



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

Wednesday, December 17, 2025

COMMITTEE MEETING NOTICE

AD 15

SINGH, Jatinder, Agent
FDL SUPERMARKET INC.
2709 N 28TH ST
MILWAUKEE, WI 53210

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

Tuesday, January 06, 2026 at 10:10 AM

The access code is <https://meet.goto.com/880736941>. Please see the enclosed best practices document for further instructions.

Regarding: Your Class A Fermented Malt, Food Dealer and Weights & Measures Licenses Application as agent for "FDL SUPERMARKET INC." for "FDL MEAT MARKET" at 2709 N 28TH 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.

**Notice for applicants with
warrants or unpaid fines:**

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

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

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

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

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

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

JIM OWCZARSKI, CITY CLERK

BY:

**Jim Cooney
License Division Manager**

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

200 E. Wells Street, Room 105, City Hall, Milwaukee, WI 53202. www.milwaukee.gov/license

Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: License@milwaukee.gov



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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

Jackson, Annette

From: Jatinder Singh <jatinderghotra1313@gmail.com>
Sent: Monday, November 3, 2025 1:08 PM
To: Jackson, Annette
Subject: Ticket payment
Attachments: 20251103_125929.jpg

Good afternoon madam I pay ticket by check and call marion district Court to email proof of payment receipt and they told me they are unable to send email they can mail me receipt of payment but I have to send them envelope with postal stamp but it gone take a 3 days or they can fax me ticket but I don't have a fax so if possible can you please send me fax number or you can call and I attach payment receipt from my bank please take a look if anything else need to be done or how it works please let me know and thanks for helping me jatinder Singh 4147663305 and have a nice day thank you



Current Date: November 03, 2025

Account Number: 2178569394
Capture Date: October 31, 2025
Item Number: 5250021982226
Posted Date: October 31, 2025
Posted Item Number: 304023210
Amount: 695.00
Record Type: Debit

RAVNEET PETRO INC II
4218 W FIELDVIEW CT
FRANKLIN WI 53132

RAVNEET PETRO INC II
2812 W Fond Du Lac Ave
Milwaukee, WI 53210-2827

DATE 10-30-2025

PAY TO THE ORDER OF Marion district courthouse \$ 695.00

Six hundred ninety five dollars only

Associated bank
1301 N Dr ML K & Dr
Milwaukee WI 53212

FOR 015-24-11-8

Kenar Singh

002160 075900575 2178 569 394

Details on Back

Security Features Included

BusDt: 103025 Time: 16:20:00
Drawier: 21302 TrNum: 89

Southern Bancorp
002901331- 10/30/2025

FOR DEPOSIT ONLY
ONLINE ONLY
CHECKS ONLY
CASH ONLY
CASH ONLY

MILWAUKEE POLICE DEPARTMENT

LICENSING

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

DATE: 09/16/25
LICENSE TYPE: AMALT
NEW: ☒
RENEWAL: ☐

No. 385711
Application Date:

License Location: 2709 N 28
Business Name: FDL Supermarket

Licensee/Applicant: Singh, Jatinder
(Last Name, First Name, MI)

Date of Birth: 06/08/88

Home Address: 6700 W Motlke Ave
City: Milwaukee
Home Phone:

State: WI Zip Code: 53210

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

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

1. On 10/05/16 the applicant was charged with OWI in Milwaukee County Circuit Court. On 07/23/19, they were convicted and license was revoked for 9 months.
2. The applicant has the following warrant with Crittenden County:

ON-24-206	Traffic Offense	\$465.00	03/08/24
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MILWAUKEE POLICE DEPARTMENT

LICENSING

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

DATE: 09/16/25
LICENSE TYPE: AMALT
NEW: ☒
RENEWAL: ☐

No. 385711
Application Date:

License Location: 2709 N 28
Business Name: FDL Supermarket

Licensee/Applicant: Singh, Kamalpreet
(Last Name, First Name, MI)

Date of Birth: 02/01/88

Home Address: 9311 S Orchard Park Cir #3b
City: Oak Creek State: WI Zip Code: 53154
Home Phone:

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

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

1. The applicant has the following warrant with Oak Creek Police:

CR92MMCPF	Traffic Offense	\$98-80	01/14/25
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PREVIOUS PREMISE

Date: 09/25/2025
Officer: Gussie Nelson

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

Name of Premise: FDL Supermarket
Address: 2709 N 28 Street

Phone: 414-899-0848
Owner: Kan War Vir Singh
Owner address: 4683 W Rustic Summit Pass
City State Zip: Franklin, WI 53132
Owner Phone: 414-899-0848
Owner email: Unknown

Manager: Jatinder Singh
Home Address: 6700 W Moltke Ave.
City State Zip: Milwaukee, WI 53210
Phone: 414-766-3305
Email: Jatinderghodra1313@gmail.com

