



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

Thursday, February 27, 2025

**COMMITTEE MEETING NOTICE**

AD 13

GILL, Pinky, Agent  
JASMEEN BRAR LLC  
1554 S 52ND ST  
West Milwaukee, WI 53214

You are requested to attend a hearing which is to be held in the Council Chambers, Third Floor, City Hall:

**Tuesday, March 04, 2025 at 08:45 AM**

**Regarding:** Your Class A Malt & Class A Liquor, Food Dealer and Weights & Measures Licenses Application as agent for "JASMEEN BRAR LLC" for "Angel Food Mart Wine & Liquor " at 5928 S 27TH 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](http://www.milwaukee.gov/license)  
Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: [License@milwaukee.gov](mailto:License@milwaukee.gov)



## APPLICATION AMENDMENT

Office of the City Clerk License Division

200 E. Wells Street, Room 105, Milwaukee, WI 53202 (414) 286-2238

ccl-amend 9/10/18

Date: 2/20/2025

To the License Division of the City of Milwaukee:

I, Pinky Gill, wish to amend my answer(s) on the application for a  
(full legal name)

Class A Malt & Class A Liquor,  
Food Dealer & Weights & Measures license at 5928 W 27th Street:  
(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: Angel Food Mart Wine & Liquor
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: We will not sell 16 oz or Larger Single Beers and our Revised Floorplan is Attached.

