

CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Tuesday, March 20, 2018

COMMITTEE MEETING NOTICE

AD 05

HUSSAIN, Kabir, Agent USRA FOOD, INC 9109 W BURLEIGH St

MILWAUKEE, WI 53222

You are requested to attend a hearing which is to be held in Common Council Chamber, Third Floor, City Hall on:

Tuesday, March 27, 2018 at 08:45 AM

Regarding:

Your Filling Station, Food Dealer, and Weights & Measures License Renewal Applications as agent for "USRA FOOD, INC" for "BURLEIGH CITGO" at 9109 W BURLEIGH St.

There is a possibility that your application may be denied for one or more of the following reasons: The recommendation of the committee regarding the application shall be based on evidence presented at the hearing. Per MCO 85-4-4, unless otherwise specified in the code, probative evidence concerning non-renewal, suspension or revocation may include evidence of the following: failure of the applicant to meet municipal qualifications, pending charges against or the conviction of any felony, misdemeanor, municipal offense or other offense, the circumstances of which substantially relate to the circumstances of the particular licensed or permitted activity, by the applicant or by any employee or other agent of the applicant. If the activities of the applicant involve a licensed premises, whether the premises tends to facilitate a public or private nuisance or has been the source of congregations of persons which have resulted in any of the following: disturbance of the peace; illegal drug activity; public drunkenness; drinking in public; harassment of passers-by; gambling, prostitution; sale of stolen goods; public urination; theft; assaults; battery; acts of vandalism including graffiti, excessive littering, loitering, illegal parking, loud noise at times when the licensed premise is open for business; traffic violations; curfew violations; lewd conduct; display of materials harmful to minors, pursuant to s. 106-9.6; or any other factor which reasonably relates to the public health, safety and welfare, or failure to comply with the approved plan of operation. 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 of your choosing to represent you at this hearing.

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

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

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

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

JIM OWCZARSKI, CITY CLERK

BY:

Jessica Celella

License Division Manager

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

MILWAUKEE POLICE DEPARTMENT LICENSING

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

DATE:	02/26/18
DAIE:	<i>UZIZUI</i> 10

LICENSE TYPE: FILLING STATION No. 270382

NEW: Application Date: 02/26/18

RENEWAL:

License Location: 9109 W. Burleigh Street

Business Name: Burleigh Citgo

Licensee/Applicant: HUSSAIN, Kabir

(Last Name, First Name, MI)

Date of Birth: 04/25/1973

Home Address:

City: Milwaukee State: WI Zip Code: 53204

Home Phone:

This report is written by Police Officer Corstan D. COURT, assigned to the License Investigation Unit, Days.

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

1. On 09/07/17 at 1:30pm, officer's conducted a license premise check at Burleigh Citgo (9109 W. Burleigh Street) because of a complaint stating that the establishment was selling "Legal Lean" containing Kratom and Kava, which is illegal to sell in the city of Milwaukee. Officers found two bottles of the substance for sale inside the store and contacted the agent (HUSSAIN) by telephone. HUSSAIN stated that he did not know it was illegal to sell the substance and that it was given to him for free by a person who comes into the store and sells candy every six months. The bottles were confiscated, placed on inventory, and HUSSAIN was issued a citation.

Charge:

Kratom and Kava Prohibited

Findina:

Guilty

Sentence:

\$187.00 fine

Date:

10/31/17

Case:

17047649

PA-33E (Rev. 1/14)

MILWAUKEE POLICE DEPARTMENT

REPORT OF INCIDENTS INVOLVING LICENSED PERSONS OR PREMISES

TO: Lieutenant Paris DOFFEK **Business Name: Burleigh Citgo** Address of Licensed Premises: 9109 W. Burleigh District: 7 Business Phone: 414-445-9004 Type of License: Tobacco ∀ Violation / Incident # Date of Incident: 09/07/17 Licensee or Manager on premises at time of violation / incident? Yes No Licensee cooperative? X Yes No (If no, explain in narrative section) Licensee Notified by Officer: PO Penny Brown Date: 09/07/17 · Time: 1:30P Licensee or Agent's Name: HUSSAIN, Kabir Date of Birth: 04/25/73 Home Address: 10221 W. North Ave. #3 Wauwatosa, WI 53226 Home Phone: 773-440-0769 Date of Birth: Co-Licensee Name: Home Address: Home Phone: Class S License Number: Bartender Name: Date of Birth: Home Phone: Home Address: Class D License Number: Licensed Person / Public Pass. Vehicle, etc.: Date of Birth: Home Phone: **Home Address:** Class D License Number: <u>VIOLATION/INCIDENT – DESCRIBE FACTS AND CIRCUMSTANCES IN NARRATIVE SECTION</u> Date of Birth: 04/25/73 Name of Person Cited: HUSSAIN, Kabir Violation & Ord. / Statue No.: 105-52-1 Kava Proh Citation Number: J98107D6QW Court Date: 10/27/17 Date of Birth: Name of Person Cited: Citation Number: Violation & Ord. / Statue No.: Court Date: Name of Person Cited: Date of Birth: Citation Number: Violation & Ord. / Statue No.: Court Date: Date of Birth: Name of Person Cited: Court Date: Violation & Ord. / Statue No.: Citation Number: Name of Person Cited: Date of Birth: Court Date: Citation Number: Violation & Ord. / Statue No.: Date: 09/08/17 investigating Officer: PO Penny Brown District / Bureau: LIU ommanding Officer **DISPOSITION - FOR LICENSING ONLY** Judge Date Citation No. Case Number Disposition Referred

