



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

Wednesday, July 03, 2019

COMMITTEE MEETING NOTICE

AD 09

AKINYINKA, Festus A, Agent
Festus Auto Sales LLC
8808 W Mill Rd #4

Milwaukee, WI 53225

You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall on:

Tuesday, July 16, 2019 at 10:00 AM

Regarding: Your Secondhand Motor Vehicle Dealer's License Application as agent for "Festus Auto Sales LLC" for "Festus Auto Sales" at 7960 N 76th St.

There is a possibility that your application may be denied for one or more of the following reasons: Neighborhood Objections to the granting of such a license due to the creation of undesirable neighborhood problems, such as: parking and traffic problems which cause the normal flow of traffic on roadways and alleys to be impeded, loitering, littering, noise, loud music, and conduct which will have an adverse impact on the public health, safety and welfare of the community. Additionally, the over concentration of secondhand motor vehicle dealers in the neighborhood such that the concentration will have an adverse impact on the public health, safety and welfare of the neighborhood. you do not meet the statutory and municipal requirements; the appropriateness of the location to be licensed and whether the location will create undesirable neighborhood problems, whether or not you have been charged with or convicted of any felony, misdemeanor, municipal offense or other offense, the circumstances of which substantially relate to the licensed activity; and any other factors which reasonably relate to the public health, safety and welfare. Please be advised the public will be able to provide information to the committee in person or in writing. The committee will receive and consider evidence regarding the above mentioned criteria.

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

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

JIM OWCZARSKI, CITY CLERK

BY: _____

Jessica Celella
License Division Manager

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



Wednesday, July 03, 2019



Notice of Public Hearing

AKINYINKA, Festus A, Agent
Festus Auto Sales at 7960 N 76th St
Secondhand Motor Vehicle Dealer's License Application

Tuesday, July 16, 2019 at 10:00 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 7/16/2019 at 10:00 AM, in Room 301-B, Third Floor, City Hall. If you wish, you may provide testimony at the hearing regarding the request; see below for further information. You are not required to attend the hearing. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing. Please review the information below and if you have further questions regarding this process, please contact the License Division at (414) 286-2238.

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	7700 W LOLITA AVE	MILWAUKEE, WI 53223
CURRENT OCCUPANT	7714 W LOLITA AVE	MILWAUKEE, WI 53223
CURRENT OCCUPANT	7717 W BRADLEY RD	MILWAUKEE, WI 53223
CURRENT OCCUPANT	7877 N 76TH ST	MILWAUKEE, WI 53223
CURRENT OCCUPANT	7901 N 76TH ST	MILWAUKEE, WI 53223
CURRENT OCCUPANT	7701 W BRADLEY RD	MILWAUKEE, WI 53223
CURRENT OCCUPANT	7641 W LOLITA AVE	MILWAUKEE, WI 53223

Total Records: 7

Radius: 500.0 feet and Center of Circle: 7960 N 76th St



BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 3/15/18

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

2

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:
Secondhand Motor Vehicle Sales

Do you have any experience operating this type of business? No Yes If yes, explain: I've had mentors in the industry to talk me about the field

2. Business Operations

a. Proposed Opening Date: July 2019
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: Mechanic Repair Shop

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: 4 Locations: offices, lobby
Outside: 2 Locations: Front 3 Back of building
c. Is a crowd control barrier used? No Yes If yes, describe: _____
d. How many restrooms are on the premises? 2
e. Name of solid waste contractor: Advanced Disposal Waste Management Other: _____

5. Security

- a. Are there onsite parking spaces? No Yes If yes, how many? 4 and describe the parking security plan: Parking is out in the open, well-lit and can be viewed from inside building
- b. Is there a loading zone? No Yes If yes, describe the loading area security plan: Commercial loading can be found on the side of the building free from parking spaces
- c. Will you have security personnel on premise? No Yes If yes, how many? _____ and answer the following:
 What are their responsibilities? _____
 Is security equipment used? No Yes If yes, describe _____
 List their licensing, certification, or training credentials _____
- d. Will there be security cameras? No Yes If yes, how many? 2 and list locations: Front door, lobby & back of building
- e. Will searches/identification checks be done upon entry? No Yes If yes, describe _____

6. Percentage of Sales (must total 100%)

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

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

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

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

9. Premises Description

a. Identify all area(s) of the premises that will be used in operating this business (Include areas used only for storage):

