



CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Thursday, May 16, 2024

COMMITTEE MEETING NOTICE

AD 01

ABUINAAJ, Rateb A, Agent
HEBA, LLC
3526 W Silver Spring DR
Milwaukee, WI 53209

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.

Wednesday, May 29, 2024 at 11:40 AM

The access code is <https://meet.goto.com/790544861>. If you wish to call in: **+1 (872) 240-3412** and use Access Code: **790-544-861**
Please see the enclosed best practices document for further instructions.

Regarding: Your Extended Hours Establishments License Application To Close at 2AM Mon-Sat for Delivery and Online Orders Only as agent for "HEBA, LLC" for "Chicken & Grill House Restaurant" at 3526 W SILVER SPRING DR.

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

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

Failure to appear at this meeting may result in the denial of your license. Individual applicants must appear only in person or by an attorney. Corporate or Limited Liability applicants must appear only by the agent designated on the application or by an attorney. Partnership applicants must appear by a partner listed on the application or by an attorney. If you wish to do so and at your own expense, you may be accompanied by an attorney of your choosing to represent you at this hearing. You will be given an opportunity to speak on behalf of the application and to respond and challenge any charges or reasons given for the denial. No petitions can be accepted by the committee, unless the people who signed the petition are present at the committee hearing and willing to testify. You may present witnesses under oath and you may also confront and cross-examine opposing witnesses under oath. If you have difficulty with the English language, you should bring an interpreter with you, at your expense, so that you can answer questions and participate in your hearing.

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

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

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

JIM OWCZARSKI, CITY CLERK

BY: _____
Jim Cooney
License Division Manager

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

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



Thursday, May 16, 2024



Notice of Public Hearing

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ABUINAAJ, Rateb A, Agent
Chicken & Grill House Restaurant at 3526 W SILVER SPRING DR
Extended Hours Establishments License Application To Close at 2AM Mon-Sat for Delivery and
Online Orders Only

Wednesday, May 29, 2024 at 11:40 AM

To whom it may concern:

The above application has been made by the above named applicant(s). This requires approval from the Licenses Committee and the Common Council of the City of Milwaukee. The hearing before the Licenses Committee will take place on 5/29/2024 at 11:40 AM in Room 301-B, Third Floor, City Hall. This is a public hearing. Those wishing to view the proceeding are able to do so via the City Channel – Channel 25 on Spectrum Cable – or on the Internet at <http://city.milwaukee.gov/citychannel>. Those wishing to provide oral testimony via internet are asked to contact the staff assistant, Yadira Melendez at (414) 286-2775 or stasst5@milwaukee.gov for necessary information. Please make such requests no later than one business day prior to the start of the meeting. You are not required to attend the hearing, but please see the information below if you would like to provide testimony. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing.