PA-33E Narrative

This report is written by PO Penny Brown assigned to the License Investigation Unit.

On Thursday, September 7, 2017, PO Denise RUEDA and I conducted a license premise check at Burleigh Citgo, located at 9109 W. Burleigh. This was in regards to a complaint we received they were selling "Legal Lean" which is sold as a "mood boosting" drink. However, the ingredient "Kava or Kratom" are considered illegal to possess, sell, or use, in the City of Milwaukee.

On arrival, officers did observe a 2 oz bottle of "Legal Lean" in the cashier window next to other items that were offered for sale. I observed the ingredient "Kava" listed as one of the ingredients on the bottle. I contacted the agent (Kabir HUSSAIN) via telephone and advised him of the situation. HUSSAIN stated he did not know it was illegal to possess or sell, and stated he received the bottle as a promotion from an A/M 30's that drives a white van, approximately 6 months ago. I asked if there were any other bottles in the store, HUSSAIN replied "no, go ahead and check". As I was speaking to him, I observed another bottle in the window, also offered for sale. HUSSAIN denied knowledge of the other bottle. HUSSAIN stated there were no other bottles on the premise.

HUSSAIN then arrived on scene and stated he had paperwork from the A/M stating it was legal, however, just threw the paperwork away a week ago. I asked HUSSAIN if he believed it were legal to sell and wanted more, how would he get in touch with the A/M? HUSSAIN stated the male only comes to the store every 6 months and typically brings candy, and he only knows his first name is "Mohammed". HUSSAIN denied purchasing the "Legal Lean" and again stated it was given to him to see if it were a big seller.

The two bottles were confiscated and placed on MPD Inventory #17034617.



BUSINESS LICENSE RENEWAL PLAN OF OPERATION

Office of the City Clerk License Division 200 E. Wells St. Room 105, Milwaukee, WI 53202

Licenses to be Renewed	Renewal Fee(s)		
Food Dealer - FOOD 7702	\$575.00		
Extended Hours -		Expiration Date:	4/9/2018
Filing Station - FILL 629	\$250.00	File By Date:	1/18/2018
Cigarette & Tobacco - CIG 1026374	\$100.00	Date Late Fee Begins:	1/19/2018
Weights & Measures - W&M 3462	\$720.00	Late Fee Amount:	\$75.00
Sidewalk Dining -		# 1	at the first term of
TOTAL DUE	\$1,645.00		
Legal Entity Name: USRA FOOD, INC			
Premises Address: 9109 W BURLEIGH ST			
Changes Since Last Application	?		
Are there any changes to your floor plan and/or No Yes If yes, describe: Are there any changes to the hours of operation No Yes If yes, describe:	capacity? (as listed on your cu	rrent license)?	
Weights & Measures Licensees			
Number/Type of Devices: RETAIL PETROLEUM METERS = 12 Are there any changes to the number or types of	f devices? No [□Yes If yes, conta	ct our office for further instructions.
{			
Food Dealer Licensees Only			
Food Dealer Licensees Only Your current food license includes the following Station Are there any changes to your plan of operation If yes, you must complete a "Request to Moowww.milwaukee.gov/licenses under "Forms"	(for example, adding	g processing, changing sales ent/Food Operation Plan" v	vhich can be obtained at
Your current food license includes the following Station Are there any changes to your plan of operation if yes, you must complete a "Request to Moo	(for example, adding	g processing, changing sales ent/Food Operation Plan" v	amount or complexity, etc.)? No Yes
Your current food license includes the following Station Are there any changes to your plan of operation If yes, you must complete a "Request to Moo www.milwaukee.gov/licenses under "Forms	(for example, adding	g processing, changing sales ent/Food Operation Plan" v	amount or complexity, etc.)? No Yes



CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Tuesday, March 20, 2018

COMMITTEE MEETING NOTICE

AD 08

MANN, Sudeep S, Agent PB65 INC 2966 S 90th St West Allis, WI 53227

You are requested to attend a hearing which is to be held in Common Council Chamber, Third Floor, City Hall on:

Tuesday, March 27, 2018 at 08:45 AM

Regarding:

Your Class A Malt and Food Dealer License Applications as agent for "PB65 INC" for "Orchard Food Mart" at 2201 W ORCHARD St.