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

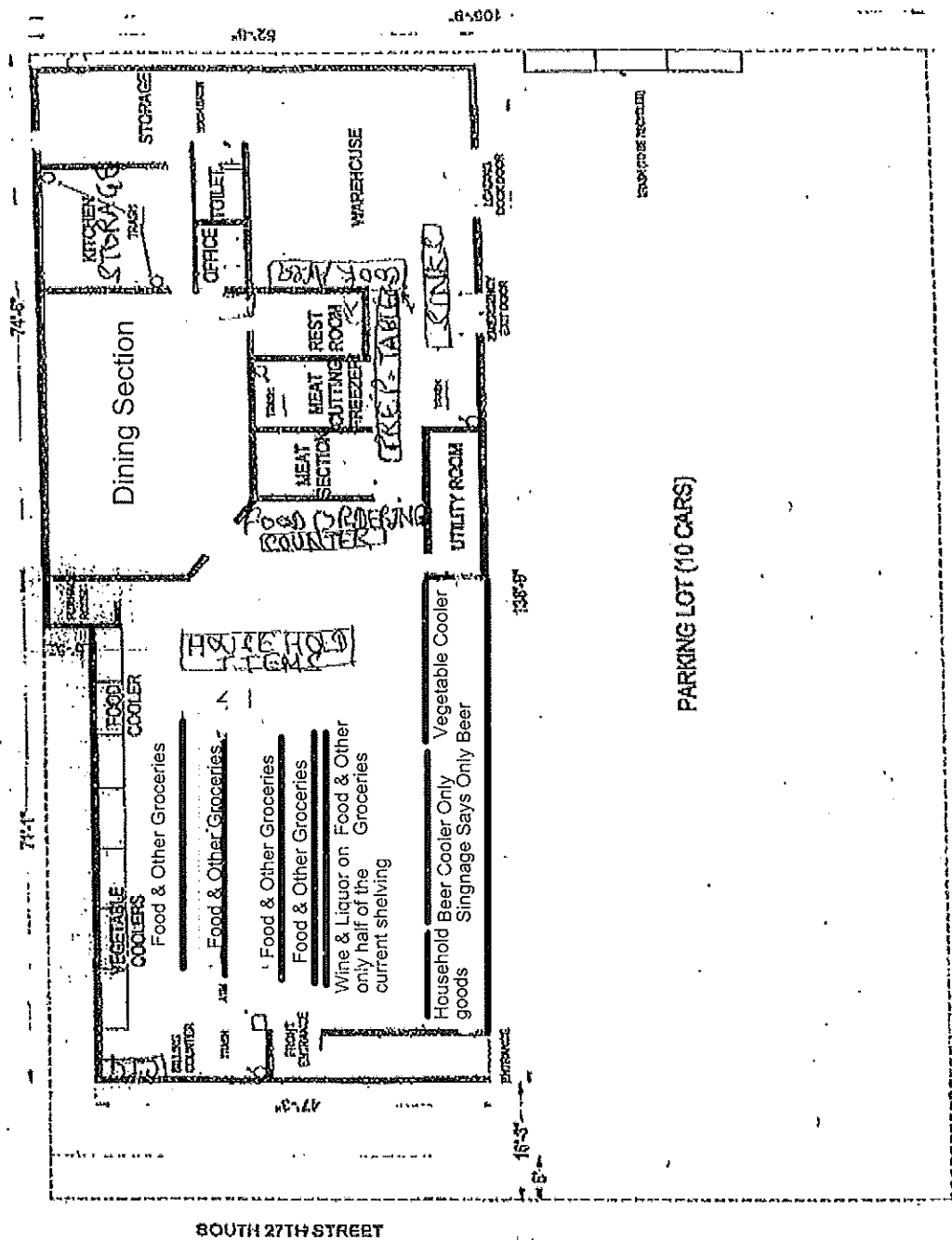
*Pinky Gill*

02 / 20 / 2025

Signature of Licensee (Individual, Partner, or Agent of Corp/LLC)  
Pinky Gill - Agent  
Jasmeen Brar LLC

Office Use Only: Application #: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_ To LC: \_\_\_\_\_

LC Email: ☐MPD ☐NS ☐HD Initials: \_\_\_\_\_



Pinky Gill, Agent  
Jasineen Brar, LLC  
Dba Angel Liquor Wine & Food Mart  
5928 S. 27<sup>th</sup> Street  
Milwaukee, WI 53221

Date: October 30, 2024

Total  
Square  
Footage = 7,308

Parking  
Square  
Footage = 17,693

## Melendez, Yadira

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**From:** Cooney, Jim  
**Sent:** Thursday, February 27, 2025 10:31 AM  
**To:** Melendez, Yadira  
**Subject:** Fw: GILL, Pinky, Agent for "JASMEEN BRAR LLC", Class A Malt & Class A Liquor, Food Dealer and Weights & Measures Licenses Application for "Angel Liquor Wine & Food Mart" at 5928 S 27TH St.  
**Attachments:** image001.jpg

[Get Outlook for iOS](#)

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**From:** Cooney, Jim <Jim.Cooney@milwaukee.gov>  
**Sent:** Wednesday, February 26, 2025 5:47:50 PM  
**To:** Spiker, Scott <Scott.Spiker@milwaukee.gov>; Litscher, Jarrett <Jarrett.Litscher@milwaukee.gov>  
**Cc:** Lopez, Faviola <Faviola.Martin@milwaukee.gov>  
**Subject:** Fw: GILL, Pinky, Agent for "JASMEEN BRAR LLC", Class A Malt & Class A Liquor, Food Dealer and Weights & Measures Licenses Application for "Angel Liquor Wine & Food Mart" at 5928 S 27TH St.

Just want to ensure these dimensions match your understanding of the amendment. Thanks

Jim Cooney  
License Division Manager  
200 E Wells St Room 105, Milwaukee, WI 53202  
[\(414\) 286-2238](tel:4142862238)



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**From:** Michael Maistelman <msm@maistelmanlaw.com>  
**Sent:** Wednesday, February 26, 2025 4:29 PM  
**To:** Cooney, Jim <Jim.Cooney@milwaukee.gov>  
**Cc:** Melendez, Yadira <Yadira.Melendez@milwaukee.gov>; Litscher, Jarrett <Jarrett.Litscher@milwaukee.gov>; Zamarripa, JoCasta <JoCasta@milwaukee.gov>; Spiker, Scott <Scott.Spiker@milwaukee.gov>; Pinky Gill <Angelpinky115@yahoo.com>  
**Subject:** Re: GILL, Pinky, Agent for "JASMEEN BRAR LLC", Class A Malt & Class A Liquor, Food Dealer and Weights & Measures Licenses Application for "Angel Liquor Wine & Food Mart" at 5928 S 27TH St.

Mr. Cooney,

The length of the beer cooler is 28 feet.

The length of the wine/liquor shelve is 20 feet.

The alcohol storage is 21 feet by 11.5.

Please let me know if you need anything else.

