



CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Wednesday, January 15, 2025

COMMITTEE MEETING NOTICE

AD 12

MUKTAR, Muktar B, Agent
Al-Kahf, LLC
327 W NATIONAL Av
Milwaukee, WI 53204

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 28, 2025 at 10:00 AM

The access code is <https://meet.goto.com/958389445>. Please see the enclosed best practices document for further instructions.

Regarding: Your Waiver Request of the Time Limit To Receive the Food Dealer License as agent for "Al-Kahf, LLC" for "Al-Kahf Grocery" at 327 W NATIONAL Av.

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



Wednesday, January 15, 2025



Notice of Public Hearing

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MUKTAR, Muktar B, Agent
Al-Kahf Grocery at 327 W NATIONAL Av
Waiver Request of the Time Limit To Receive the Food Dealer License

Tuesday, January 28, 2025 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 1/28/2025 at 10:00 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	316 W WALKER ST	MILWAUKEE, WI 53204-1749
CURRENT OCCUPANT	323 W NATIONAL AVE# 1	MILWAUKEE, WI 53204-1702
CURRENT OCCUPANT	323 W NATIONAL AVE# 2	MILWAUKEE, WI 53204-1702
CURRENT OCCUPANT	323 W NATIONAL AVE# 3	MILWAUKEE, WI 53204-1702
CURRENT OCCUPANT	323 W NATIONAL AVE# 4	MILWAUKEE, WI 53204-1702
CURRENT OCCUPANT	323 W NATIONAL AVE# 5	MILWAUKEE, WI 53204-1702
CURRENT OCCUPANT	325 W NATIONAL AVE	MILWAUKEE, WI 53204-1702
CURRENT OCCUPANT	326 W WALKER ST	MILWAUKEE, WI 53204-1749
CURRENT OCCUPANT	329 W NATIONAL AVE	MILWAUKEE, WI 53204-1702
CURRENT OCCUPANT	329A W NATIONAL AVE	MILWAUKEE, WI 53204-1702
CURRENT OCCUPANT	331 W NATIONAL AVE	MILWAUKEE, WI 53204-1702
CURRENT OCCUPANT	332 W WALKER ST	MILWAUKEE, WI 53204-1749
CURRENT OCCUPANT	338 W WALKER ST	MILWAUKEE, WI 53204-1749
CURRENT OCCUPANT	808 S 4TH ST	MILWAUKEE, WI 53204-1723
CURRENT OCCUPANT	810 S 4TH ST	MILWAUKEE, WI 53204-1723
CURRENT OCCUPANT	813 S 3RD ST	MILWAUKEE, WI 53204-1828
CURRENT OCCUPANT	814 S 4TH ST	MILWAUKEE, WI 53204-1723
CURRENT OCCUPANT	816 S 4TH ST	MILWAUKEE, WI 53204-1723
CURRENT OCCUPANT	816A S 4TH ST	MILWAUKEE, WI 53204-1723
CURRENT OCCUPANT	820 S 4TH ST	MILWAUKEE, WI 53204-1723
CURRENT OCCUPANT	821 S 3RD ST	MILWAUKEE, WI 53204-1828
CURRENT OCCUPANT	824 S 4TH ST	MILWAUKEE, WI 53204-1723
CURRENT OCCUPANT	826 S 4TH ST	MILWAUKEE, WI 53204-1723
CURRENT OCCUPANT	835 S 3RD ST	MILWAUKEE, WI 53204-1828
CURRENT OCCUPANT	839 S 3RD ST	MILWAUKEE, WI 53204-1828
CURRENT OCCUPANT	839A S 3RD ST	MILWAUKEE, WI 53204-1828

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Total Records: 26

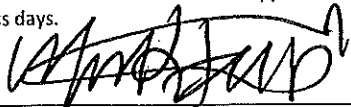
Radius 250 feet and Center of the Circle: 327 W National Av