There is a possibility that your application may be denied for one or more of the following reasons: The recommendation of the committee regarding the application shall be based on evidence presented at the hearing. Per MCO 85-2.7-4, 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. Possible denial because: This proposed location is in an area that has previously been found by the Common Council to be over concentrated with alcohol outlets. Attached is the concentration of alcohol beverage outlets in the area map existing at the time of the determination of the over concentration based on an address of 2039 W Greenfield Avenue. The Licenses Committee will consider concentration of alcohol beverage outlets as one question regarding the suitability of this location to be licensed as an alcohol beverage establishment. You may present evidence supporting your application. One issue that evidence should address is whether the licensure of this location is appropriate in light of the concentration of alcohol beverage outlets.

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JIM OWCZARSKI, CITY CLERK

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

Date:3/7/18 Officer: Michael WALKER

City of Milwaukee Police Department 90-5-1.5 Crime Prevention Survey Tavern Inspection

Name of Premise: Address: Phone:	Orchard Food Mart 2201 W Orchard St 414-488-2201			
Owner: Owner address: City State Zip: Owner Phone: Owner email:	Sudeep Mann SINGH 2966 S 90 th Street West Allis, WI 53221 414-322-8378 sudeepsingh48@yell.com			
Licensee/Agent: Home Address: City State Zip: Phone: Email:	same			
Preferred contact: Ow	ner			
Location currently open: X YES NO				
Projected open date: 3	3/21/18			
Day's open: S I	M	. 🖾 ALL		
Hours of Operation:	Sun: 9a-9P Mon: 9a-9P Tue: 9a-9P Wed: 9a-9P Thu: 9a-9P Fri: 9a-9P Sat: 9a-9P	□24 hours □Y ⊠N		
Premise Type:	☐Tavern/Bar ☐Restaurant ☑Other: Corner Store			

License	es currently neld:			
	Alcohol:	∐Yes ∐No Class:	#:	
	Tobacco:	YesNo #:		
	Food:	☐Yes ☐No #:		
	Other:	Yes No Type:	#:	
	Other:	Yes No Type:	#:	
	4 1 1 1 1 1 1 1 1 1 1		•	
Exteri	or Survey:			
		location clean? XYes	\square_{N_0}	
		ocation? (Check all the a		
۷.	a. Park	ocation: (Check an are a	(PP1)	
	b. School			
		tor		
		(CI		
	d. Church	·C 1		
		f so, how many		
	f. Residential			
	g. Other busin	iesses		
	h. Other:			
			nto the interior ⊠Yes □No	
			tion from the outside Yes No	
		s free of signage Yes	⊠No	
	Street parking XYes			
7.	Is there a parking lot	∐Yes ⊠No		
8.	Is the parking lot clear	ın? 🔲 Yes 🔲 No		
9.	Is the parking lot wel	l lit? ∐Yes ⊠No		
	Valet Parking Yes			
		ave a guard? 🗌 Yes 🛛	No	
		ave cameras? 🗌 Yes 🔀		
11.			themselves Yes No	
12	Is there exterior light	ing? XYes No. Do	es it appears to be adequate XYes [□No
	Exterior Payphone?	XYes □No	os to approve to a man famou and a man f	
		ng Signs posted? Yes	⊠No	ļ
		curity cameras Yes		1
16	Are the address number	pers prominently display	ed and easy to see Yes No	
10.	Are the address hume	icis prominenti y dispidy	ed and easy to see1 es11e	Í
Como	-a Carreran	•		li)
	<u>ra Survey:</u>	era gaavaity, aamagaa? M	Vog DNo	á
		ve security cameras?	165	
	Are they in working of			
19.	What format are the		·	
	a. Color	Yes No		
	b. Digital	Yes No		
	c. VCR	∐Yes ∐No		
	d. Recorded	☐Yes ☐No		
		stored for later viewing:		
21.	Are there exterior car		· ·	
22.	Are there interior can	neras 🛮 🖂 Yes 🔲 No H	low many: 6	

23. Do all employees know how to retrieve recorded digital images/footage? ☐Yes ☐No 24. Cameras located in parking lot ☐Yes ☐No How many
Interior Survey:
25. What is the planned/posted capacity Unknown 26. What is the minimum number of employees that will be on premise 1-2 27. 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 28. Is the interior of the location neat and clean? Yes No 29. Does an interior camera face the entrance/exit? Yes No 30. Are emergency and non-emergency numbers posted near the phone? Yes No 31. 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
Security
32. How many security personnel are going to be employed: Doesn't see the need right now 33. How will they be deployed: Interior

ADDITIONAL COMMENTS/RECOMMENDATIONS:

Applicant will be taking over the existing Orchard Food Mart which is currently operating. I made recommendations for signage be removed from the exterior windows on the north side of the building. Currently the only way to see inside of the store from the exterior is through the glass entrance doors. With the current signage blocking the windows, employees cannot be seen from the outside. I also recommended that no loitering sings be posted on the exterior of the business to help deter any loitering or panhandling issues. Applicant is not aware of the current capacity inside of the store. I advised him to located this number and clearly post inside the store.

