



CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Thursday, February 24, 2022

COMMITTEE MEETING NOTICE

AD 15

GHAFFAR, Farhan S, Agent
Alhamd Inc
8219 S Preserve WA
Franklin, WI 53132

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

Tuesday, March 08, 2022 at 02:50 PM

Regarding: Your Extended Hours Establishments, Filling Station, Food Dealer and Weights & Measures License Applications as agent for "Alhamd Inc" for "786 Petro Mart" at 2905 W Fond du Lac Av.

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

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

Notice for applicants with warrants or unpaid fines:

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

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

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

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

JIM OWCZARSKI, CITY CLERK

BY: _____

Jim Cooney
License Division Manager

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

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: 08/03/2021

LICENSE TYPE: Extended Hour Establishment

NEW:

RENEWAL:

No. 327585

Application Date: 08/02/2021

License Location: 2905 W Fond du lac Av

Business Name: 786 Petro Mart

Licensee/Applicant: GHAFAR, Farhan S
(Last Name, First Name, MI)

Date of Birth: 03/06/1979

Home Address: 8219 Preserve Way

City: Franklin

State: WI **Zip Code:** 53132

Home Phone:

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

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

1. On 12/28/2011 the applicant was charged in Milwaukee County with 3 counts of Possession of Synthetic Cannabinoid Party to a crime (Misdemeanor).

Charge: Possession of Synthetic Cannabinoid (3 counts)

Finding: Guilty all charges

Sentence: 15 months probation

Date: 09/26/2013

Case: 2011CF000257



Thursday, February 24, 2022



Notice of Public Hearing

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GHAFFAR, Farhan S
786 Petro Mart at 2905 W Fond du Lac Av.
Extended Hours Establishments, Filling Station, Food Dealer and Weights & Measures License
Applications

Tuesday, March 08, 2022 at 02:50 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 virtually on 3/08/2022 at 02:50 PM. This is a public hearing. Those wishing to view the proceeding are able to do so via the City Channel – Channel 25 on Spectrum Cable – or on the Internet at <http://city.milwaukee.gov/citychannel>. Those wishing to provide oral testimony will be asked to do so by phone or internet and are asked to contact the staff assistant, Yadira Melendez at (414) 286-2775 or stasst5@milwaukee.gov for necessary information. Please make such requests no later than one business day prior to the start of the meeting. You are not required to attend the hearing, but please see the information below if you would like to provide testimony. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing.

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

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

Please Note: If you have submitted an objection to the above application your objection cannot be considered by the committee unless you personally testify at the hearing.

| OCCUPANT | MAIL ADDRESS | CITY STATE ZIP |
|------------------|------------------------|--------------------------|
| CURRENT OCCUPANT | 2723 N 29TH ST | MILWAUKEE, WI 53210-2630 |
| CURRENT OCCUPANT | 2727 N 29TH ST | MILWAUKEE, WI 53210-2630 |
| CURRENT OCCUPANT | 2737 N 29TH ST | MILWAUKEE, WI 53210-2630 |
| CURRENT OCCUPANT | 2737A N 29TH ST | MILWAUKEE, WI 53210-2630 |
| CURRENT OCCUPANT | 2743 N 29TH ST | MILWAUKEE, WI 53210-2630 |
| CURRENT OCCUPANT | 2746 N 30TH ST | MILWAUKEE, WI 53210-2635 |
| CURRENT OCCUPANT | 2767 N 28TH ST | MILWAUKEE, WI 53210-2612 |
| CURRENT OCCUPANT | 2807 N 29TH ST | MILWAUKEE, WI 53210-2007 |
| CURRENT OCCUPANT | 2818 W FOND DU LAC AVE | MILWAUKEE, WI 53210-2627 |
| CURRENT OCCUPANT | 2943 W HADLEY ST | MILWAUKEE, WI 53210-2059 |