Preferred contact: 414-766-3505, Jatinder Singh

Location currently open: ☒ YES ☐ NO

Projected open date: December

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

Hours of Operation: Sun: 9:00AM to 9:00PM ☐24 hours ☐Y ☒N
Mon: 9:00AM to 9:00PM
Tue: 9:00AM to 9:00PM
Wed: 9:00AM to 9:00PM
Thu: 9:00AM to 9:00PM
Fri: 9:00AM to 9:00PM
Sat: 9:00AM to 9:00PM

Premise Type: ☐Liquor Store
☒Convenience Store
☒Other: Beer

Licenses currently held:
Alcohol: ☐Yes ☒No Class: #:

Tobacco: ☒ Yes ☐ No #:
 Food: ☒ Yes ☐ No #:
 Extended Hours: ☐ Yes ☒ No #:
 Secondhand Dealer: ☐ Yes ☒ No Type: #:
 Other: ☐ Yes ☐ No Type: #:
 Other: ☐ Yes ☐ No Type: #:

Exterior Survey:

1. Is the area around the location clean? ☐ Yes ☒ No
2. What surrounds the location? (Check all the apply)
 - a. ☐ Park
 - b. ☒ School
 - c. ☐ Youth Center
 - d. ☒ Church
 - e. ☐ Tavern(s) If so, how many
 - f. ☒ Residential
 - g. ☒ Other businesses
 - h. ☐ Other:
3. Can you see from the outside of the location into the interior ☒ Yes ☐ No
4. Can you see the employees inside of the location from the outside ☐ Yes ☒ No
5. Are exterior windows free of signage ☐ Yes ☒ No
6. Is there a parking lot ☒ Yes ☐ No
7. Is the parking lot clean? ☐ Yes ☒ No
8. Is the parking lot well lit? ☒ Yes ☐ No
9. Are there areas where a person could conceal themselves ☐ Yes ☒ No
10. Is there exterior lighting? ☒ Yes ☐ No. Does it appears to be adequate ☒ Yes ☐ No
11. Exterior Payphone? ☐ Yes ☒ No
12. Are there No Loitering Signs posted? ☐ Yes ☒ No
13. Are there exterior security cameras ☒ Yes ☐ No How Many: 4
14. Are the address numbers prominently displayed and easy to see ☒ Yes ☐ No

Camera Survey:

15. Does this location have security cameras? ☒ Yes ☐ No
16. Are they in working order? ☒ Yes ☐ No
17. What format are the cameras?
 - a. Color ☒ Yes ☐ No
 - b. Digital ☒ Yes ☐ No
 - c. VCR ☒ Yes ☐ No
 - d. Recorded ☒ Yes ☐ No
18. How long is footage stored for later viewing: 30 days or more
19. Are there exterior cameras ☒ Yes ☐ No How many: 4
20. Are there interior cameras ☒ Yes ☐ No How many: 28
21. Do all employees know how to retrieve recorded digital images/footage? ☒ Yes ☐ No

Interior Survey:

22. Is the storeowner willing to be a standing complainant regarding loitering? ☒ Yes ☐ No
 a. If yes have them fill out the standing complaint form and give them two of the commercial signs ☒ Yes ☐ No
23. Is the interior of the location neat and clean? ☒ Yes ☐ No
24. Does an interior camera face the entrance/exit? ☒ Yes ☐ No
25. Is there a lockable area that separates employees from customers? ☒ Yes ☐ No
26. Does the store sell single chore boy? ☐ Yes ☒ No
27. Does the store sell blunt wraps? ☒ Yes ☐ No
28. Does the store sell scales? ☐ Yes ☒ No
29. Does the store sell items that may be used as crack pipes? ☐ Yes ☒ No
 a. Describe item
30. Does the store have an over abundance of sandwich baggies: ☒ Yes ☐ No
31. Does the owner understand that these items are often used for drug use? ☒ Yes ☐ No
32. Do the products in the store appear to be new and rotated often? ☒ Yes ☐ No
33. Are emergency and non-emergency numbers posted near the phone? ☐ Yes ☒ No
34. Does the owner know how to contact their police district directly? ☒ Yes ☐ No
 a. Did you provide a district contact guide to the owner? ☒ Yes ☐ No

Complete this section if alcohol establishment is a convenience store:

(** Read full ordinance for all details "68-4.3 Convenience Food Stores")

All convenience food stores not exempted under sub. 3 shall:

1. Is the cash register located in a manner so that at the time of a sales transaction, the employee and customer are both visible from the sidewalk? ☐ Yes ☒ No **
2. Are the glass entrance and exit doors clear of any signs or advertisements with the exception of a sign which states that the cash register contains \$50 or less and that the safe is no accessible to employees? ☐ Yes ☒ No
3. Does the store maintain one of the following on the licensed premise:
 - a. A safe that was in use at the convenience food store on August 17, 1994? ☐ Yes ☒ No
 - b. A drop-safe or time release safe that weighs at least 500 pounds or which is attached to or set into the floor in a manner approved by the police department? ☐ Yes ☒ No
4. Is lighting provided for the store's parking area during all hours of darkness when employees or customers are on the premises at a minimum average of 2-foot candles per square foot, unless the store is not open for business after sunset and before sunrise? ☒ Yes ☐ No ☐ N/A
5. Are at least two high-resolution surveillance security cameras installed? ☒ Yes ☐ No
6. Are the security cameras in working order? ☒ Yes ☐ No
7. Does one camera show an overall view of the counter and register area? ☒ Yes ☐ No
8. Does one camera show a clear, identifiable, full frame image of the face of each person entering and leaving the store? ☒ Yes ☐ No
9. Are the camera views obstructed by fixtures or displays? ☐ Yes ☒ No
10. Is the recorded footage stored for at least 30 days? ☒ Yes ☐ No
11. Do all store employees know how to record footage from the camera system to media capable of being transferred to police custody? ☒ Yes ☐ No
12. Are customer entrances/exits made of glass or other transparent material? ☒ Yes ☐ No
 - a. Exception: A store that does not have such doors on August 17, 1994 shall not be required to install such doors until the holder of the store's food dealer license changes.
13. Has the owner and their employees attended the Robbery Prevention Training within 120 days of ownership or employment? ☐ Yes ☒ No
 - a. Contact Community Outreach and Education at 935-7836 for schedule.

Sub 3. Exemptions. The requirements of this section do not apply to a convenience food store that conforms to either of the following descriptions:

- a-1. The store is located in an enclosed shopping structure, enclosed commercial building or hospital. A convenience food store is not in an enclosed structure or building if a customer can enter it directly from the outside.
Does store conform to a-1 ☐ Yes ☒ No
- a-2 The store physically separates employees from customers with a solid partition that bars a person from entering the employee area from the customer area, has a secure lock on the employee side of any door between the employee area and the customer, and conducts all transaction through a service window or similar arrangement.
Does store conform to a-2 ☒ Yes ☐ No
- a. At the commissioner's discretion, a convenience store may be exempted from any or all of the regulations specified in sub 2.
Does this location hold an exemption from the commissioner regarding any of the requirements of Sub 2? ☐ Yes ☒ No

ADDITIONAL COMMENTS/RECOMMENDATIONS:

Everything looks pretty good within the store. The store has adequate lighting and many cameras. The store needs to keep up with the trash in the parking lot. There seemed to be a lot of trash and no one tends to the parking lot to keep it clean or the trash on the curb. The store owner and the agent is willing to install fusus.