MILWAUKEE POLICE DEPARTMENT LICENSING

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS
SYNOPSIS

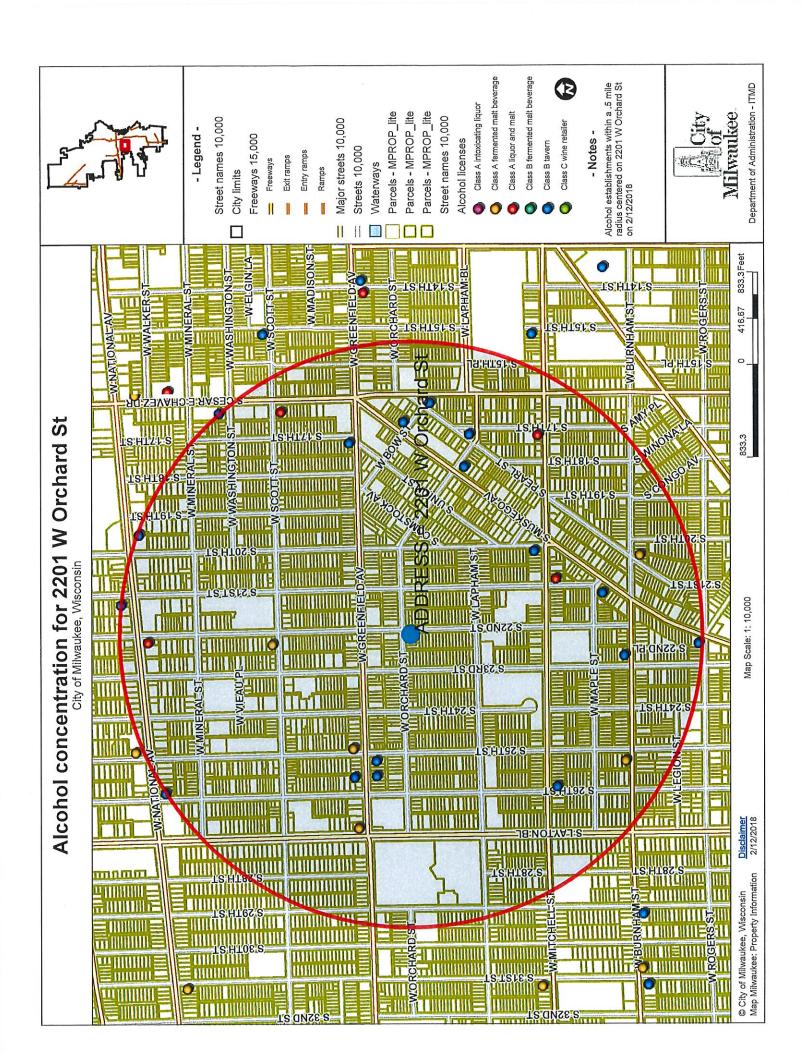
Date: 02/14/18 License Type: Amalt New: Renewal:		No. 269768 Application Date:
License Location: Business Name:		
Licensee/Applicant: Singh, Sukhdeep (Last Name, First Name, MI) Date of Birth: 11/28/84		
Home Address: 7360 Brunn Drive City: Franklin Home Phone:	State: Wi	Zip Code: 53132

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

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

1. On 07/16/17 at 1:47 pm, Milwaukee police conducted a license premise check at 2201 W Orchard Street. Upon entering, officers observed that the store sells numerous items associated with and used for drug use and prostitution related activities. These items observed were glass "tire gauges" which are used specifically as pipes to smoke crack cocaine, "Chore Boy" metal scrub brushes used as filters for crack pipes, and single condoms for sale. Police spoke with Gurjeet Singh and explained what these items are used for and that selling these items are contributing to the crime and facilitating the illicit drug activity that is bringing down the Greenfield Avenue neighborhood. Singh stated that he understands and that if he "sees a list" of items that he cannot sell, then he will not sell them.