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Total Records 10

Radius: 250.0 and Center of Circle: 2905 W Fond Du Lac Av



APPLICATION AMENDMENT

Office of the City Clerk License Division
200 E. Wells Street, Room 105, Milwaukee, WI 53202 (414) 286-2238

Date: 01-17-22

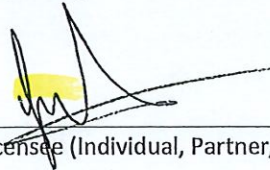
To the License Division of the City of Milwaukee:

I, ALHAMD INC Farhan ghaffar wish to amend my answer(s) on the application for a
(full legal name)
filling station
convenience store 24 hr license at 2905 W Fond du lac Ave :
(type of license) (premises address, if applicable)

by adding or amending the following information (complete only those sections being amended):

1. Answer to Question(s) # _____ should be: _____
2. Agent should be (full legal name): _____ Also complete 3, 4, 5 & 6
3. Date of birth should be: _____
4. Home address should be (include city/state/zip): _____
5. Phone number should be (include area code): _____
6. Driver's License Number/State ID Number should be: _____
7. Corporation/LLC name should be (full legal name): _____
8. Business name should be: _____
9. Premises address should be (include city/state/zip): _____
10. Business phone number should be (include area code): _____
11. Mailing address should be (include city/state/zip): _____
12. Email address should be: _____
13. Recycling/Salvaging/Towing: Location where vehicle will be parked should be (include city/state/zip): _____
14. Class B Tavern: Age Distinction should be: _____
15. Other: 24 hr License EXCEPT Memorial THRU LABOR DAY

(Check with the License Division before submitting "Other" amendments using this form.)


Signature of Licensee (Individual, Partner, or Agent of Corp/LLC)

Office Use Only: Application # #327585 #327587 ~~#327588~~ Date: 02.17.22 Initials: _____ To LC: _____
LC Email: MPD NS HD Initials: _____



APPLICATION AMENDMENT

Office of the City Clerk License Division
200 E. Wells Street, Room 105, Milwaukee, WI 53202 (414) 286-2238

Date: 08/31/21

To the License Division of the City of Milwaukee:

I, Alhamd inc, wish to amend my answer(s) on the application for a

(full legal name)

Food

(type of license)

license at 2905 w fond du lac ave

(premises address, if applicable)

by adding or amending the following information (complete only those sections being amended):

1. Answer to Question(s) # _____ should be: _____
2. Agent should be (full legal name): _____ Also complete 3, 4, 5 & 6
3. Date of birth should be: _____
4. Home address should be (include city/state/zip): _____

5. Phone number should be (include area code): _____
6. Driver's License Number/State ID Number should be: _____
7. Corporation/LLC name should be (full legal name): _____
8. Business name should be: _____
9. Premises address should be (include city/state/zip): _____

10. Business phone number should be (include area code): _____
11. Mailing address should be (include city/state/zip): _____

12. Email address should be: _____
13. Recycling/Salvaging/Towing: Location where vehicle will be parked should be (include city/state/zip): _____

14. Class B Tavern: Age Distinction should be: _____
15. Other: adding processing to food license application

(Check with the License Division before submitting "Other" amendments using this form.)

Signature of Licensee (Individual, Partner, or Agent of Corp/LLC)

Office Use Only: Application #: FOOD 327588 Date: 9/1/2021 Initials: CR To LC: _____
LC Email: MPD NS HD Initials: _____

ADD 15



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: licens@milwaukee.gov

cc: busplan 5/12/2020

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:
CAS station with convenience store

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

2. Business Operations

a. Proposed Opening Date: ASAP

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: Extended Hours, Filling Station, Cigarette and Tobacco, Food Dealer, Weight and Measures

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 (NO)
 If yes, list address(es): ~~7905 N 70th St~~

h. Are other businesses operating in the same building? No Yes If yes, describe: _____