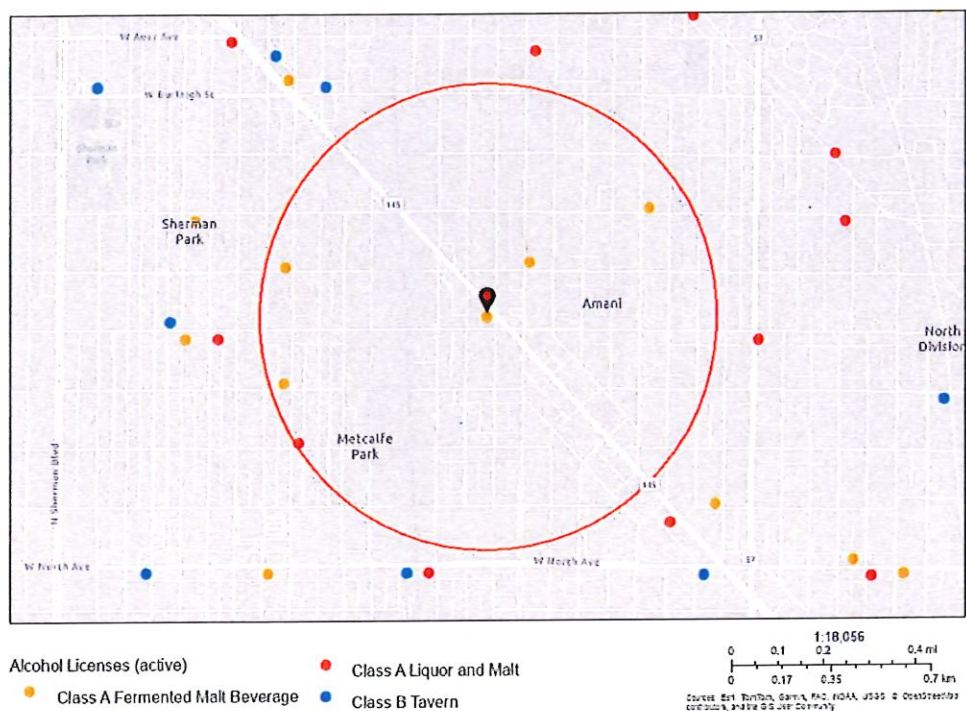


City of Concentration Map for 2709 N 28th St

Area of Interest (AOI) Information

Area : 21,862,585.6 ft²

Sep 16 2025 13:03:44 Central Daylight Time



Summary

Name	Count	Area(ft²)	Length(mi)
Alcohol Licenses	7		

Alcohol Licenses

#	Legal Entity	Trade Name	Licensee	Address	License Type Name	Total Capacity	Expiration Date	Count
1	HARMAN BEER & FOOD INC	Skyway Food Market	Krishna Teja Mummaneni, Agt	2601 N 35th ST	Class A Fermented Malt Beverage Retailer's License		10/8/2025, 7:00 PM	1
2	OMAR FOOD MARKET LLC	Omar Food	Ahmed I Salem, Agt	2803 N 35TH ST	Class A Fermented Malt Beverage Retailer's License		10/13/2025, 7:00 PM	1
3	Harman Beer & Liquor Inc	Buy Rite	Krishna Teja Mummaneni, Agt	2500 N 35th ST	Class A Malt & Class A Liquor License		11/6/2025, 6:00 PM	1
4	JAGMEET INC.	FDL SUPERMARKET	Kamal Preet Singh, Agt	2709 N 28TH ST	Class A Fermented Malt Beverage Retailer's License		4/20/2026, 7:00 PM	1
5	Locust Enterprises, LLC	SaveMore Foods	YUSSEF K IZHIMAN, Agt	2900 N 24th ST	Class A Fermented Malt Beverage Retailer's License		7/29/2026, 7:00 PM	1
6	Eskandar LLC	Community Foods	Ahmad F Saed, Agt	2800 N 27TH ST	Class A Fermented Malt Beverage Retailer's License		7/13/2026, 7:00 PM	1
7	Ravneet Liquor, Inc	ABC Beer & Liquor Depot	KANWARVIR SINGH, Agt	2816 W Fond du Lac AV	Class A Malt & Class A Liquor License		8/30/2026, 7:00 PM	1

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



Wednesday, December 17, 2025



Notice of Public Hearing

Blank Notice

SINGH, Jatinder, Agent
FDL MEAT MARKET at 2709 N 28TH St
Class A Fermented Malt, Food Dealer and Weights & Measures Licenses Application

Tuesday, January 06, 2026 at 10:10 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 1/6/2026 at 10:10 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	2673 N 29TH ST	MILWAUKEE, WI 53210-2629
CURRENT OCCUPANT	2673A N 29TH ST	MILWAUKEE, WI 53210-2629
CURRENT OCCUPANT	2673B N 29TH ST	MILWAUKEE, WI 53210-2629
CURRENT OCCUPANT	2708 W CENTER ST# 200	MILWAUKEE, WI 53210-2613
CURRENT OCCUPANT	2708 W CENTER ST# 201	MILWAUKEE, WI 53210-2613
CURRENT OCCUPANT	2708 W CENTER ST# 202	MILWAUKEE, WI 53210-2613
CURRENT OCCUPANT	2708 W CENTER ST# 203	MILWAUKEE, WI 53210-2613
CURRENT OCCUPANT	2708 W CENTER ST# 204	MILWAUKEE, WI 53210-2613
CURRENT OCCUPANT	2708 W CENTER ST# 205	MILWAUKEE, WI 53210-2613
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CURRENT OCCUPANT	2708 W CENTER ST# 209	MILWAUKEE, WI 53210-2613
CURRENT OCCUPANT	2708 W CENTER ST# 210	MILWAUKEE, WI 53210-2613
CURRENT OCCUPANT	2708 W CENTER ST# 211	MILWAUKEE, WI 53210-2613
CURRENT OCCUPANT	2708 W CENTER ST# 300	MILWAUKEE, WI 53210-2613
CURRENT OCCUPANT	2708 W CENTER ST# 301	MILWAUKEE, WI 53210-2613
CURRENT OCCUPANT	2708 W CENTER ST# 302	MILWAUKEE, WI 53210-2613
CURRENT OCCUPANT	2708 W CENTER ST# 303	MILWAUKEE, WI 53210-2613
CURRENT OCCUPANT	2708 W CENTER ST# 304	MILWAUKEE, WI 53210-2613
CURRENT OCCUPANT	2708 W CENTER ST# 305	MILWAUKEE, WI 53210-2613
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CURRENT OCCUPANT	2708 W CENTER ST# 307	MILWAUKEE, WI 53210-2613
CURRENT OCCUPANT	2708 W CENTER ST# 308	MILWAUKEE, WI 53210-2613
CURRENT OCCUPANT	2708 W CENTER ST# 309	MILWAUKEE, WI 53210-2613
CURRENT OCCUPANT	2708 W CENTER ST# 310	MILWAUKEE, WI 53210-2613
CURRENT OCCUPANT	2708 W CENTER ST# 311	MILWAUKEE, WI 53210-2613
CURRENT OCCUPANT	2723 N 29TH ST	MILWAUKEE, WI 53210-2630
CURRENT OCCUPANT	2727 N 29TH ST	MILWAUKEE, WI 53210-2630
CURRENT OCCUPANT	2728 N 28TH ST	MILWAUKEE, WI 53210-2611
CURRENT OCCUPANT	2732 N 28TH ST	MILWAUKEE, WI 53210-2611
CURRENT OCCUPANT	2733 N 27TH ST	MILWAUKEE, WI 53210-2606
CURRENT OCCUPANT	2735 N 27TH ST	MILWAUKEE, WI 53210-2606
CURRENT OCCUPANT	2737 N 29TH ST	MILWAUKEE, WI 53210-2630
CURRENT OCCUPANT	2737A N 29TH ST	MILWAUKEE, WI 53210-2630
CURRENT OCCUPANT	2740 N 28TH ST	MILWAUKEE, WI 53210-2611
CURRENT OCCUPANT	2742 N 28TH ST	MILWAUKEE, WI 53210-2611
CURRENT OCCUPANT	2744 N 28TH ST	MILWAUKEE, WI 53210-2611
CURRENT OCCUPANT	2746 N 28TH ST	MILWAUKEE, WI 53210-2611
CURRENT OCCUPANT	2752 N 28TH ST	MILWAUKEE, WI 53210-2611
CURRENT OCCUPANT	2761 N 28TH ST	MILWAUKEE, WI 53210-2612
CURRENT OCCUPANT	2812 W CENTER ST	MILWAUKEE, WI 53210-2618
CURRENT OCCUPANT	2814 W CENTER ST	MILWAUKEE, WI 53210-2618
CURRENT OCCUPANT	2818 W FOND DU LAC AVE	MILWAUKEE, WI 53210-2627
CURRENT OCCUPANT	2820A W FOND DU LAC AVE	MILWAUKEE, WI 53210-2627