PREVIOUS PREMISE



|--|

Total:

					}
					Grand Total: 27
Legal entity	Trade name	Licensee	License type name	Total capacity Room capacity	Expiration date
Excellent Food LLC	Orchard Food Mart	SUKHDEEP SINGH, Agt	Class A Fermented Malt Beverage Retailer's License		3/19/2018 19:00
Layton Food LLC	Layton Food Market	Manpreet Singh, Agt	Class A Fermented Malt Beverage Retailer's License		7/25/2018 19:00
NEA, LLC	TIME FOOD MART	NEDAL K ASSAD, Agt	Class A Fermented Malt Beverage Retailer's License		12/17/2018 18:00
R K A, LLC	ABCSTORE	RAEID K ASSAD, Agt	Class A Fermented Malt Beverage Retailer's License		9/14/2018 19:00
RICHARD'S GROCERY	RICHARD'S GROCERY	NADER A ASAD, SP	Class A Fermented Malt Beverage Retailer's License		3/3/2019 18:00
Starlite Beer & Food, Inc.	Starlite Food	MANGAT SINGH, Agt	Class A Fermented Malt Beverage Retailer's License		4/20/2018 19:00
APPLE TWO, LLC	EL CHARRO LIQUOR STORE	VIKRAMJIT SINGH, Agt	Class A Malt & Class A Liquor License		12/19/2018 18:00
GOODSPOT, LLC	GOODSPOT FOODS	MAZEN T MUSTAFA, Agt	Class A Malt & Class A Liquor License		11/25/2018 18:00
Gunny Food Mart Inc	Gunny Food Mart	MANPREET KAUR, Agt	Class A Malt & Class A Liquor License		2/26/2018 18:00
Harjodh, Inc	Mi Pueblo	Harpreet S Chawla, Agt	Class A Malt & Class A Liquor License		10/23/2018 19:00
WAT PATH LAO BUDDHIST TEMPLE CORP	WAT PATHOUMMAPHOUTHARAM LAO BUDDHIST TEMPLE CORP	Kong Rasavong, Agt	Class B Fermented Malt Beverage Retailer's License	240	9/1/2018 19:00
CANTARITOS BAR, LLC	Passion Nightclub	FRANCISCO GOMEZ-ORTIZ, Agt	Class B Tavern License	52	10/10/2018 19:00
Century Beverage Group LLC	Don Julio's	Samantha L Woods, Agt	Class B Tavern License	80	10/22/2018 19:00
El Canaveral #2 LLC	El Canaveral #2	Oracio Chacon Tinoco, Agt	Class B Tavern License		10/12/2018 19:00
EL Inferno LLC	EL Inferno	ANTONIO MARTINEZ, Agt	Class B Tavern License		11/20/2018 18:00
La Caleta LLC	La Caleta Restaurant & Bar	Monica Hernandez-Gaspar, Agt	Class B Tavern License		10/11/2018 19:00
La Hamaca Bar LLC	La Hamaca Bar	Luís Gonzalez, Agt	Class B Tavern License		9/28/2018 19:00
Las Tres Esquinas Bar	Las Tres Esquinas Bar	Sulema Vazquez, SP	Class B Tavern License	25	8/1/2018 19:00
MC Jimenez LLC	Candelas	Martin Jimenez Segura, Agt	Class B Tavern License	66	7/4/2018 19:00
Patricia Herrera de Castro, LLC	La Fondita	Felipe Castro Pena, Agt	Class B Tavern License		9/4/2018 19:00
PHANS GARDEN, INC	PHAN'S GARDEN	HOI T TRAN, Agt	Class B Tavern License	240	10/17/2018 19:00
SCHULIST TAP	SCHULIST TAP	DAVID SCHULIST, SP	Class B Tavern License	49	3/22/2018 19:00
TAQUERIA EL JALAPENO	TAQUERIA EL JALAPENO	ANGEL GUTIERREZ GARNICA, SP	Class B Tavern License	61	9/25/2018 19:00
reddy's income, inc	SHARI'S STILL	SHERYL L LARSON, Agt	Class B Tavern License	49	1/20/2019 18:00
FEQUILA NIGHT CLUB	TEQUILA NIGHT CLUB	GUSTAVO GUIZAR, JR, SP	Class B Tavern License	168 100 - Tavern 68 - Hall	11/7/2018 18:00
VILLA'S PLACE	VILLA'S PLACE	ALFREDO O VILLA; SP	Class B Tavern License	25	2/4/2019 18:00
/ILLA'S RESTAURANT	VILLA'S RESTAURANT	ALFREDO O VILLA, SP	Class B Tavern License		9/26/2018 19:00

Tuesday, March 20, 2018



Licenses Committee **Notice of Hearing**

KJM LLC 2966 S 90th St

Milwaukee, WI 53227

Date:

3/27/2018

Time:

08:45 AM

Location: Common Council Chamber, Third Floor, City Hall

The Licenses Committee will consider the following license application:

Class A Malt and Food Dealer License Applications MANN, Sudeep S, Agent Orchard Food Mart at 2201 W ORCHARD St

Please note this application may be recommended for denial based on fitness of the location due to concentration of alcohol beverage outlets in the area. If the application is denied for this reason, no other application for an alcohol beverage license for this location shall be recommended for approval by the Licenses Committee within three years of the date of denial unless the applicant has demonstrated a change of circumstances since the prior denial.