3. Litter & Noise

a. How are grounds kept clean? Sweep Pressure Wash Pick Up Litter Other: _____

b. How often will grounds be cleaned? Daily Weekly As Needed Monthly Other: _____

c. Grounds cleaned by: Licensee Building Owner Employees Hired Maintenance Other: _____

d. How are noise issues prevented and/or addressed? Security Manager approaches customer(s) Call Police
 Signs Posted Other: _____

e. Will a sound amplification system be used? No Yes If yes, describe: _____

4. Smoking & Sanitation

a. Are there designated outdoor smoking areas? No Yes If yes, describe: _____

b. Number of Garbage Cans: Inside: 2 Locations: one nearby coffee one in the cashier
 Outside: 4 Locations: nearby each pump and one by entrance

c. Is a crowd control barrier used? No Yes If yes, describe: _____

d. How many restrooms are on the premises? 1

e. Name of solid waste contractor: Advanced Disposal Waste Management Other: EA/OLE

7905 N 70th St
 MILWAUKEE WI 53223

Station, Cigarette and
 Tobacco, Food Dealer,
 Weight and Measures

5. Security

a. Are there onsite parking spaces? No Yes If yes, how many? 4 and describe the parking security plan: Security Cameras In use

b. Is there a loading zone? No Yes If yes, describe the loading area security plan: _____

c. Will you have security personnel on premise? No Yes If yes, how many? _____ and answer the following:
 What are their responsibilities? _____
 Is security equipment used? No Yes If yes, describe security camera system
 List their licensing, certification, or training credentials _____

d. Will there be security cameras? No Yes If yes, how many? 9 and list locations: outdoor and indoor

e. Will searches/identification checks be done upon entry? No Yes If yes, describe _____

6. Percentage of Sales (must total 100%)

| | | | |
|----------------------------------|---|--|---|
| Alcohol <u>N/A</u> % | Food <u>25</u> % | Secondhand Merchandise <u>N/A</u> % | Precious Metals & Gems <u>N/A</u> % |
| Entertainment <u>N/A</u> % | Cigarettes <u>25</u> % | Personal Services (such as tattoo, body piercing, salon, tanning, etc.) <u>N/A</u> % | Other <u>N/A</u> % Describe: <u>N/A</u> |
| Pawnbroker Activity <u>N/A</u> % | Salvaged Materials <u>N/A</u> % (such as scrap metal) | | |

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

Type 1

Full Service Restaurant Cafe/Coffee Shop Deli or Fast Food Restaurant Private/Fraternal/Veterans Club

Night Club Tavern Cocktail Lounge Teen Club

Banquet Hall Sports Facility Bowling Alley

Hotel/Motel: Number of Floors: _____ Number of Rooms: _____

Rooming House: Number of Floors: _____ Number of Rooms: _____

Type 2

Liquor Store Corner Store Supermarket Convenience Store

Gas Station Amusement/Phonograph Distributor Recycling, Salvage or Towing

Used Car Dealer Personal Service Establishment (such as tattoo business, hair salon, tanning, etc.) Recording Studio

What other licenses/permits will you hold at this location? (check all that apply)

Occupancy Permit Cigarette & Tobacco Gas Station Extended Hours Class "B" Tavern Weights & Measures

Secondhand Dealer Precious Metal & Gem Other: _____

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

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

9. Premises Description

- a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage):
 1st Floor 2nd Floor Basement Storage Patio Beer Garden Sidewalk Café Deck Rooftop
 Other: Describe: _____
- b. Describe Location: Major Thoroughfare Secondary Street Other: _____
- c. Nearest Major Cross Street: 29th St & Fond du Lac Ave
- d. Describe Building: Free Standing Building Strip Mall Other: _____
- e. Describe Premises Structure: Single Story Multi-Story - # of Stories _____ Other: _____
- f. Describe Surrounding Area: Commercial Residential Industrial Other: _____
- g. Building Owner Name: ALHAMB INC Phone Number: 414/801-0786
 Building Owner Address: 2905 W Fond du Lac Ave Milwaukee WI 53210