Mike

Attorney Michael S Maistelman  
414-333-9700  
msm@maistelmanlaw.com  
Sent from my iPhone

On Feb 26, 2025, at 1:31 PM, Cooney, Jim <Jim.Cooney@milwaukee.gov> wrote:

Attorney Maistelman,

Could you provide the dimensions of the shelves used for alcohol display and storage please?

Thank you

Jim Cooney  
License Division Manager  
City Clerk-License Division  
200 E Wells St #105  
414-286-2238  
[www.milwaukee.gov/license](http://www.milwaukee.gov/license)  
[Take our Survey!](#)

<image001.jpg>

**From:** Michael Maistelman <msm@maistelmanlaw.com>  
**Sent:** Wednesday, February 26, 2025 1:12 PM  
**To:** Cooney, Jim <Jim.Cooney@milwaukee.gov>; Melendez, Yadira <Yadira.Melendez@milwaukee.gov>  
**Cc:** Litscher, Jarrett <Jarrett.Litscher@milwaukee.gov>; Zamarripa, JoCasta <JoCasta@milwaukee.gov>; Spiker, Scott <Scott.Spiker@milwaukee.gov>; Pinky Gill <Angelpinky115@yahoo.com>  
**Subject:** Re: GILL, Pinky, Agent for "JASMEEN BRAR LLC", Class A Malt & Class A Liquor, Food Dealer and Weights & Measures Licenses Application for "Angel Liquor Wine & Food Mart" at 5928 S 27TH St.

Mr. Cooney & Ms. Melendez,

Please be advised that my client waives the 7 day Notice requirement.

Thank you all very much,

Mike

On Feb 26, 2025, at 1:07 PM, Michael Maistelman <[msm@maistelmanlaw.com](mailto:msm@maistelmanlaw.com)> wrote:

Chairwoman, Zamarripa, Alderman Spiker, & Mr. Cooney, Ms. Melendez,

Good Afternoon,

I hope everyone is well.

Attached for filing in the above-referenced matter is my client's Amended Plan of Operation and Revised Floor Plan.

Please confirm your receipt of this email.

Thank you all,

Mike

--

Attorney Michael S. Maistelman  
Maistelman & Associates, LLC  
8989 N Port Washington Rd ~ Suite 208  
Milwaukee, WI 53217  
414-908-4254  
414-447-0232 (fax)  
414-333-9700 (cell)  
[msm@maistelmanlaw.com](mailto:msm@maistelmanlaw.com)  
<http://www.maistelmanlaw.com>

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Attorney Michael S. Maistelman  
Maistelman & Associates, LLC  
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Milwaukee, WI 53217

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|                         |  |
|-------------------------|--|
| Title                   | Amendment to your Application for - Angel Food Mart Wine &...                            |
| File name               | Pinky_License_Amendment.pdf  |
| Document ID             | dade1e7a8f81fe0a688ffabb8820c812d648e478   |
| Audit trail date format | MM / DD / YYYY   |
| Status                  |  Signed |

## Document History

|  |   |   |
|--|---|---|
| <br><b>SENT</b>                             | <b>02 / 20 / 2025</b><br>14:11:26 UTC-6 | Sent for signature to Pinky Gill (angelpinky115@yahoo.com)<br>from msm@maistelmanlaw.com<br>IP: 104.28.104.68   |
| <br><b>VIEWED</b>                           | <b>02 / 20 / 2025</b><br>14:48:25 UTC-6 | Viewed by Pinky Gill (angelpinky115@yahoo.com)<br>IP: 75.9.153.231  |
| <br><b>E-SIGN DISCLOSURE<br/>ACCEPTED</b> | <b>02 / 20 / 2025</b><br>14:49:24 UTC-6 | Electronic record and signature disclosure accepted by<br>(angelpinky115@yahoo.com)<br>IP: 75.9.153.231<br>GUID: 936fbaef386eaf649d2d4f40a6fb1ba7e5fa6c97 |
| <br><b>SIGNED</b>                         | <b>02 / 20 / 2025</b><br>14:51:30 UTC-6 | Signed by Pinky Gill (angelpinky115@yahoo.com)<br>IP: 75.9.153.231  |
| <br><b>COMPLETED</b>                      | <b>02 / 20 / 2025</b><br>14:51:30 UTC-6 | The document has been completed.  |