1st Floor 2nd Floor Basement Storage Patio Beer Garden Sidewalk Café Deck Rooftop

Other: Describe: _____

b. Describe Location: Major Thoroughfare Secondary Street Other: _____

c. Nearest Major Cross Street: Bradley Road

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: Commercial/Residential

g. Building Owner Name: Ben Kern Phone Number: 414 550-2902

Business Owner Address: 7960 N 76th St Milwaukee, WI 53223

10. Hours of Operation & Customers

Will customers be entering the premises? No Yes

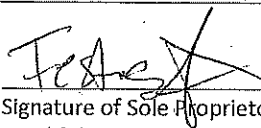
Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	CL O S E D		—	—	N/A
Monday	8:00 am	5:30 pm	10-15	18-42	N/A
Tuesday	9:00 am	5:30 pm	10-15	18-42	N/A
Wednesday	9:00 am	5:30 pm	10-15	18-42	N/A
Thursday	9:00 am	5:30 pm	10-15	18-42	N/A
Friday	9:00 am	6:00 pm	20+	18-42	N/A
Saturday	9:00 am	6:00 pm	20+	18-42	N/A

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

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

11. Signature(s)


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

Signature of additional partner or 20% or more shareholder

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



SECONDHAND MOTOR VEHICLE DEALER LICENSE SUPPLEMENTAL PLAN OF OPERATION

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

Legal Entity Name: Festus Auto Sales LLC

Premises Address: 7960 N 76th Milwaukee, WI 53223

SECTION 1 LICENSE TYPE

What type of license are you applying for? (check one) Retail Wholesale

SECTION 2

Will you also be dealing in secondhand vehicle parts? Yes No

If wholesale, is the premises address a residential (home) address? Yes No

If yes, you must obtain a Home Occupational Statement from the Department of Neighborhood Services (414) 286-3874.

No vehicles can be parked and no customers are allowed at the premises.

The following questions in Section 2 do not apply to wholesale from a residential address. Go to Section 3.

Number of parking spaces available to customers/employees 7

Number of parking spaces that will be used for display/storage of Secondhand Motor Vehicles 4

Do you understand that all vehicles associated with the business must be stored on the licensed premise? Yes No

What are your plans to ensure this requirement is met (check all that apply)? Employee Training

Supervisor Monitoring Fenced Lot Keys Kept in Locked Box Other: _____

Do you understand all maintenance/repair work to these vehicles must be confined to the licensed premise? Yes No

What are your plans to ensure this requirement is met (check all that apply)? Employee Training

Supervisor Monitoring Designated Repair Area Other: _____

Do you understand all keys to used motor vehicles offered for sale must be kept in a secure lockbox inside the dealership building at all times when the dealership is not open for business? Yes No

What are your plans to ensure this requirement is met (check all that apply)? Employee Training

Supervisor Monitoring Other: _____

SECTION 3 DISCLOSURE

Has any person on the application ever had a license relating to the activities licensed in Milwaukee Code of Ordinances Chapter 92 denied, not renewed, suspended, or revoked? No Yes

If yes, provide the circumstances and jurisdiction in which the event occurred (including a record of any actions from the State Department of Transportation and Financial Institutions relating to suspensions, revocations, forfeitures and warnings imposed by these departments relating to the operation of any automotive sales business by the applicant):

SECTION 4 SIGNATURES

Festus A. _____

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

_____ Additional partner or 20% or more shareholder



CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Wednesday, July 03, 2019

COMMITTEE MEETING NOTICE

AD 09

HIGGINS, Michael J, Agent
Complete Recycling Services LLC
9400 N 124TH St
Milwaukee, WI 53224

You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall on:

Tuesday, July 16, 2019 at 10:00 AM

Regarding: Your Recycling, Salvaging, or Towing Premises and Weight Measures License Applications Requesting Dealing, Storing, and/or Transporting Junk/Valuable Metal and Salvaged Motor Vehicle Parts as agent for "Complete Recycling Services LLC" for "Complete Recycling Services" at 9400 N 124TH 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.

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.