If you have any questions, please call (414) 286-2238.



ccl-busplan 12/14/17



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. 1	Type of Business
Apply	ing 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
	ther (supplemental application for specific license also required)
Provid	de a detailed description of the type of business you plan on operating:
	Convenerce Stole
Do yo	u have any experience operating this type of business? 🗌 No 🗵 Yes If yes, explain: ひいいもり RETAIL BUSINESS
2. [Business Operations
a,	Proposed Opening Date: 04/01/2018
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: BEER - CIJS. FOUND GROCERY
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. Li	itter & Noise
а.	How are grounds kept clean? Sweep Pressure Wash X Pick Up Litter Other:
b.	How often will grounds be cleaned?
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
	XSigns Posted Other:
e.	Will a sound amplification system be used? X No Yes If yes, describe:
4. Si	moking & Sanitation
a.	Are there designated outdoor smoking areas? No Yes If yes, describe:
b.	Number of Garbage Cans: Inside: Locations: COUNTER
	Outside: Locations: Enternel
С.	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:
	· · · · · · · · · · · · · · · · · · ·

5. Security							
a. Are there onsite parkin	g spaces? 💢 No 🗌 Yes	If yes, indic	ate how many?	and	describe the parking security		
plan:							
b. Is there a loading zone?	P 🔀 No 🗌 Yes If yes, o	describe the I	oading area security pl	an:			
·	personnel on premise?				nd answer the following:		
	esponsibilities?						
• • •							
List their licensir	ng, certification, or trainir	ng credentials	- Q F.	P = 100 1 7 C	o rel.		
d. Will there be security o	d. Will there be security cameras? \(\sum \) No \(\sum \) Yes If yes, where? \(\sum \) Listes e. Will searches/identification checks be done upon entry? \(\sum \) No \(\sum \) Yes If yes, describe						
e. Will searches/identifica	ntion checks be done upo	n entry? 🔯	No Yes If yes, desc	ribe			
6. Percentage of Sale	s (must total 100	%)					
Alcohol 45 %	Food 4	0_%	Secondhand Merchand	ise	Precious Metals & Gems		
Entertainment%	Cigarettes	%	%		%		
Pawnbroker Activity	% Salvaged Materials (such as scrap metal)	%	Personal Services (such body piercing, salon, ta tanning, etc.)	ilor,	Other 5 % Describe: Lolloy, MBA		
7. Businesses/Licens	es on the Premise	s (check	all that apply):				
Type 1	Cafe/Coffee Shop	Deli or I	Fast Food Restaurant	Private	e/Fraternal/Veterans Club		
Night Club	☐ Tavern	Cocktail	Lounge	Teen C	Club		
☐ Banquet Hall	Sports Facility	Bowling	g Alley				
☐ Hotel/Motel : Number of Number of	Floors:	Roomin	g House: Number of Flo Number of Ro				
Type 2				ron c	channe Chann		
Liquor Store		Corner Store Supermarket		Convenience Store			
Gas Station	Amusement/Phono	graph Distribu	tor	Recycli	ing, Salvage or Towing		
Used Car Dealer Personal Service Establishment (such as tattoo business, hair salon, tailor, etc.)							
What other licenses/permits w	vill you hold at this location?	(check all that	t apply)				
☑Occupancy Permit [☑Cigarette & Tobacco ☐G	as Station 🔲	Extended Hours Class	"B" Tavern	Weights & Measures		
Secondhand Dealer	☐Precious Metal & Gem [Other:			_		
8. Legal Capacity (o	nly if a Type 1 pre	mises in	#7 above)				
Capacity (Call	the Milwaukee Developmer	nt Center at 41	.4-286-8211 if you have q	uestions.)			