Blank Notice

Total Records: 45

Radius 250 feet and Center of the Circle: 2709 N 28th St



BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 5/12/2020

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

1. Type of Business

Applying for: ☐ Extended Hours (12AM to 5AM) - If a food establishment, check all that apply: ☐ Delivery ☐ Drive Thru ☐ Dining Room
☐ Self Service Laundry ☐ Massage Establishment ☐ Filling Station
☐ Other (supplemental application for specific license also required)

Provide a detailed description of the type of business you plan on operating:

CONVENIENCE STORE

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

2. Business Operations

- a. Proposed Opening Date: 11/30/2025
- 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: _____
- 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: 2 Locations: BY CASH REGISTER & RESTROOM
Outside: 1 Locations: BY FRONT DOOR OUTSIDE
- 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: _____

5. Security

- a. Are there onsite parking spaces? ☐ No ☒ Yes If yes, how many? 12 and describe the parking security plan: _____
- b. Is there a loading zone? ☒ No ☐ Yes If yes, describe the loading area security plan: _____
- c. Will you have licensed security on premise? ☒ No ☐ Yes If yes, how many? _____ and answer the following:
What are their responsibilities? _____
Describe equipment used _____
List their License Number (s) _____
- d. Will there be security cameras? ☐ No ☒ Yes If yes, how many? 24 and list locations: _____
18 MONITORS INSIDE & 6 STORE SURROUNDING
- e. Will searches/identification checks be done upon entry? ☐ No ☐ Yes If yes, describe _____

6. Percentage of Sales (must total 100%)

Alcohol <u>10</u> %	Food <u>80</u> % Cigarettes, Electronic Vape Devices, Tobacco Products <u>10</u> %	Secondhand Merchandise _____ %	Precious Metals & Gems _____ %
Entertainment _____ %			
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

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Full Service Restaurant | <input type="checkbox"/> Cafe/Coffee Shop | <input type="checkbox"/> Deli or Fast Food Restaurant | <input type="checkbox"/> Private/Fraternal/Veterans Club |
| <input type="checkbox"/> Night Club | <input type="checkbox"/> Tavern | <input type="checkbox"/> Cocktail Lounge | <input type="checkbox"/> Teen Club |
| <input type="checkbox"/> Banquet Hall | <input type="checkbox"/> Sports Facility | <input type="checkbox"/> Bowling Alley | |
| <input type="checkbox"/> Hotel/Motel: Number of Floors: _____
Number of Rooms: _____ | <input type="checkbox"/> Rooming House: Number of Floors: _____
Number of Rooms: _____ | | |