**Melendez, Yadira**

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**To:** Cooney, Jim; Melendez, Yadira  
**Cc:** Litscher, Jarrett; Zamarripa, JoCasta; Spiker, Scott; Pinky Gill  
**Subject:** Re: GILL, Pinky, Agent for "JASMEEN BRAR LLC", Class A Malt & Class A Liquor, Food Dealer and Weights & Measures Licenses Application for "Angel Liquor Wine & Food Mart" at 5928 S 27TH St.  
**Attachments:** Angel Food Beer & Liquor Floor Plan 1.pdf; Amendment to Plan of Operation .pdf

Mr. Cooney & Ms. Melendez,

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Thank you all very much,

Mike

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Chairwoman, Zamarripa, Alderman Spiker, & Mr. Cooney, Ms. Melendez,

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Maistelman & Associates, LLC  
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Milwaukee, WI 53217  
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# MILWAUKEE POLICE DEPARTMENT

## LICENSING

### CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

DATE: 11/11/24  
LICENSE TYPE: AMALT  
NEW: ☒  
RENEWAL: ☐

No. 373434  
Application Date:

License Location: 5928 S 27<sup>th</sup> St  
Business Name: Angel Liquor & Wine

Licensee/Applicant: Gill, Pinky  
(Last Name, First Name, MI)  
Date of Birth: 01/15/73

Home Address: 1554 S 52<sup>nd</sup> St  
City: W Milwaukee State: WI Zip Code: 53214  
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. On 07/02/23, Sarbjit Singh (33% Shareholder) was cited by Milwaukee Police for Assault and Battery.

Charge: Assault and Battery  
Finding: Guilty  
Sentence: Fine  
Date: 09/06/23  
Case: 23021138

Date: 01/13/2025  
Officer: PO Fabian Garcia

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

Name of Premise: Angel Liquor  
Address: 5928 S. 27<sup>th</sup> Street  
Phone: 414-226-5541

Owner: Pinky Gill  
Owner address: 1554 S. 52<sup>nd</sup> Street  
City State Zip: West Milwaukee, WI 53214  
Owner Phone: 414-578-7780  
Owner email: angelpinky115@yahoo.com

Manager:  
Home Address:  
City State Zip:  
Phone:  
Email:

Preferred contact: either phone or email

Location currently open: ☒ YES ☐ NO

Projected open date:

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

Hours of Operation: Sun: 9am-9pm ☐24 hours ☐Y ☐N  
Mon: 9am-9pm  
Tue: 9am-9pm  
Wed: 9am-9pm  
Thu: 9am-9pm  
Fri: 9am-9pm  
Sat: 9am-9pm

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

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

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

Who is your alcohol distributor? Beer Capital

**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 Minimal
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: 3
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: 7 days
19. Are there exterior cameras ☒ Yes ☐ No How many: 3
20. Are there interior cameras ☒ Yes ☐ No How many: 19
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 N/A
30. Does the store have an overabundance 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 "68-55 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 with in 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:**

This report was written by Police Officer Fabian Garcia assigned to District 6, Community Partnership Unit.

On Monday, January 13, 2024, at 11:30 am, my partner PO Michael Ward and I met with the licensee of Angel Liquor, Pinky Gill at 5928 S. 27<sup>th</sup> Street.

The location is still open under the current owner during the time of inspection. Gill stated that she plans to stay open every day from 9a-9pm. Gill stated this location will be family operated. A discussion was had regarding site lines and to limit the amount of advertisement on windows to be able to see in and out of the building.

The location is equipped with 22 cameras in total. 3 exterior cameras, which two face the parking lot and 1 located on the west end of the business, which faces south. There are 19 interior cameras, which certain cameras do face the entry and exit point and also monitor the front register area. There is a large display monitor, which hangs from the ceiling and is positioned in a way that the cashier is able to engage with the customer but also monitor all cameras.

New LED lighting was recently placed in the parking lot. Lighting was not observed during time of visit. Gill was provided with a community contact guide and was also provided with the Standing complainant form. Gill stated that she would look over the standing complainant form and advise our office if she intends to be a standing complainant. The location currently does not have a drop safe and Gill does not think they will need one, unless instructed too. This concludes my report.