WAIVER REQUEST OF THE TIME LIMIT TO RECEIVE A LICENSE OR PERMIT 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

App# 35617a
pd # 12/16/24
AD 12
MDD -> 12-26-24

SECTION 1 BUSINESS INFORMATION	
Date of Application: 10/23/2024	Aldermanic District:
Applicant (Name of individual, partners, or agent): Muktar Bawasir Muktar	
Legal Entity Name (If Applicable): AL-Kahf LLC	Trade Name: AL-Kahf Grocery
Premises Address: 327 W. National Ave	Mailing Address:
Business Phone: 414-625-0114	Business Email: alkahfllc00@gmail.com
SECTION 2 DESCRIPTION OF UNUSUAL CIRCUMSTANCES	
Describe the circumstances that prevented the issuance of the license or permit within the one year period and what steps you are taking to obtain the license or permit. Due to occupancy permit inspection and requirement took us longer than expected and for the inspections are done only remain is building inspection we are requesting for an extension	
SECTION 3 CHANGES	
Are there any changes to the Plan of Operation?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Are there any changes to the legal entity or ownership?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Are there any changes to the floor plan or premises description?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Are there any other changes since the initial application was submitted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If you answered yes to any of these questions contact our office for additional forms.	
SECTION 4 ACKNOWLEDGMENTS & SIGNATURE	
By signature below, the undersigned understands and agrees to the following: I. That the undersigned is responsible for awareness of all federal laws, state laws, and City of Milwaukee Ordinances that govern the administration of the license(s) applied for; and that violation thereof may be grounds for suspension, non-renewal, or revocation of the license(s). II. That the undersigned shall not refuse to provide services pursuant to the license(s) on the basis of race, sex, religion, handicap, sexual orientation, gender identity or expression, military service, lawful source of income, or any other class protected by federal or state law. III. That the filing of this application does not entitle the undersigned to the license(s) applied for; and that the granting and renewal of the license(s) is subject to approval by the Milwaukee Common Council. IV. That any license(s) issued by the City of Milwaukee are subject to a renewal hearing; and that failure of the undersigned to attend said hearing may, by itself, be grounds for non-renewal. V. That the information contained in this application is true and correct, and that City Clerk must be informed of any changes to the information herein within ten (10) business days.	
 _____ Signature of Individual, Partner, or Agent	

10:00AM
1/28/25 - send app to mari ✓



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

Date: 10/25/2023

To the License Division of the City of Milwaukee:

MUKTAR BAWASIR MUKTAR, wish to amend my answer(s) on the application for a
(full legal name)

CIG license at 327 W. National Ave Milwaukee, WI 53204
(type of license) (premises address, if applicable)

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

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

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

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

Office Use Only: Application #: _____ Date: _____ Initials: _____ To LC: _____
LC Email: MPD NS IID Initials: _____



APPLICATION AMENDMENT

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

cel amend 7/10/18

Date: 10/20/2023

To the License Division of the City of Milwaukee:

I, MUKTAR BAWASIR MUKTAR, wish to ^{RENEW} amend my answer(s) on the application for a

Tobacco & Cigarette license at 327 W. National Ave

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

1. Answer to Question(s) # _____ should be: _____ Also complete 3, 4, 5 & 6
2. Agent should be (full legal name): MUKTAR BAWASIR MUKTAR
3. Date of birth should be: 01/01/1995
4. Home address should be (include city/state/zip): 1236 S. 36th St
Milwaukee, WI 53215
414-397-5420
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): AL-KAHF LLC
8. Business name should be: _____
9. Premises address should be (include city/state/zip): 327 W. National Ave
Milwaukee, WI 53204
414-397-5420
10. Business phone number should be (include area code): _____
11. Mailing address should be (include city/state/zip): _____
12. Email address should be: alkahfllc00@gmail.com
13. Recycling/Salvaging/Towing: Location where vehicle will be parked should be (include city/state/zip): _____
Waste Management
14. Class B Tavern: Age Distinction should be: None
15. Other: Removing Cig App and updating plans of operation

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

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

Office Use Only: Application #: 356173 356173 Initials: AS To LC: _____
LC Email: MPD NS HD Initials: _____



BUSINESS LICENSE PLAN OF OPERATION

Office of the City Clerk License Division
200 E. Wells St, Room 105, Milwaukee, WI 53207
(414) 286-2238 www.milwaukee.gov/license e-mail address: license@milwaukee.gov

ccl-busplan 5/12/2020

1. Type of Business

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

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

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

2. Business Operations

- a. Proposed Opening Date: 11/01/2023
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: 3 Locations: Draftroom, South Corner of the store
Outside: 1 Locations: DYMister
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? _____ 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 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 Cameras
 List their licensing, certification, or training credentials _____
- d. Will there be security cameras? No Yes If yes, how many? 10 and list locations: Two outside and 8 inside
- 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>70</u> %	Secondhand Merchandise <u>0</u> %	Precious Metals & Gems <u>0</u> %
Entertainment <u>0</u> %	Cigarettes <u>0</u> %	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) <u>0</u> %	Other <u>30</u> % Describe: _____
Pawnbroker Activity <u>0</u> %	Salvaged Materials <u>0</u> % (such as scrap metal)		

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

- Type 1**
- Full Service Restaurant Cafe/Coffee Shop Deli or Fast Food Restaurant Private/Fraternal/Veterans Club
- Night Club Tavern Cocktail Lounge Teen Club
- Banquet Hall Sports Facility Bowling Alley
- Hotel/Motel: Number of Floors: _____ 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: Food Dealer

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: 4th Street
- d. Describe Building: Free Standing Building Strip Mall Other: _____
- e. Describe Premises Structure: Single Story Multi-Story - # of Stories 2 Other: _____
- f. Describe Surrounding Area: Commercial Residential Industrial Other: _____
- g. Building Owner Name: HUMBLED HANDS LLC Phone Number: (414)688-6900
 Building Owner Address: 827 W. OKLAHOMA AVE MILWAUKEE, WI 53215

10. Hours of Operation & Customers

Will customers be entering the premises? No Yes

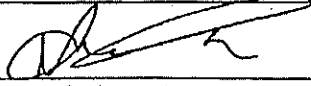
Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (if none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	10:00 AM	7:00 PM	300	1-100	
Monday	10:00 AM	8:00 PM	300	1-100	
Tuesday	10:00 AM	8:00 PM	300	1-100	
Wednesday	10:00 AM	8:00 PM	300	1-100	
Thursday	10:00 AM	8:00 PM	300	1-100	
Friday	10:00 AM	8:00 PM	300	1-100	
Saturday	10:00 AM	7:00 PM	300	1-100	

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)


 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.



