaukee.gov

| Legal Entity Name: A-NSH CLARK LICOUR INC. |
|--|
| Premise Address: 4728 W 130RLE16H ST. MILWAUKEE WI 53218 |
| Type of Business |
| Provide a brief description of the establishment/business: |
| LIQUOR STORE |
| Other licenses may be required depending on the type of business you are operating. |
| |
| Litter & Noise |
| a. How are grounds kept clean? |
| 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) |
| This form must be submitted with the Business License Application, Weights & Measures License Supplemental Application, and appropriate fee. Forms can be obtained online at www.milwaukee.gov/licenses . |



WEIGHTS & MEASURES LICENSE SUPPLEMENTAL APPLICATION

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

| Office U | Ise Only: |
|----------|-----------|
| App# | |
| Filed | |
| Initials | |
| Paid | |
| Lic# | |

| | | | | | Lic# | | |
|--|---|---|--|---------------------------------|--|--|-------------------|
| Legal Entity Name: AUSH CLARIC LIQUOR INC | | | | | | | |
| Premise Address: 4728 W BURLEIGH ST. MILWAURE W 53154 | | | | | | | |
| Device | Туре | (s) | 7 10 10 10 10 10 10 10 10 10 10 10 10 10 | 11 12 00 pr 12 k | | | |
| • | | all device types for which you need | a license. | | | | |
| • | | ach device type checked, indicate ho | | | | | |
| • | | ate the Total Fee Per Device Type b | | | | er of Devices (b). | |
| • | | Il Total Fee Per Device Type amount ception: The Scanner fee is not per | | | | | |
| | | you have 1-3 scanners, the total due | | | | is \$250. | |
| | | neck the Number of Devices (b). | , | | • | | |
| | | | | Fee Per | Number of | Total Fee Per | |
| | | Device Type | License Period | Device Type | Devices (b) | Device Type | |
| , | กล่า | d Measuring Devices | | (a) | | (a x b) | |
| | | Retail Petroleum Meters | 12 months | \$60 | | | |
| | | 0 to 30 gallons per minute | 24 months | \$60 | | | |
| | | 31 to 200 gallons per minute | 24 months | \$250 | | | |
| | | Over 200 gallons per minute | 24 months | \$250 | | | |
| | Scale | 95 | | 250 00 00 40 00 00 | | | |
| | | Measuring any weight amount | 24 months | \$55 | | | |
| | Scan | ners | | Fee for scanners is by range | Check how many scanners you have | | |
| | D | Up to 3 scanners | 24 months | \$130 total* | 11 2 43 | | |
| | | Four or more scanners | 24 months | \$250 total* | □4 □Other | | |
| | Othe | Devices | | | | | |
| | | Length Measuring Device | 24 months | \$60 | | | |
| | | Timing Device | 24 months | \$30 | | 4 7m. CC2 | |
| | | | | | Total Fee Due | 130 Tees | |
| Signat | ure | | | | | | |
| - J.Bilar | | | | | ekieles kie est in seestelinii joolija est 1950. | de la prima participa e que se esta en esta en esta en esta en la prima de la prima de la prima de la prima de | Entert Strategies |
| | 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.

ANSH CLARK LIBUOR INC DIBJA CLARIC BEER & LIBUOR 4728 W BURLEIGH ST NIN AUROSE, WI 532D PHI THY 608-5248

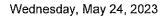
4728 W. BURLEIGH ST. length of premises 102' X width of premises 30' (3060 sq. ft.)

DATE: 04/20/2023-AGENT: MS: SATRAL STEPM, AREA ALLEY (hury MILLS \$ 5106 WAZK -> ANSH CLARK LIQUOR INC ANSH CLARK LIQUOR INC ATRA CLARK BEER & LIQUOR LEIGH ST LENGTH OF PREMISES 4728 W. BUYLEIGH ST 65 X 30 WIDTH (1950 SQFT) DATE: 64/20/2003- 199217 MR. SATRAL SINDSH PAR 4414-620-5248

N Wathst & N

Busement Storage

Solvential







Notice of Public Hearing

Blank Notice

SINGH, Satpal, Agent
Clark's Beer & Liquor at 4728 W BURLEIGH St
Class A Malt & Class A Liquor and Weights & Measures License Applications

Tuesday, June 06, 2023 at 3:05 PM

To whom it may concern:

The above application has been made by the above named applicant(s). This requires approval from the Licenses Committee and the Common Council of the City of Milwaukee. The hearing before the Licenses Committee will take place on 6/6/2023 at 3:05 PM in Room 301-B, Third Floor, City Hall. This is a public hearing. Those wishing to view the proceeding are able to do so via the City Channel – Channel 25 on Spectrum Cable – or on the Internet at http://city.milwaukee.gov/citychannel. Those wishing to provide oral testimony via phone or internet are asked to contact the staff assistant, Yadira Melendez at (414) 286-2775 or stasst5@milwaukee.gov 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 |
|-------------------|--------------------|--------------------------|
| BUSINESS OCCUPANT | 4642 W BURLEIGH ST | MILWAUKEE, WI 53210-1739 |
| BUSINESS OCCUPANT | 4704 W BURLEIGH ST | MILWAUKEE, WI 53210-1742 |
| BUSINESS OCCUPANT | 4711 W BURLEIGH ST | MILWAUKEE, WI 53210-1757 |
| BUSINESS OCCUPANT | 4712 W BURLEIGH ST | MILWAUKEE, WI 53210-1742 |
| BUSINESS OCCUPANT | 4713 W BURLEIGH ST | MILWAUKEE, WI 53210-0000 |
| BUSINESS OCCUPANT | 4715 W BURLEIGH ST | MILWAUKEE, WI 53210-1757 |
| BUSINESS OCCUPANT | 4721 W BURLEIGH ST | MILWAUKEE, WI 53210-1757 |
| BUSINESS OCCUPANT | 4728 W BURLEIGH ST | MILWAUKEE, WI 53210-1742 |
| BUSINESS OCCUPANT | 4731 W BURLEIGH ST | MILWAUKEE, WI 53210-1757 |
| BUSINESS OCCUPANT | 4800 W BURLEIGH ST | MILWAUKEE, WI 53210-1642 |
| BUSINESS OCCUPANT | 4802 W BURLEIGH ST | MILWAUKEE, WI 53210-1642 |
| BUSINESS OCCUPANT | 4802 W BURLEIGH ST | MILWAUKEE, WI 53210-1642 |
| BUSINESS OCCUPANT | 4803 W BURLEIGH ST | MILWAUKEE, WI 53210-1643 |
| BUSINESS OCCUPANT | 4804 W BURLEIGH ST | MILWAUKEE, WI 53210-1642 |
| BUSINESS OCCUPANT | 4812 W BURLEIGH ST | MILWAUKEE, WI 53210-1642 |
| BUSINESS OCCUPANT | 4833 W BURLEIGH ST | MILWAUKEE, WI 53210-1643 |
| CURRENT OCCUPANT | 3055 N 48TH ST | MILWAUKEE, WI 53210-1738 |
| CURRENT OCCUPANT | 3056 N 48TH ST | MILWAUKEE, WI 53210-1737 |
| CURRENT OCCUPANT | 3057 N 48TH ST | MILWAUKEE, WI 53210-1738 |
| CURRENT OCCUPANT | 3065 N 47TH ST# 1 | MILWAUKEE, WI 53210-1734 |
| CURRENT OCCUPANT | 3065 N 47TH ST# 2 | MILWAUKEE, WI 53210-1734 |
| CURRENT OCCUPANT | 3065 N 47TH ST# 3 | MILWAUKEE, WI 53210-1734 |
| CURRENT OCCUPANT | 3065 N 47TH ST# 4 | MILWAUKEE, WI 53210-1734 |
| CURRENT OCCUPANT | 3065 N 47TH ST# 5 | MILWAUKEE, WI 53210-1734 |
| CURRENT OCCUPANT | 3065 N 47TH ST# 6 | MILWAUKEE, WI 53210-1734 |
| CURRENT OCCUPANT | 3066 N 49TH ST# 1 | MILWAUKEE, WI 53210-1638 |
| CURRENT OCCUPANT | 3066 N 49TH ST# 2 | MILWAUKEE, WI 53210-1638 |
| CURRENT OCCUPANT | 3066 N 49TH ST# 3 | MILWAUKEE, WI 53210-1638 |
| CURRENT OCCUPANT | 3066 N 49TH ST# 4 | MILWAUKEE, WI 53210-1638 |
| CURRENT OCCUPANT | 3066 N 49TH ST# 5 | MILWAUKEE, WI 53210-1638 |
| CURRENT OCCUPANT | 3066 N 49TH ST# 6 | MILWAUKEE, WI 53210-1638 |
| CURRENT OCCUPANT | 3072 N 49TH ST# 1 | MILWAUKEE, WI 53210-1639 |
| CURRENT OCCUPANT | 3072 N 49TH ST# 2 | MILWAUKEE, WI 53210-1639 |
| CURRENT OCCUPANT | 3072 N 49TH ST# 3 | MILWAUKEE, WI 53210-1639 |
| CURRENT OCCUPANT | 3072 N 49TH ST# 4 | MILWAUKEE, WI 53210-1639 |
| CURRENT OCCUPANT | 3072 N 49TH ST# 5 | MILWAUKEE, WI 53210-1637 |
| CURRENT OCCUPANT | 3107 N 48TH ST# 1 | MILWAUKEE, WI 53216-3341 |
| CURRENT OCCUPANT | 3107 N 48TH ST# 2 | MILWAUKEE, WI 53216-3341 |
| CURRENT OCCUPANT | 3107 N 48TH ST# 3 | MILWAUKEE, WI 53216-3341 |
| CURRENT OCCUPANT | 3107 N 48TH ST# 4 | MILWAUKEE, WI 53216-3341 |
| CURRENT OCCUPANT | 3107 N 48TH ST# 5 | MILWAUKEE, WI 53216-3341 |
| CURRENT OCCUPANT | 3107 N 48TH ST# 6 | MILWAUKEE, WI 53216-3341 |
| CURRENT OCCUPANT | 3119 N 47TH ST | MILWAUKEE, WI 53216-3309 |
| CURRENT OCCUPANT | 3120 N 49TH ST | MILWAUKEE, WI 53216-3202 |
| CURRENT OCCUPANT | 3121 N 48TH ST | MILWAUKEE, WI 53216-3341 |
| CURRENT OCCUPANT | 3122 N 48TH ST | MILWAUKEE, WI 53216-3342 |