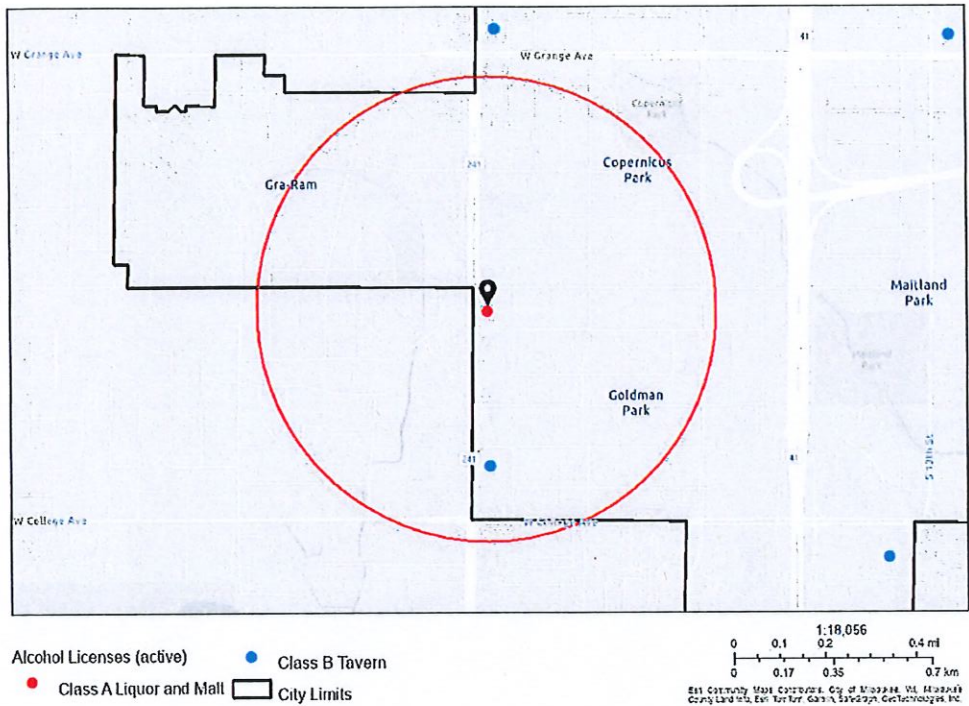


# Concentration Map For 5928 S 27th St

## Area of Interest (AOI) Information

Area : 21,862,585.89 ft<sup>2</sup>

Nov 6 2024 8:10:57 Central Standard Time





## Summary

| Name             | Count | Area(ft²) | Length(mi) |
|------------------|-------|-----------|------------|
| Alcohol Licenses | 2     |           |            |

## Alcohol Licenses

| # | Legal Entity              | Trade Name                | Licensee                 | Address        | License Type Name                     | Total Capacity | Expiration Date     | Count |
|---|---------------------------|---------------------------|--------------------------|----------------|---------------------------------------|----------------|---------------------|-------|
| 1 | C&G Partners LLC          | Anticipation Sports Bar   | Gregory C Grabowski, Agt | 6218 S 27TH ST | Class B Tavern License                |                | 12/17/2024, 6:00 PM | 1     |
| 2 | Maharaja Indian Mart, LLC | Maharaja Indian Mart, LLC | Manjinder Kaur, Agt      | 5928 S 27th ST | Class A Malt & Class A Liquor License |                | 9/1/2025, 7:00 PM   | 1     |

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



## 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](mailto: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:

CONVINIENCE STORE AND CAFE

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

### 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: AIQML 370021/FOOD 370022/CIG 370023
- 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: BY REGISTER & BETWEEN SHELVES  
Outside: 1 Locations: REAR OF BUILDING
- 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? 6 and describe the parking security plan: CAMERAS
- 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? 16 and list locations: (5) EXTERIOR OF BUILDING  
(11) INTERIOR OF BUSINESS PREMISE
- e. Will searches/identification checks be done upon entry? ☒ No ☐ Yes If yes, describe \_\_\_\_\_