Type 2

- | | | | |
|--|--|--------------------------------------|---|
| <input type="checkbox"/> Liquor Store | <input type="checkbox"/> Corner Store | <input type="checkbox"/> Supermarket | <input checked="" type="checkbox"/> Convenience Store |
| <input type="checkbox"/> Gas Station | <input type="checkbox"/> Amusement/Phonograph Distributor | | <input type="checkbox"/> Recycling, Salvage or Towing |
| <input type="checkbox"/> Used Car Dealer | <input type="checkbox"/> Personal Service Establishment
(such as tattoo business, hair salon, tailor, etc.) | | <input type="checkbox"/> Recording Studio |

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

- | | | | | | |
|--|--|---------------------------------------|---|---|---|
| <input type="checkbox"/> Occupancy Permit | <input type="checkbox"/> Cigarette, Tobacco,
Electronic Vape Products | <input type="checkbox"/> Gas Station | <input type="checkbox"/> Extended Hours | <input type="checkbox"/> Class "B" Tavern | <input type="checkbox"/> Weights & Measures |
| <input type="checkbox"/> Secondhand Dealer | <input type="checkbox"/> Precious Metal & Gem | <input type="checkbox"/> 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 _____ ☐ Other: _____
- f. Describe Surrounding Area: ☒ Commercial ☒ Residential ☐ Industrial ☐ Other: _____
- g. Building Owner Name: KANWARJIT SINGH Phone Number: 414-849-0848
 Building Owner Address: 2709 N 28th ST 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	9:00 AM	9:00 PM	200	All	
Monday	9:00 AM	9:00 PM	200	All	
Tuesday	9:00 AM	9:00 PM	200	All	
Wednesday	9:00 AM	9:00 PM	200	All	
Thursday	9:00 AM	9:00 PM	200	All	
Friday	9:00 AM	9:00 PM	200	All	
Saturday	9:00	4:00 PM	200	All	

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)

K. Dalinder, Jr.
Signature of Sole Proprietor, Partner, or 20% or more Shareholder
(If there are no 20% or more shareholders,
Corporate Officer-print name/title and sign)

Signature of additional partner or 20% or more shareholder

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



ALCOHOL BEVERAGE & PUBLIC ENTERTAINMENT PREMISES SUPPLEMENTAL APPLICATION

Office of the City Clerk License Division

200 E. Wells St. Room 105, Milwaukee, WI 53202

(414) 286-2238 e-mail address: license@milwaukee.gov www.milwaukee.gov/licenseLegal Entity Name: FOL SUPERMARKET INCPremise Address: 2709 N 28th ST

Proximity of Premises to Church, School, Daycare Center or Hospital

Is the building within 300 feet of any church, school, daycare center or hospital? ☒ No ☐ Yes

"Service Bar Only" Designation

If applying for Class B or C license, are you applying for "Service Bar Only"? ☒ No ☐ Yes

Service Bar Only means customers cannot sit at the bar. Alcohol is served to employees who serve patrons seated at tables. No stools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.

Business Information

a) Are you taking out this application for anyone that may not be eligible for a license? ☒ No ☐ Yes

If yes, list their name and address: _____

b) Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the business? ☐ No ☒ Yes

If no, list the name and address of the person(s) who will: _____

Class B Applicants: If the agent, a partner or the individual licensee will not be conducting the day-to-day operations of the business, the person(s) listed above must obtain a Class B Managers license.

c) Does anyone else have money invested or any other interest in this business? ☒ No ☐ Yes

If yes, explain: _____

d) Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business?

☒ No ☐ Yes If yes, list name and address: _____

Property Information (New & Transfer Applicants Only)

a) Do you own or lease the building? ☐ Own ☒ Leaseb) Who owns the fixtures (for example, coolers, etc.)? OWNER OF THE BUILDINGc) Are you purchasing the stock and/or fixtures? ☒ No ☐ Yes If yes, amount paid \$ _____d) Total amount paid for business \$ INVENTORY

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.

Lease Information (New & Transfer Applicants who are leasing the premises only)

a) Date lease begins 2025 Ends 2030b) Monthly rental \$ 5000c) Do you have an option to renew the lease? ☐ No ☒ Yesd) Does your lease allow for assignment to another party without the consent of the owner? ☒ No ☐ Yes

e) For what length of time have you been guaranteed occupancy (number of years)? _____

Lease Information (Continued)

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

Change of Agent Applicants Only

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

Signature



Signature of Sole Proprietor, Partner or 20% or More Shareholder
(If no 20% or more Shareholder, Corporate Officer - print name/title and sign)

Note: All information contained in this application is subject to approval by the Common Council.
Deviating from approved plan of operation will subject licensee to citations, and/or suspension or non-renewal of the license.
Contact the License Division for information on how to request changes.