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9. Premises D	escription		:			
a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage): ☑1 st Floor □2 nd Floor □Basement Storage □Patio □Beer Garden □Sidewalk Café □Deck □Rooftop						
□Other: Descr	ibe:			_		
b. Describe Locati	on: Major Thoroughfare	🔀 Secondary Street 🔲 Ot	ther: 22ND 4	ORCHI	9RD	
c. Nearest Major	Cross Street: 22	ND + GREE	NFIELD			
	ng: 🛛 Free Standing Buildin					
e. Describe Premises Structure: Single Story 🔀 Multi-Story - # of Stories Other:						
f. Describe Surrounding Area: Commercial Residential Industrial Other: g. Building Owner Name: Sucleab Sinsh Mann Phone Number: 414-322-8378 Business Owner Address: 2966 S 9046 ST WEST ALUS WI 53227						
g. Building Owner	r Name: Sucleep Sin	in mann	Phone Number: 414	-322-8	378	
Business Owne	er Address: 2966 S	90th ST	WEST ALL	٠ اسا ٤	53227	
	peration & Custor		``			
Will customers be ente	ering the premises? 🔲 No	Yes				
Day of the Minels	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')	
Day of the Week	Open Time Close Time (include a.m. or p.m.)					
Sunday	junday 8:00 AM 9:0 PM 100					
Monday	Monday 8:- AM 9:0 PM 100					
Tuesday	Tuesday 8: ~ AM 9: ~ PM 10-					
Wednesday	8:0 AM	9:00 PM	100			
Thursday	8:~ AM	9:00 PM	100			
Friday	8:00 AM	9:00 PM	100			
Saturday	B:a AM	qia PM	100			
An Extended Hours Establishment License is required for any convenience store, filling station, personal service establishment (such as tattoo, body piercing, salon, tailor, tanning, etc.), recording studio or restaurant which is open between the hours of 12:00 a.m. and 5:00 a.m.						
Alcohol Establishment Permitted Hours of O	· · · · · · · · · · · · · · · · · · ·	am to 9:00 pm Sunday thru am to 2:00 am Sunday thru		0 am Friday & Sa	turday	
Entertainment Outdoor Closing Hours: 10:00pm Sunday-Thursday; 12:00am Friday & Saturday; unless a different time, either earlier or later, is established by the Common Council in its approval of the licensee's plan of operation.						
11. Signature	(s)					
Signature of Sole Proprietor, Partner, or 20% or more Shareholder (If there are no 20% or more shareholders, Corporate Officer-print name/title and sign) Mann Signature of additional partner or 20% or more shareholder						



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 <u>www.milwaukee.qov/license</u>

Lega	1 Entity Name: PB65 INC Dba ORCHARD FOOD MART			
	nise Address: 2201 W ORCHARD ST MILWAUKEE WI 53204			
Pro	kimity of Premises to Church, School, Daycare Center or Hospital			
Is th	e building within 300 feet of any church, school, daycare center or hospital?			
"Sei	rvice Bar Only" Designation P/A			
If ap	oplying for Class B or C license, are you applying for "Service Bar Only"?			
	vice Bar Only means customers cannot sit at the bar. Alcohol is served to patrons seated at tables. No stools, chairs or other articles of iture shall be placed at the service bar for patrons to sit upon.			
Bus	iness Information			
a)	Are you taking out this application for anyone that may not be eligible for a license?			
r_ 3	If yes, list their name and address:			
(b)	If no, list the name and address of the person(s) who w			
	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? Ves			
	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:			
Proof of Ownership, Lease, or Offer to Purchase (New & Transfer Applicants Only)				
	emit proof of ownership, lease, or offer to purchase the building with this application.			
A le	ease or office to purchase must: Be in the same legal entity name as that apply for the license			
b)	Reflect the same address as the premises address on this application			
c)	Reflect current dates and			
d)	Be signed by the lessor/seller and lessee/buyer			
Pro	perty Information (New & Transfer Applicants Only)			
a)	Do you own or lease the building?			
b)	Who owns the fixtures (for example, coolers, etc.)? Building owner			
c)	Are you purchasing the stock and/or fixtures?			
d)	Total amount paid for business \$			
e)	Total amount paid for goodwill of the business \$			
	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? \(\bigcap\) No \(\bigcup Yes\)			

Lease Information (New & Transfer Applicants who are leasing the premises only)						
a)) Date lease begins <u>04-01-18</u> Ends <u>03-31-2028</u>					
b)						
c)		<u> </u>				
d)	Does your lease allow for assignment to another party without the consent of the owner? No Yes					
e)	,	Years				
f)	of the lease? 🔟 No 🗌 Yes If yes, explain					
g)	Does the present owner or occupancy object to the granting of your license? \Box No \Box Y	28				
	If yes, explain					
Change of Agent Applicants Only						
Notarized Signatures of Applicants						
SUBS	BSCRIBED AND SWORN TO BEFORE ME	lech SM Mann				
This_	gav of	prietor, Partner, 20% or more Shareholder, or				
		only if there are no 20% or more shareholders				
(Clerk	Notary Public) May	isder Kay May				
-	Costiffation of the Cost	al partner or 20% or more shareholder				
*Nota	otary Seal must be affixed.					
		A STATISTICAL PROPERTY.				
		11111				
		HAMSE TIN RAMSE				
	Note: All information contained in this application is subject to approval by the Common C	ouncil.				
	Note: All information contained in this application is subject to approval by the Common C Deviating from approved plan of operation will subject licensee to citations, and/or suspen Contact the License Division for information on how to request changes.	ouncil. sion or non-renewal of the license TAR				