## 6. Percentage of Sales (must total 100%)

|                             |   |   |                                   |
|-----------------------------|---|---|-----------------------------------|
| Alcohol <u>15</u> %         | Food <u>75</u> %<br>Cigarettes, Electronic<br>Vape Devices,<br>Tobacco Products <u>10</u> % | Secondhand Merchandise<br>_____ %   | Precious Metals & Gems<br>_____ % |
| Entertainment _____ %       |   |   |                                   |
| Pawnbroker Activity _____ % | Salvaged Materials _____ %<br>(such as scrap metal)   | Personal Services (such as tattoo,<br>body piercing, salon, tailor,<br>tanning, etc.) _____ % | Other _____ %<br>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: \_\_\_\_\_ ☐ Rooming House: Number of Floors: \_\_\_\_\_  
Number of Rooms: \_\_\_\_\_ 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,  
Electronic Vape Products ☐ 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):

☒ 1<sup>st</sup> Floor ☐ 2<sup>nd</sup> 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: SOUTH 27TH 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: JOT REAL ESTATE INVESTMENTS LLC Phone Number: 832-249-0426

Building Owner Address: PO BOX 44, OAK CREEK, WI 53154

## 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          | 8:00AM                           | 9:00PM                            | 70-100  |                                  |  |
| Monday          | 8:00AM                           | 9:00PM                            | 70-100  |                                  |  |
| Tuesday         | 8:00AM                           | 9:00PM                            | 70-100  |                                  |  |
| Wednesday       | 8:00AM                           | 9:00PM                            | 70-100  |                                  |  |
| Thursday        | 8:00AM                           | 9:00PM                            | 70-100  |                                  |  |
| Friday          | 8:00AM                           | 9:00PM                            | 70-100  |                                  |  |
| Saturday        | 8:00AM                           | 9:00PM                            | 70-100  |                                  |  |

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

Alcohol 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)

Pinky Gill  
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)

Sarbjit Singh  
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/license](http://www.milwaukee.gov/license)

Legal Entity Name: JASMEEN BRAR LLC  
Premise Address: 5928 E. 27<sup>TH</sup> ST. MILWAUKEE, WI. 53221.

## 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. N/A

## 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 ☐ Lease

b) Who owns the fixtures (for example, coolers, etc.)?

Owner (We do).

c) Are you purchasing the stock and/or fixtures?

☐ No

☒ Yes If yes, amount paid \$ \_\_\_\_\_

d) Total amount paid for business

\$ 570,000

e) Total amount paid for goodwill of the business

\$ 800,000

Goodwill comprises the reputation and customer relationships of an existing business. If the price you pay for the business exceeds the fair market value of all of the rest of the assets of the business, the excess may be considered goodwill.

f) Have you made arrangements with the seller for payment of personal property taxes? ☒ No ☐ Yes

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

a) Date lease begins \_\_\_\_\_ Ends \_\_\_\_\_

b) Monthly rental \$ \_\_\_\_\_

c) Do you have an option to renew the lease? ☐ No ☐ Yes

d) 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):

It is submitted

Signature

Pinky Gill

11/01/24

Pinky Gill

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](mailto:license@milwaukee.gov) • [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

Legal Entity Name: **JASMEEN BRAR LLC**

Premises Address: **5928 S. 27TH ST, MILWAUKEE, WI 53221**

**SECTION 1 TYPE OF BUSINESS**

What will be the majority of your food sales? (check one)

☐ Restaurant Items (meals):

MEALS include, but are not limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, nachos w/ cheese and meat, French fries, cooked or deep fried vegetables/fruit, cooked cheese curds, corn dogs, egg rolls, salads.

☒ Retail Items (snacks and beverages):

RETAIL items include, but are not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino, tea, fruit juice, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, kettle corn, cotton candy, funnel cakes, fritters, tortilla chips w/ cheese.

Will it be a convenience store? ☒ Yes ☐ No

A convenience store contains less than 5,000 square feet of retail space and has, as its primary business, the sale of basic food items and in addition, sells household products or is a filling station that sells basic food items and household products.

☐ Bed & Breakfast

☐ Micro Market

All Applicants: Submit a menu or a list of food items that will be sold.

Will any wholesale business be done? ☒ No ☐ Yes If yes, what percentage of food sales will be wholesale?

☐ Less than 25%

☐ 25% or More AND:

☐ Restaurant items (meals) will be sold – Complete this application and also contact DATCP.

☐ NO restaurant items (meals) will be sold - Do NOT complete this application. Contact DATCP only.

**SECTION 2 FOOD PROCESSING**

Will any food processing be done? ☐ No ☒ Yes

Processing is defined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, extracting, fermenting, distilling, pickling, freezing, drying, smoking, or packaging.