10. Hours of Operation & Customers

Will customers be entering the premises? No Yes

| Day of the Week | Proposed Hours of Operation: | | Estimated Number of Customers expected each day | Potential Age Range of Customers | Class B Tavern Applicant Only: Age Restriction (if none, write 'None') |
|-----------------|----------------------------------|-----------------------------------|---|----------------------------------|--|
| | Open Time (Include a.m. or p.m.) | Close Time (Include a.m. or p.m.) | | | |
| Sunday | 24hr | 24hr | 275 | | None |
| Monday | 24hr | 24hr | 300 | | None |
| Tuesday | 24hr | 24hr | 325 | | None |
| Wednesday | 24hr | 24hr | 300 | | None |
| Thursday | 24hr | 24hr | 325 | | None |
| Friday | 24hr | 24hr | 350 | | None |
| Saturday | 24hr | 24hr | 300 | | None |

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

Alcohol Establishments Class A: 8:00 am to 9:00 pm Sunday thru Saturday
 Permitted Hours of Operation: Class B: 6:00 am to 2:00 am Sunday thru Thursday, 6:00 am to 2:30 am Friday & Saturday
 Entertainment Outdoor Closing Hours: 10:00 pm Sunday-Thursday; 12:00 am Friday & Saturday; unless a different time, either earlier or later, is established by the Common Council in its approval of the licensee's plan of operation.

11. Signature(s)

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

 Signature of additional partner or 20% or more shareholder

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



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

OFFICE OF THE CITY CLERK, LICENSE DIVISION
CITY HALL, 100 E. WELLS ST., ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 • license@milwaukee.gov • www.milwaukee.gov/license

Legal Entity Name: ALHAMD INC

Premise Address: 2905 W Fond Du Lac Ave Milwaukee WI 53210

Filling Station License Fee \$ 275

Weights & Measures License Fee

Number of Retail Petroleum Meters* 18 x \$60 per meter = \$ 1080

*For each nozzle, count the number of grades (not including midgrade if mixed in the pump), add the number of all grades together and that is your number of retail petroleum meters.


Will electronic scanners be used to determine/record the price of items? No Yes

Will scales be used to price items based on their weight? No Yes

If yes to either or both questions, a separate Weights & Measures License Application must be submitted for these devices.

Acknowledgements and Signature

I confirm that all information is true and correct. I understand any changes to the information in this application must be reported to the City Clerk License Division within 10 days. I have knowledge of the City of Milwaukee ordinances currently regulating the licenses applied for and understand that the licenses may be subject to suspension, non-renewal, or revocation if I violate these regulations.


Signature of Sole Proprietor, Partner, or 20% or more Shareholder
(If no 20% or more Shareholder, Corporate Officer must sign and provide title)

Signature of Additional Partner or 20% or more Shareholder

Submit this form with the following:

- Business License Application
- Business Plan of Operation
- Floor plan
- License fees

Forms can be obtained online at www.milwaukee.gov/licenses

Office Use Only:

| | | | | | |
|------|-------|-------|-------|----------|-------|
| App# | _____ | Filed | _____ | Initials | _____ |
| Paid | _____ | MPD | _____ | CC | _____ |
| HO | _____ | DNS | _____ | Lic# | _____ |