| CURRENT OCCUPANT | 3122 N 49TH ST | MILWAUKEE, WI 53216-3202 |
|-----------------------------------|--|--------------------------|
| CURRENT OCCUPANT | 3125 N 48TH ST | MILWAUKEE, WI 53216-3341 |
| CURRENT OCCUPANT | 3126 N 48TH ST | MILWAUKEE, WI 53216-3342 |
| CURRENT OCCUPANT | 3127 N 47TH ST | MILWAUKEE, WI 53216-3309 |
| CURRENT OCCUPANT | 3127 N 48TH ST | MILWAUKEE, WI 53216-3341 |
| CURRENT OCCUPANT | 3128 N 49TH ST | MILWAUKEE, WI 53216-3202 |
| CURRENT OCCUPANT | 3131 N 47TH ST | MILWAUKEE, WI 53216-3309 |
| CURRENT OCCUPANT | 3131 N 48TH ST | MILWAUKEE, WI 53216-3341 |
| CURRENT OCCUPANT | 3132 N 48TH ST | MILWAUKEE, WI 53216-3342 |
| CURRENT OCCUPANT | 3132 N 49TH ST | MILWAUKEE, WI 53216-3202 |
| CURRENT OCCUPANT | 3132A N 49TH ST | MILWAUKEE, WI 53216-3202 |
| CURRENT OCCUPANT | 3133 N 47TH ST | MILWAUKEE, WI 53216-3309 |
| CURRENT OCCUPANT | 3133 N 48TH ST | MILWAUKEE, WI 53216-3341 |
| CURRENT OCCUPANT | 3136 N 48TH ST | MILWAUKEE, WI 53216-3342 |
| CURRENT OCCUPANT | 3136A N 48TH ST | MILWAUKEE, WI 53216-3342 |
| CURRENT OCCUPANT | 3137 N 47TH ST | MILWAUKEE, WI 53216-3309 |
| CURRENT OCCUPANT | 3139 N 47TH ST | MILWAUKEE, WI 53216-3309 |
| CURRENT OCCUPANT | 3139 N 48TH ST | MILWAUKEE, WI 53216-3341 |
| CURRENT OCCUPANT | 3140 N 49TH ST | MILWAUKEE, WI 53216-3202 |
| CURRENT OCCUPANT | 3141 N 48TH ST | MILWAUKEE, WI 53216-3341 |
| CURRENT OCCUPANT | 3142 N 48TH ST | MILWAUKEE, WI 53216-3342 |
| CURRENT OCCUPANT | 3143 N 47TH ST | MILWAUKEE, WI 53216-3309 |
| CURRENT OCCUPANT | 3145 N 47TH ST | MILWAUKEE, WI 53216-3309 |
| CURRENT OCCUPANT | 3145 N 48TH ST | MILWAUKEE, WI 53216-3341 |
| CURRENT OCCUPANT | 3145A N 48TH ST | MILWAUKEE, WI 53216-3341 |
| CURRENT OCCUPANT | 3148 N 48TH ST | MILWAUKEE, WI 53216-3342 |
| CURRENT OCCUPANT | 3149 N 47TH ST | MILWAUKEE, WI 53216-3309 |
| CURRENT OCCUPANT | 3149 N 48TH ST | MILWAUKEE, WI 53216-3341 |
| CURRENT OCCUPANT | 4705 W BURLEIGH ST# 10 | MILWAUKEE, WI 53210-1743 |
| CURRENT OCCUPANT | 4705 W BURLEIGH ST# 11 | MILWAUKEE, WI 53210-1743 |
| CURRENT OCCUPANT | 4705 W BURLEIGH ST# 12 | MILWAUKEE, WI 53210-1743 |
| CURRENT OCCUPANT | 4705 W BURLEIGH ST# 7 | MILWAUKEE, WI 53210-1743 |
| CURRENT OCCUPANT | 4705 W BURLEIGH ST# 8 | MILWAUKEE, WI 53210-1743 |
| CURRENT OCCUPANT | 4705 W BURLEIGH ST# 9 | MILWAUKEE, WI 53210-1743 |
| CURRENT OCCUPANT | 4713 W BURLEIGH ST# 14 | MILWAUKEE, WI 53210-1744 |
| CURRENT OCCUPANT | 4713 W BURLEIGH ST# 15 | MILWAUKEE, WI 53210-1744 |
| CURRENT OCCUPANT | 4713 W BURLEIGH ST# 16 | MILWAUKEE, WI 53210-1744 |
| CURRENT OCCUPANT | 4713 W BURLEIGH ST# 21 | MILWAUKEE, WI 53210-1744 |
| CURRENT OCCUPANT | 4714 W BURLEIGH ST | MILWAUKEE, WI 53210-1742 |
| CURRENT OCCUPANT | 4714 W BURLEIGH ST | • |
| CURRENT OCCUPANT | 4719 W BURLEIGH ST# 17 | MILWAUKEE, WI 53210-1742 |
| | | MILWAUKEE, WI 53210-1745 |
| CURRENT OCCUPANT CURRENT OCCUPANT | 4719 W BURLEIGH ST# 18 4719 W BURLEIGH ST# 19 | MILWAUKEE, WI 53210-1745 |
| | | MILWAUKEE, WI 53210-1745 |
| CURRENT OCCUPANT | 4719 W BURLEIGH ST# 20 | MILWAUKEE, WI 53210-1745 |
| CURRENT OCCUPANT | 4720 W BURLEIGH ST# 1 | MILWAUKEE, WI 53210-1742 |
| CURRENT OCCUPANT | 4720 W BURLEIGH ST# 2 | MILWAUKEE, WI 53210-1742 |
| CURRENT OCCUPANT | 4720 W BURLEIGH ST# 3 | MILWAUKEE, WI 53210-1742 |