**SECTION 3 FOOD REQUIRING TEMPERATURE CONTROL**

Will any food that requires temperature control be sold? ☐ No ☒ Yes  
(includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)

If yes, list the types of food items: MILK, CHEESE, ICE CREAM, MEAT

**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:

PG

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

PG

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.

PG

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.

PG

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.

PG

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: \_\_\_\_\_

Pinky Gill

Sarbjit Singh





## 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](http://www.milwaukee.gov/license) [license@milwaukee.gov](mailto:license@milwaukee.gov)

Legal Entity Name: JASMEEN BRAR, LLC

Premise Address: 5928 S. 27TH ST, MILWAUKEE, WI 53221

### Type of Business

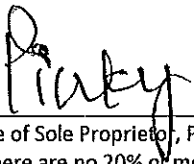
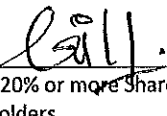
Provide a brief description of the establishment/business: CORNER CONVINIECE STORE AND CAFE

*Other licenses may be required depending on the type of business you are operating.*

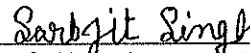
### Litter & Noise

- 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: \_\_\_\_\_

### 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](http://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](mailto:license@milwaukee.gov) • [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

## Office Use Only:

App# \_\_\_\_\_  
Filed \_\_\_\_\_  
Initials \_\_\_\_\_  
Paid \_\_\_\_\_  
Lic # \_\_\_\_\_

Legal Entity Name: JASMEEN BRAR, LLC

Premise Address: 5928 S. 27TH ST, MILWAUKEE, WI 53221

## 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) |
|---|----------------|------------------------------|---|-----------------------------------|
| <b>Liquid/Measuring Devices</b>                                 |                |                              |   |                                   |
| <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                        |   |                                   |
| <b>Scales</b>   |                |                              |   |                                   |
| <input checked="" type="checkbox"/> Measuring any weight amount | 24 months      | \$55                         | 2   |                                   |
| <b>Scanners</b>   |                |                              |   |                                   |
|   |                | Fee for scanners is by range | Check how many scanners you have  |                                   |
| <input checked="" type="checkbox"/> Up to 3 scanners            | 24 months      | \$130 total*                 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 |                                   |
| <input type="checkbox"/> Four or more scanners                  | 24 months      | \$250 total*                 | <input type="checkbox"/> 4 <input type="checkbox"/> Other                                   |                                   |
| <b>Other Devices</b>  |                |                              |   |                                   |
| <input type="checkbox"/> Length Measuring Device                | 24 months      | \$60                         |   |                                   |
| <input type="checkbox"/> Timing Device                          | 24 months      | \$30                         |   |                                   |
| <b>Total Fee Due</b>  |                |                              |   |                                   |

## 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.

*Pinky Lail*

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)

*Sarbjit Singh*

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](http://www.milwaukee.gov/licenses).

Jasmeen Brar, LLC  
Dba Angel Liquor Wine & Food Mart

Food Retail with Processing  
Food Ordering MENU

| ITEMS                 | PRICE SMALL SIZE | PRICE LARGE SIZE |
|-----------------------|------------------|------------------|
| Samosa                | \$5.99 (2)ea     | \$11.99 (4)ea    |
| Tikki                 | \$5.99 (2)ea     | \$11.99 (4)ea    |
| Poore & Choolah       | \$5.99 (4)ea     | \$12.99 (8)ea    |
| Maltar Paneer & Poore | \$7.99 (4)ea     | \$12.99 (8)ea    |
| Rajmaah & Rice        | \$7.99ea         | \$11.99ea        |
| Curry & Rice          | \$7.99ea         | \$11.99ea        |
| Aloo Parathaa         | \$7.99ea         | \$11.99ea        |
| Onion Parathaa        | \$7.99ea         | \$11.99ea        |
| Garlic Parathaa       | \$9.99ea         | \$12.99ea        |
| Paneer Parathaa       | \$9.99ea         | \$12.99ea        |
| Pizza's               | \$14.99ea        | \$18.99ea        |
| Chappati & Daal       | \$7.99 (4)total  | \$11.99 (8)total |
| Chappati & Sabzi      | \$7.99 (4)total  | \$11.99 (8)total |