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JIM OWCZARSKI, CITY CLERK

BY: _____

Jessica Celella

License Division Manager

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

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



CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Wednesday, July 03, 2019

COMMITTEE MEETING NOTICE

AD 09

HIGGINS, Michael J, Agent
Complete Recycling Services LLC
4516 Douglas Rd
Downers Grove, IL 60515

You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall on:

Tuesday, July 16, 2019 at 10:00 AM

Regarding: Your Recycling, Salvaging, or Towing Premises and Weights & Measures License Applications Requesting Dealing, Storing, and/or Transporting Junk/Valuable Metal and Salvaged Motor Vehicle Parts as agent for "Complete Recycling Services LLC" for "Complete Recycling Services" at 9400 N 124TH 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.

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JIM OWCZARSKI, CITY CLERK

BY: _____

Jessica Ceella

License Division Manager

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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



Wednesday, July 03, 2019



Notice of Public Hearing

HIGGINS, Michael J, Agent
Complete Recycling Services at 9400 N 124TH St
Recycling, Salvaging, or Towing Premises and Weights & Measures License Applications
Requesting Dealing, Storing, and/or Transporting Junk/Valuable Metal and Salvaged Motor
Vehicle Parts

Tuesday, July 16, 2019 at 10:00 AM

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4. Persons opposed to the license application are given the opportunity to testify first; supporters may testify after the opponents have finished.
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OCCUPANT	MAIL ADDRESS	CITY, STATE ZIP
CURRENT OCCUPANT	12123 W COUNTY LINE RD 2	MILWAUKEE, WI 53224
CURRENT OCCUPANT	12123 W COUNTY LINE RD 4	MILWAUKEE, WI 53224
CURRENT OCCUPANT	12123 W COUNTY LINE RD 3	MILWAUKEE, WI 53224
CURRENT OCCUPANT	12123 W COUNTY LINE RD 1	MILWAUKEE, WI 53224

Total Records: 4

Radius: 1000.0 feet and Center of Circle: 9400 N 124th St



BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 3/15/18

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:

Steel Recycling Center

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

2. Business Operations

- a. Proposed Opening Date: 4/1/19
- 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: state scales, fire prevention, Recycling etc
- 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: No Smoking
- b. Number of Garbage Cans: Inside: 10 Locations: VARIOUS (2 in office 3 in plant)
Outside: 10 Locations: VARIOUS (insid gate spread throughout)
- c. Is a crowd control barrier used? No Yes If yes, describe: _____
- d. How many restrooms are on the premises? 2
- e. Name of solid waste contractor: Advanced Disposal Waste Management Other: Industrial Recyclers

5. Security

- a. Are there onsite parking spaces? No Yes If yes, how many? 25 and describe the parking security plan: Cameras
- b. Is there a loading zone? No Yes If yes, describe the loading area security plan: There are 3 operating docks at site
- c. Will you have security personnel on premise? No Yes If yes, how many? _____ and answer the following:
 What are their responsibilities? NA
 Is security equipment used? No Yes If yes, describe Entire site is camera'd
 List their licensing, certification, or training credentials NO
- d. Will there be security cameras? No Yes If yes, how many? 16 and list locations: various - whole site
- e. Will searches/identification checks be done upon entry? No Yes If yes, describe _____

6. Percentage of Sales (must total 100%)

Alcohol <u>0</u> %	Food <u>0</u> %	Secondhand Merchandise <u>0</u> %	Precious Metals & Gems <u>0</u> %
Entertainment <u>0</u> %	Cigarettes _____ %		
Pawnbroker Activity <u>0</u> %	Salvaged Materials <u>100</u> % (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) <u>0</u> %	Other <u>0</u> % Describe: <u>0</u>

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

Type 1

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

Type 2

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

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

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

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

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

9. Premises Description

a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage):

1st Floor 2nd Floor Basement Storage Patio Beer Garden Sidewalk Café Deck Rooftop

Other: Describe: _____

b. Describe Location: Major Thoroughfare Secondary Street Other: street across from Landfill

c. Nearest Major Cross Street: 124th & Brown Deer Rd.