FOOD DEALER LICENSE PLAN OF OPERATION

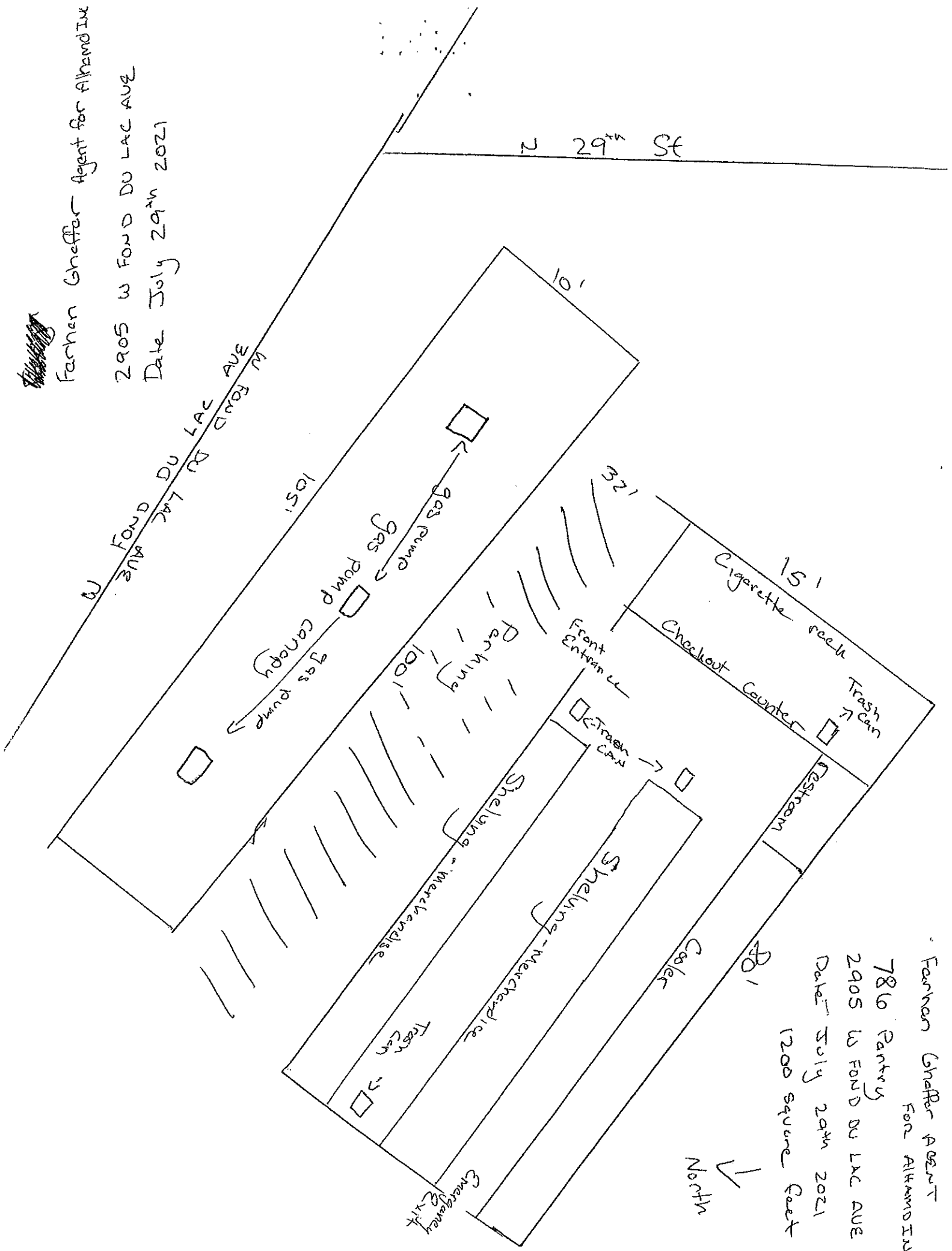
ccl-foodplan 2/28/19

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

| | |
|--|--|
| Legal Entity Name: ALHAMD INC. | |
| Premises Address: 2905 W Fond Du Lac Ave Milwaukee WI 53206 | |
| SECTION 1 TYPE OF BUSINESS | |
| What will be the majority of your food sales? (check one) | |
| <input type="checkbox"/> Restaurant Items (meals): MEALS include, but are not limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, nachos w/ cheese and meat, French fries, cooked or deep fried vegetables/fruit, cooked cheese curds, corn dogs, egg rolls, salads. | |
| <input checked="" type="checkbox"/> Retail Items (snacks and beverages): RETAIL items include, but are not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino, tea, fruit juice, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, kettle corn, cotton candy, funnel cakes, fritters, tortilla chips w/ cheese. | |
| Will it be a convenience store? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No A convenience store contains less than 5,000 square feet of retail space and has, as its primary business, the sale of basic food items and in addition, sells household products or is a filling station that sells basic food items and household products. | |
| <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Micro Market | |
| All Applicants: Submit a menu or a list of food items that will be sold. | |
| Will any wholesale business be done? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, what percentage of food sales will be wholesale? | |
| <input type="checkbox"/> Less than 25% | |
| <input type="checkbox"/> 25% or More AND: <input type="checkbox"/> Restaurant items (meals) will be sold – Complete this application and also contact DATCP. <input type="checkbox"/> NO restaurant items (meals) will be sold - Do NOT complete this application. Contact DATCP only. | |
| SECTION 2 FOOD PROCESSING | |
| Will any food processing be done? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| Processing is defined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, extracting, fermenting, distilling, pickling, freezing, drying, smoking, or packaging. | |
| SECTION 3 FOOD REQUIRING TEMPERATURE CONTROL | |
| Will any food that requires temperature control be sold? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry) | |
| Milk, Cheese, And Ice Cream, eggs | |
| If yes, list the types of food items: _____ | |

| SECTION 4 DETAILS OF OPERATION | |
|--|--|