New and transfer of premise applicants must submit the following:

Proof of ownership, lease or offer to purchase the building

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: PB65 INC Dba ORCHARD FOOD MART						
Legal Entity Name: PB65 INC Dba ORCHARD FOOD MART Premises Address: 2201 W ORCHARD ST MILWAUKEE WI 53227						
SECTION 1 TYPE OF BUSINESS						
Type of application (check one):						
Check the type that best describes your business (check only one): See Food Dealer License Information sheet for definitions. Restaurant Restaurant Bed & Breakfast Base for Food Peddler If retail, will it be a convenience store? Yes No Convenience Stores have less than 5,000 sq ft of retail space, primary business is the sale of basic food items, and in addition sells household products)						
In addition, will any wholesale business be done? Yes 🗵 No						
If yes, what percentage of the business will be wholesale?						
Will retail items be sold? No X Yes If Yes, indicate percentage of food sales 100 %						
Will restaurant items be sold? 🔀 No* 🗌 Yes If Yes, indicate percentage of food sales%						
* If you checked "25% or More" of the business will be wholesale and answered "No" to restaurant items being sold, do not continue completing this application. A City of Milwaukee License is not required. Contact DATCP only.						
SECTION 2 FOOD PROCESSING						
Will any food processing be done? X 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.						
If Yes, check the types of food items: SNACKS & BEVERAGES includes, but is not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino, tea, fruit juice, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, popcorn, kettle corn, cotton candy, funnel cakes, fritters, tortilla chips w/ cheese MEALS includes, but is 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						
SECTION 3 FOOD REQUIRING TEMPERATURE CONTROL						
Will any food that requires temperature control be sold? [Includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry) If yes, list the types of food items: [MIC, Clesse: Med, lower,						

ccl-foodpian 8/1/17

SECTION 4	SHARED KITCHEN					
Will you be:	sharing kitchen space with another operator?					
No 🏋	If No, SKIP to Section 5					
☐ Yes	If Yes, check one:					
	I will rent space from another operate	or ("Shared	Kitchen /	Agreement"	is required)	
	I will rent space to another operator	[peddler/caterer]	ı			
SECTION 5	DETAILS OF OPERATION					
Answer the	following questions:					
Wil	l you have seating on site for dining?		⋉ No	Yes Yes		
Wil	I you be doing any catering?		X No	Yes		
Wil	l you be doing any delivery?		X No	Yes		
Wil	you have outdoor activities?		X No	Yes		
	If Yes to outdoor activities, check all that apply:	☐Bar	☐Cook	ing/Grilling	Dining	
Wil	I you have a drive thru window?		🔀 No	Yes Yes		
	If Yes to drive thru, are hours different from inside	fe?	☐ No	Yes Yes		
	If Yes, provide drive thru hours:					
Will	l any scales or barcode scanners be used?		X No	Yes		
	If Yes, a Weights & Measures application must b	e completed and	a license	obtained.		
SECTION 6	ADDITIONAL SITES MA					
Where will f	ood be prepared and/or sold?				.,,	
At a single site						
	At multiple sites (for example, a hotel with several dining rooms or bars) How many? If multiple sites, attach a Food Dealer Additional Site Addendum (ccl-foodadd) for each additional site.					
- September September Sep	established a cook of the cook	ence a transfer and a		Cucir address		
SECTION 7	CONSTRUCTION OR CHANGES					
Are you plar	nning any construction, remodeling or equipment	t changes?				
≯ No	If No, SKIP to Section 8					
Yes	If Yes, check all that apply:					
	New construction of a building					
	Construction changes to an existing building	g				
	Renovation or remodeling					
	Equipment changes only (installation or rep	lacement)				
Provide	a brief description of the changes:					
Start date:			······································			
Name, Addr	ess & Phone Number of Architect:					
	,					
Name, Address & Phone Number of Contractor:						

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SECTION	8 ALCOHOL BEVERAGES
Are you ap	plying 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 beverage license, when do you want the
	food license issued? Immediately X At the same time as the alcohol license
SECTION	9 ACKNOWLEDGEMENTS & SIGNATURE
You must i	nitial each item confirming your understanding:
Shi	Tunderstand the Health Department must conduct an inspection and advise the License Division of their approval before the license may be issued.
gri-	"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.
Sim	I understand the district alderperson will review and either approve or deny my application. If denied, I may appeal and be scheduled to appear before the Licenses Committee. The Licenses Committee will then make a
gre-	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.
gun-	'I understand the license must be issued and posted in my establishment prior to opening for business.
Bus-	I will not operate my food business until the license has been issued and posted in the establishment.
Signature	of sole proprietor, partner, agent or 20% shareholder: 51 class 5 7 Many
Signature	of additional partner(s): Mayindu Kour Main