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: I7H LLC Phone Number: 414-235-0279

Business Owner Address: 8570 S. Chicago Rd 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	not open	not open			
Monday	8am	4:30 pm	50	18-80	None
Tuesday	8am	4:30 pm	50	18-80	None
Wednesday	8am	4:30 pm	50	18-80	None
Thursday	8am	4:30 pm	50	18-80	None
Friday	8am	4:30 pm	50	18-80	None
Saturday	8am	12pm	25	18-80	None

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

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

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

11. Signature(s)

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

Signature of additional partner or 20% or more shareholder

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



**RECYCLING, SALVAGING OR TOWING PREMISES
LICENSE SUPPLEMENTAL APPLICATION**

ccl-rstprem 2/23/18

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

Legal Entity Name: Complete Recycling Services, LLC
 Business Address: 9400 N. 124th St Milwaukee WI 53224
 Do you currently hold any licenses in the City of Milwaukee? No Yes If yes, list:

Has any person on the application ever had a license relating to the activities licensed in Milwaukee Code of Ordinances Chapter 93 denied, not renewed, suspended, or revoked? No Yes
 If yes, provide the circumstances and jurisdiction in which the event occurred (including a record of any actions from the State Department of Transportation and Financial Institutions relating to suspensions, revocations, forfeitures and warnings imposed by these departments relating to the operation of any automotive sales business by the applicant):

Do you understand that you must follow all recordkeeping, reporting and operating regulations in MCO 93-43-49? No Yes
 Do you understand that all records and reports must be available to the police department upon request? No Yes

Business Operations

Check all activities that apply:

Non-Consensual Towing: Provide the address within the City of Milwaukee where vehicles will be towed:

Junk/Valuable Metal: Dealing, Storing and/or Transporting Removing and/or Recycling
 Waste Tires: Dealing, Storing and/or Transporting Removing and/or Recycling
 Salvaged Motor Vehicle Parts: Dealing, Storing and/or Transporting Removing and/or Recycling
 (including secondhand tires/batteries)

Do you have an additional yard(s) used for storage? No Yes
 If yes, provide the address(es) below and submit an additional \$50 per yard:

How many motor vehicles will be used in the business operations? 0 Provide information for each vehicle on page 2.

Required Signature(s)

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

Office Use Only:			Initials	Filed
App#	YD#	Permit #s	Paid	MPD
DNS	LC	CC	Mayor's Signature	License #



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: Complete Recycling Services, LLC
Premise Address: 9400 N. 124th Street, Milwaukee, WI 53224

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 type="checkbox"/> 1 <input 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 \$165⁰⁰

Signature

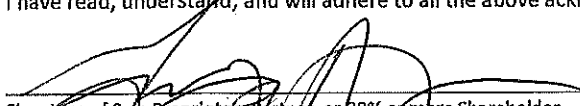
I hereby agree that I will comply with the applicable sections of the Wisconsin State Statutes, Administrative Code and the Milwaukee Code of Ordinances regarding the operation of weighing and measuring devices.

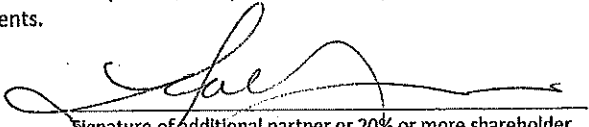
I understand that all devices must be operated within the specifications, tolerances and other technical requirements set forth in the National Institute of Standards and Technology Handbook 44. I understand that the license for which I am applying must be posted on the premises or in my vehicle prior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



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: Complete Recycling Services, LLC

Premise Address: 9400 N. 124th Street, Milwaukee, WI 53224

Type of Business

Provide a brief description of the establishment/business:

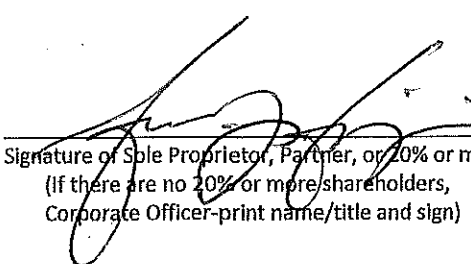
steel recycling center

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

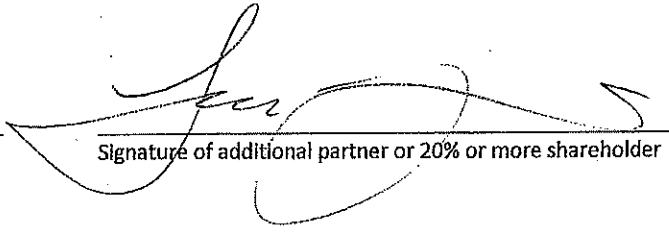
Litter & Noise

- 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.