New and transfer of premises applicants must submit the following:

- ☐ Detailed floor plan
☐ If a restaurant, copy of the menu

**FOOD DEALER LICENSE PLAN OF OPERATION**

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:	<u>FPL Supermarket Inc</u>
Premises Address:	<u>FPL MEAT MARKET 2709 N 28th</u>
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 7,500 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 type="checkbox"/> No <input checked="" 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)	
If yes, list the types of food items: <u>Milk, Cheese, Bacon, Eggs,</u>	

SECTION 4 DETAILS OF OPERATION

- Will you have seating on site for dining? ☒ No ☐ Yes
- Will you be doing any catering? ☒ No ☐ Yes
- Will you be doing any delivery? ☒ No ☐ Yes
- Will you have outdoor activities? ☒ No ☐ Yes - Check all that apply: ☐ Bar ☐ Cooking/Grilling ☐ Dining
- Will you have a drive thru window? ☒ No ☐ Yes - Are hours different from inside? ☐ No ☐ Yes
- If Yes, provide drive thru hours: _____
- Will scales or barcode scanners be used? ☐ No ☒ Yes - You must also apply for a Weights & Measures License.

SECTION 5 ADDITIONAL SITES

Where will food be prepared and/or sold?

- ☒ At a single site ☐ At multiple sites: How many? _____ (for example, a hotel with several dining rooms or bars)
- If multiple sites, attach a Food Dealer Additional Site Addendum (ccl-foodadd) for each additional site.

SECTION 6 CONSTRUCTION OR CHANGES

Are you planning any construction, remodeling or equipment changes?

- ☒ No If No, SKIP to Section 7
- ☐ Yes If Yes, check all that apply: ☐ New construction of a building ☐ Renovation or remodeling
- ☐ Construction changes to existing building ☐ Equipment changes only

Provide a brief description of the changes: _____

Start date: _____

Name, Address & Phone Number of Architect: _____

Name, Address & Phone Number of Contractor: _____

SECTION 7 ALCOHOL BEVERAGES

Are you applying for an alcohol beverage license?

- ☐ No If No, SKIP to Section 8
- ☒ Yes If YES, if your food license is approved prior to the alcohol license, when do you want the food license issued?
- ☐ Immediately ☒ At the same time as the alcohol license

SECTION 8 ACKNOWLEDGEMENTS & SIGNATURE

You must initial each item confirming your understanding:

SS

I understand the Health Department must conduct an inspection and advise the License Division of their approval before the license may be issued.

DS

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.

DS

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.

DS

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.

DS

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: _____

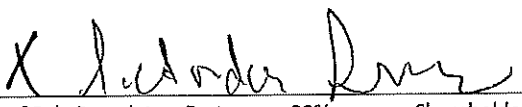
Signature of Additional Partner: _____



WEIGHTS & MEASURES PLAN OF OPERATION

ccl-wmplan 1/9/18

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

Legal Entity Name:	FDL SUPERMARKET ZINC
Premise Address:	2709. N 28th ST, MILWAUKEE, WI. 53210
Type of Business	
Provide a brief description of the establishment/business: CONVENIENCE STORE	
Other licenses may be required depending on the type of business you are operating.	
Litter & Noise	
a. How are grounds kept clean? <input checked="" type="checkbox"/> Sweep <input type="checkbox"/> Pressure Wash <input checked="" type="checkbox"/> Pick Up Litter <input type="checkbox"/> Other: _____	
b. How often will grounds be cleaned? <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> As Needed <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	
c. Grounds cleaned by: <input checked="" type="checkbox"/> Licensee <input type="checkbox"/> Building Owner <input checked="" type="checkbox"/> Employees <input type="checkbox"/> Hired Maintenance <input type="checkbox"/> Other: _____	
d. How are noise issues prevented and/or addressed? <input type="checkbox"/> Security <input checked="" type="checkbox"/> Manager approaches customer(s) <input type="checkbox"/> Call Police <input checked="" type="checkbox"/> Signs Posted <input type="checkbox"/> Other: _____	
Signature	
	
Signature of Sole Proprietor, Partner, or 20% or more Shareholder (If there are no 20% or more shareholders, Corporate Officer-print name/title and sign)	Signature of additional partner or 20% or more shareholder
This form must be submitted with the Business License Application, Weights & Measures License Supplemental Application, and appropriate fee. Forms can be obtained online at www.milwaukee.gov/licenses .	



WEIGHTS & MEASURES LICENSE SUPPLEMENTAL APPLICATION

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

Office Use Only:

App# _____
Filed _____
Initials _____
Paid _____
Lic # _____

Legal Entity Name: FOL SUPERMARKET INC

Premise Address: FOL MOUNT MARKET

Device Type(s)

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

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

Signature

I hereby agree that I will comply with the applicable sections of the Wisconsin State Statutes, Administrative Code and the Milwaukee Code of Ordinances regarding the operation of weighing and measuring devices.

I understand that all devices must be operated within the specifications, tolerances and other technical requirements set forth in the National Institute of Standards and Technology Handbook 44. I understand that the license for which I am applying must be posted on the premises or in my vehicle prior to opening for business or operating the device.