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: **AL-KAHF LLC**

Premises Address: **327 W. NATIONAL AVE MILWAUKEE, WI 53204**

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)

SEAFOODS, MEAT, MILK, CHEESE, AND CHICKEN

If yes, list the types of food items: _____

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:

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

mm 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.

mm 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.

mm 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.

mm I will not operate my food business until the license has been issued and posted in the establishment.

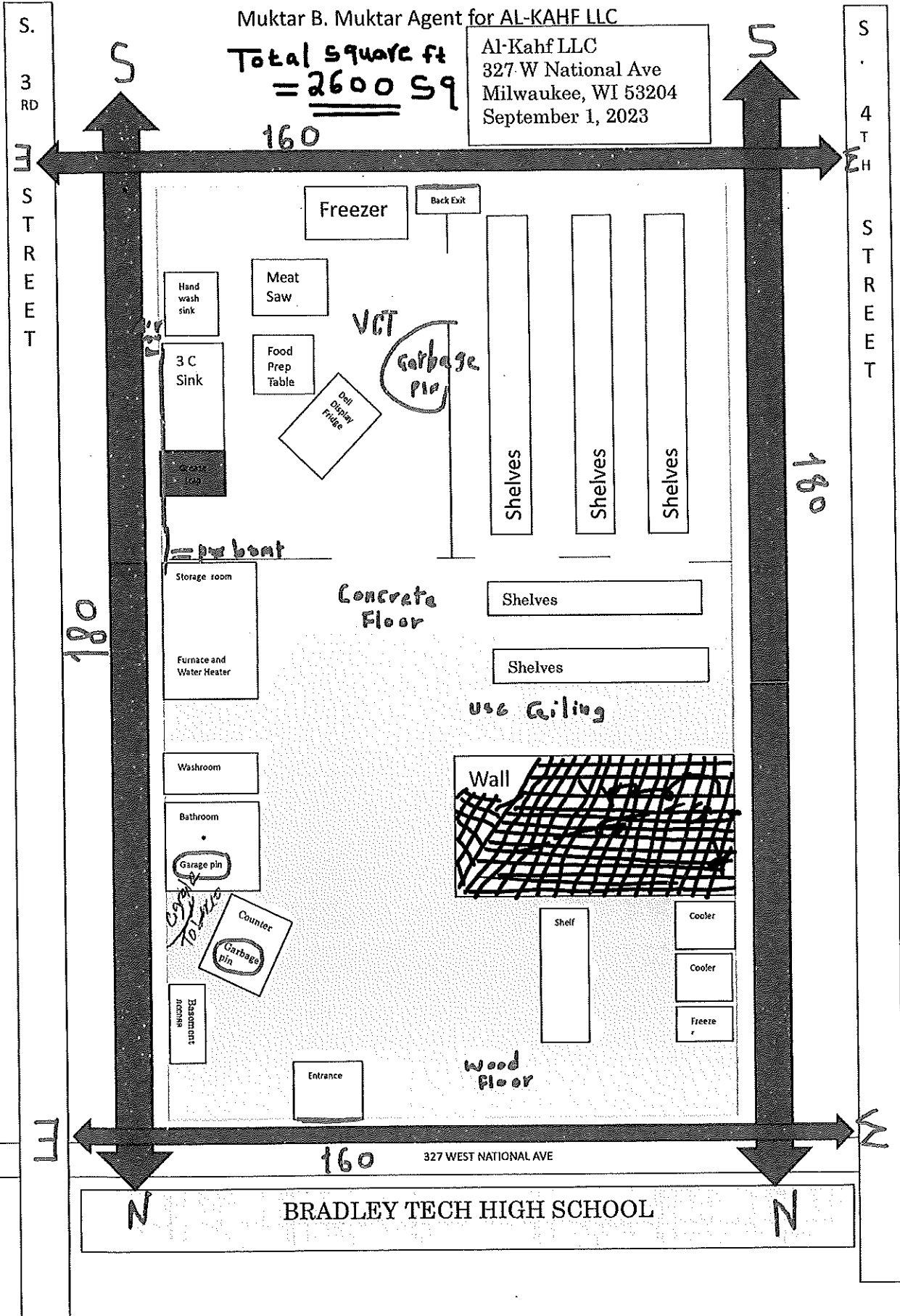
Signature of Sole Proprietor, Partner, or 20% Shareholder: [Signature]

Signature of Additional Partner: _____

Muktar B. Muktar Agent for AL-KAHF LLC

Total Square ft
= 2600 Sq

Al-Kahf LLC
327 W National Ave
Milwaukee, WI 53204
September 1, 2023



Escuela Vieau School

BRADLEY TECH HIGH SCHOOL

327 WEST NATIONAL AVE