| Will you have seating on site for dining? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| Will you be doing any catering? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| Will you be doing any delivery? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| Will you have outdoor activities? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - Check all that apply: <input type="checkbox"/> Bar <input type="checkbox"/> Cooking/Grilling <input type="checkbox"/> Dining |
| Will you have a drive thru window? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - Are hours different from inside? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, provide drive thru hours: _____ |
| Will scales or barcode scanners be used? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - You must also apply for a Weights & Measures License. |
| SECTION 5 ADDITIONAL SITES | |
| Where will food be prepared and/or sold? <input checked="" type="checkbox"/> At a single site <input type="checkbox"/> At multiple sites: How many? _____ (for example, a hotel with several dining rooms or bars) If multiple sites, attach a Food Dealer Additional Site Addendum (ccl-foodadd) for each additional site. | |
| SECTION 6 CONSTRUCTION OR CHANGES | |
| Are you planning any construction, remodeling or equipment changes? <input checked="" type="checkbox"/> No If No, SKIP to Section 8 <input type="checkbox"/> Yes If Yes, check all that apply: <input type="checkbox"/> New construction of a building <input type="checkbox"/> Renovation or remodeling <input type="checkbox"/> Construction changes to existing building <input type="checkbox"/> 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? <input checked="" type="checkbox"/> No If No, SKIP to Section 8 <input type="checkbox"/> Yes If YES, if your food license is approved prior to the alcohol license, when do you want the food license issued? <input type="checkbox"/> Immediately <input type="checkbox"/> At the same time as the alcohol license | |
| SECTION 8 ACKNOWLEDGEMENTS & SIGNATURE | |
| You must initial each item confirming your understanding: | |
| FG | I understand the Health Department must conduct an inspection and advise the License Division of their approval before the license may be issued. |
| FG | 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. |
| FG | 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. |
| FG | 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. |
| FG | I will not operate my food business until the license has been issued and posted in the establishment. |
| Signature of Sole Proprietor, Partner, or 20% Shareholder: _____  | |
| Signature of Additional Partner: _____ | |

~~XXXXXXXXXX~~
Farhan Ghafeer Agent for Alkandil
2905 W FOND DU LAC AVE
Date July 29th 2021



Farhan Ghafeer Agent
7860 Partry
2905 W FOND DU LAC AVE
Date July 29th 2021
1200 square feet