I understand that these device licenses are not transferable (with the exception of scanners). If the device is replaced or needs to be resealed, I must apply for and receive a new license so that an inspection of the device can be performed prior to its use.

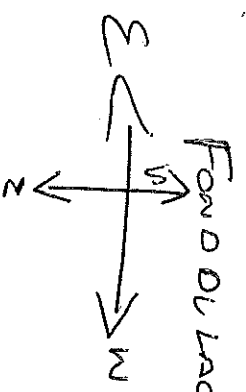
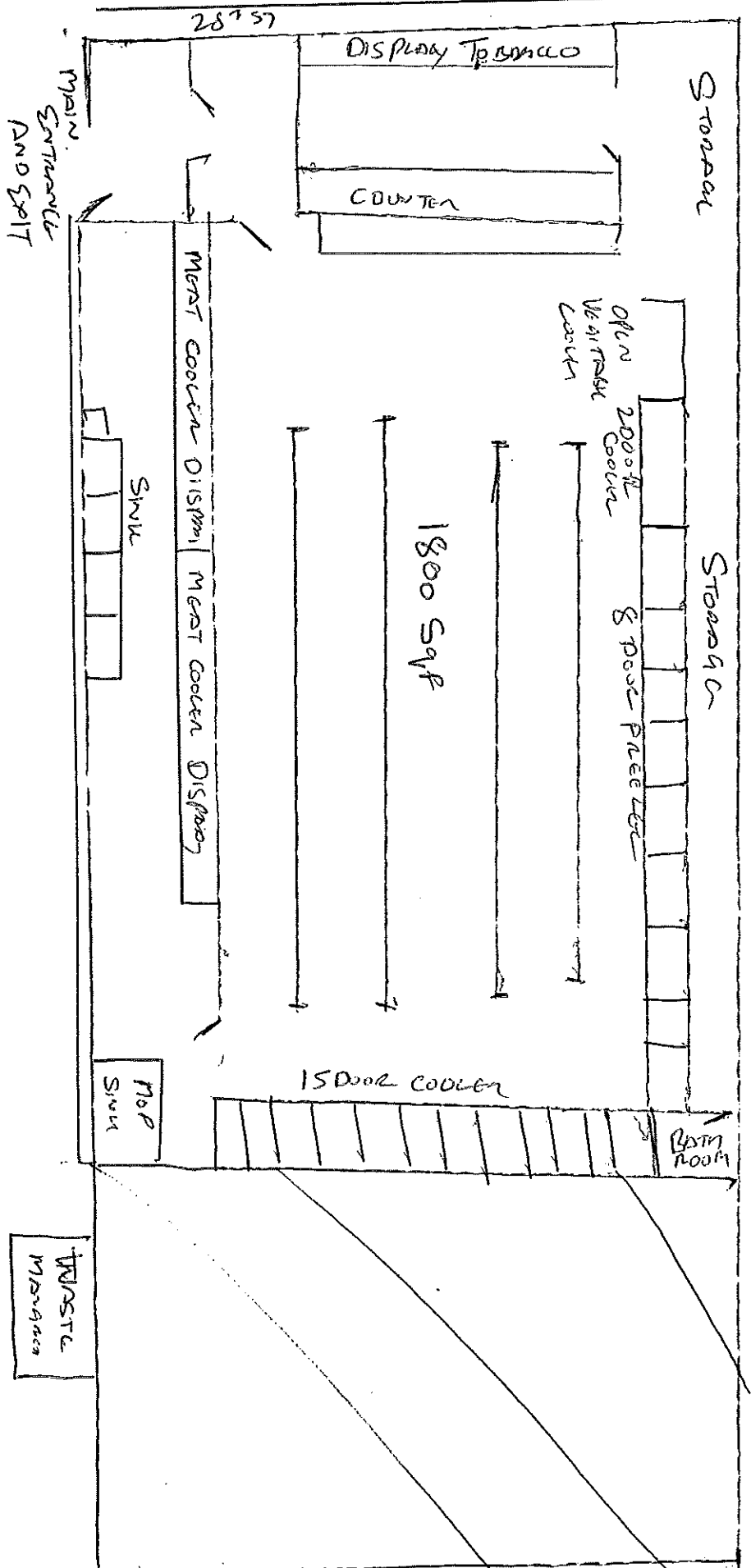
I acknowledge that as a condition of being issued this license, I must allow the Health Department into the establishment to test the device to validate its specifications/tolerances. If my devices are found out of compliance, I may be charged inspection fees.

I have read, understand, and will adhere to all the above acknowledgments.

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

Signature of additional partner or 20% or more shareholder

This form must be submitted with the Business License Application, Weights & Measures Plan of Operation, and appropriate fee.
Forms can be obtained online at www.milwaukee.gov/licenses.



Food Loc Ave
 FDL Supermarket Inc
 2709 N 28th St
 Milwaukee - 53220