| CURRENT OCCUPANT | 4720 W BURLEIGH ST# 4 | MILWAUKEE, WI 53210-1742 |
|------------------|-----------------------|--------------------------|
| CURRENT OCCUPANT | 4720 W BURLEIGH ST# 5 | MILWAUKEE, WI 53210-1742 |
| CURRENT OCCUPANT | 4720 W BURLEIGH ST# 6 | MILWAUKEE, WI 53210-1742 |
| CURRENT OCCUPANT | 4720 W BURLEIGH ST# 7 | MILWAUKEE, WI 53210-1742 |
| CURRENT OCCUPANT | 4821 W BURLEIGH ST# 1 | MILWAUKEE, WI 53210-1649 |
| CURRENT OCCUPANT | 4821 W BURLEIGH ST# 2 | MILWAUKEE, WI 53210-1649 |
| CURRENT OCCUPANT | 4821 W BURLEIGH ST# 3 | MILWAUKEE, WI 53210-1649 |
| CURRENT OCCUPANT | 4821 W BURLEIGH ST# 4 | MILWAUKEE, WI 53210-1649 |
| CURRENT OCCUPANT | 4821 W BURLEIGH ST# 5 | MILWAUKEE, WI 53210-1649 |
| CURRENT OCCUPANT | 4821 W BURLEIGH ST# 6 | MILWAUKEE, WI 53210-1649 |
| DI LALIE | | |

Blank Notice,,

Total Records: 103,,

Radius 250.0 feet and Center of the Circle: 4728 W Burleigh St,,