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

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

OCCUPANT	MAIL ADDRESS	CITY STATE ZIP
CURRENT OCCUPANT	3510A W SILVER SPRING DR	MILWAUKEE, WI 53209-4036
CURRENT OCCUPANT	3512 W SILVER SPRING DR	MILWAUKEE, WI 53209-4036
CURRENT OCCUPANT	3518A W SILVER SPRING DR	MILWAUKEE, WI 53209-4036
CURRENT OCCUPANT	3526A W SILVER SPRING DR	MILWAUKEE, WI 53209-4036
CURRENT OCCUPANT	5555 N 35TH ST	MILWAUKEE, WI 53209-4755
CURRENT OCCUPANT	5555A N 35TH ST	MILWAUKEE, WI 53209-4755
CURRENT OCCUPANT	5556 N 36TH ST	MILWAUKEE, WI 53209-4760
CURRENT OCCUPANT	5556A N 36TH ST	MILWAUKEE, WI 53209-4760
CURRENT OCCUPANT	5559 N 35TH ST	MILWAUKEE, WI 53209-4755
CURRENT OCCUPANT	5560 N 36TH ST	MILWAUKEE, WI 53209-4760
CURRENT OCCUPANT	5560A N 36TH ST	MILWAUKEE, WI 53209-4760
CURRENT OCCUPANT	5561 N 35TH ST	MILWAUKEE, WI 53209-4755
CURRENT OCCUPANT	5565 N 35TH ST	MILWAUKEE, WI 53209-4755
CURRENT OCCUPANT	5567 N 36TH ST	MILWAUKEE, WI 53209-4759
CURRENT OCCUPANT	5568 N 36TH ST	MILWAUKEE, WI 53209-4760
CURRENT OCCUPANT	5605 N 35TH ST	MILWAUKEE, WI 53209-4031
CURRENT OCCUPANT	5605 N 35TH ST# A	MILWAUKEE, WI 53209-4031
CURRENT OCCUPANT	5619 N 35TH ST	MILWAUKEE, WI 53209-4031
CURRENT OCCUPANT	5619 N 36TH ST	MILWAUKEE, WI 53209-4005
CURRENT OCCUPANT	5620 N 36TH ST	MILWAUKEE, WI 53209-4006
CURRENT OCCUPANT	5622 N 36TH ST	MILWAUKEE, WI 53209-4006
CURRENT OCCUPANT	5622A N 36TH ST	MILWAUKEE, WI 53209-4006
CURRENT OCCUPANT	5626 N 37TH ST	MILWAUKEE, WI 53209-4014
CURRENT OCCUPANT	5626A N 37TH ST	MILWAUKEE, WI 53209-4014
CURRENT OCCUPANT	5628 N 36TH ST	MILWAUKEE, WI 53209-4006
CURRENT OCCUPANT	5629 N 35TH ST	MILWAUKEE, WI 53209-4031
CURRENT OCCUPANT	5631 N 36TH ST	MILWAUKEE, WI 53209-4005
CURRENT OCCUPANT	5632 N 36TH ST	MILWAUKEE, WI 53209-4006
CURRENT OCCUPANT	5632A N 36TH ST	MILWAUKEE, WI 53209-4006
CURRENT OCCUPANT	5634 N 37TH ST	MILWAUKEE, WI 53209-4014
CURRENT OCCUPANT	5635 N 35TH ST	MILWAUKEE, WI 53209-4031
CURRENT OCCUPANT	5635 N 36TH ST	MILWAUKEE, WI 53209-4005
CURRENT OCCUPANT	5637 N 35TH ST	MILWAUKEE, WI 53209-4031
CURRENT OCCUPANT	5640 N 36TH ST	MILWAUKEE, WI 53209-4006
CURRENT OCCUPANT	5643 N 36TH ST	MILWAUKEE, WI 53209-4005
CURRENT OCCUPANT	5644 N 36TH ST	MILWAUKEE, WI 53209-4006
CURRENT OCCUPANT	5645 N 35TH ST	MILWAUKEE, WI 53209-4031
CURRENT OCCUPANT	5647 N 36TH ST	MILWAUKEE, WI 53209-4005
CURRENT OCCUPANT	5650 N 36TH ST	MILWAUKEE, WI 53209-4006

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Total Records: 39

Radius 250.0 feet and Center of the Circle: 3526 W Silver Spring Dr



APPLICATION AMENDMENT

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

Date: 04-22-24

To the License Division of the City of Milwaukee:

I, Ratch Abernagj, wish to amend my answer(s) on the application for a

(full legal name)

Extended Hours license at 3524 W. Silver Spring Dr.

(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: Delivery and online order only No ding or carry out

(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 #: 343784 Date: 4-22-24 Initials: TR 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: 03-19-24

To the License Division of the City of Milwaukee:

I, Rateb Aburnag, wish to amend my answer(s) on the application for a

(full legal name)

Food Restraint license at 3526 W Silver Spring Dr:

(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: Amending the hour's to 2:00 AM Monday to Saturday
we open at: 11:00 AM Sunday closed

(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 #: _____ Date: _____ Initials: _____ To LC: _____

LC Email: MPD NS HD Initials: _____



BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 5/12/2020

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

no dine-in
confirmed with applicant over the phone
11-15-22 AC

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:

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

2. Business Operations

- a. Proposed Opening Date: open
- 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: food restrant
- e. Is the current licensee operating? No Yes If no, list date closed: _____
- f. Do you have future plans for other businesses, licenses or permits at this location? No Yes
If yes, explain: _____
- g. Have you previously held an Extended Hours License in Milwaukee? No Yes
If yes, list address(es): _____
- h. Are other businesses operating in the same building? No Yes If yes, describe: _____

3. Litter & Noise

- a. How are grounds kept clean? Sweep Pressure Wash Pick Up Litter Other: _____
- b. How often will grounds be cleaned? Daily Weekly As Needed Monthly Other: _____
- c. Grounds cleaned by: Licensee Building Owner Employees Hired Maintenance Other: _____
- d. How are noise issues prevented and/or addressed? Security Manager approaches customer(s) Call Police
 Signs Posted Other: _____
- e. Will a sound amplification system be used? No Yes If yes, describe: _____

4. Smoking & Sanitation

- a. Are there designated outdoor smoking areas? No Yes If yes, describe: _____
- b. Number of Garbage Cans: Inside: 3 Locations: front intbed
Outside: None Locations: _____
- c. Is a crowd control barrier used? No Yes If yes, describe: _____
- d. How many restrooms are on the premises? 2
- e. Name of solid waste contractor: Advanced Disposal Waste Management Other: _____

5. Security

- a. Are there onsite parking spaces? No Yes If yes, how many? _____ and describe the parking security plan: _____
- b. Is there a loading zone? No Yes If yes, describe the loading area security plan: None Camo's
- 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 Alarm system!
 List their licensing, certification, or training credentials _____
- d. Will there be security cameras? No Yes If yes, how many? 12 and list locations: in side and out side
- e. Will searches/identification checks be done upon entry? No Yes If yes, describe _____

6. Percentage of Sales (must total 100%)

Alcohol _____%	Food <u>100</u> %	Secondhand Merchandise _____%	Precious Metals & Gems _____%
Entertainment _____%	Cigarettes _____%		
Pawnbroker Activity _____%	Salvaged Materials _____% (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____%	Other _____% Describe: _____

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, tailor, etc.) Recording Studio

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

- Occupancy Permit Cigarette & Tobacco Gas Station Extended Hours Class "B" Tavern Weights & Measures
- Secondhand Dealer Precious Metal & Gem Other: _____

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

Capacity _____ (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: _____

d. Describe Building: Free Standing Building Strip Mall Other: _____

e. Describe Premises Structure: Single Story Multi-Story - # of Stories 2 Other: _____

f. Describe Surrounding Area: Commercial Residential Industrial Other: _____

g. Building Owner Name: Rafab Abulmaj Phone Number: 414-527-6700

Building Owner Address: _____

10. Hours of Operation & Customers

Will customers be entering the premises? No Yes

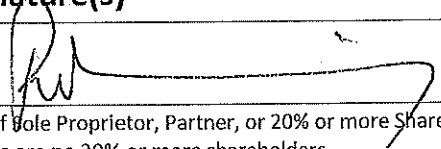
Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	Closed				
Monday	10:00 AM	3:00 AM			
Tuesday	10:00 AM	3:00 AM			
Wednesday	10:00 AM	3:00 AM			
Thursday	10:00 AM	3:00 AM			
Friday	10:00 AM	3:00 AM			
Saturday	10:00 AM	3:00 AM			

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

Alcohol Establishments Class A: 8:00 am to 9:00 pm Sunday thru Saturday
 Permitted Hours of Operation: Class B: 6:00 am to 2:00 am Sunday thru Thursday, 6:00 am to 2:30 am Friday & Saturday

Entertainment Outdoor Closing Hours: 10:00pm Sunday-Thursday; 12:00am Friday & Saturday; unless a different time, either earlier or later, is established by the Common Council in its approval of the licensee's plan of operation.

11. Signature(s)


 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.