

BUSINESS INFORMATION FORM

SEE INFORMATION SHEET FOR THE TYPE OF
LICENSE FOR WHICH YOU ARE APPLYING
FOR ADDITIONAL FORMS REQUIRED

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

ccl-busapp 12/10/19

BUSINESS CONTACT INFORMATION

☐ Sole Proprietor ☐ Corporation ☒ LLC ☐ Partnership ☐ Nonprofit Organization

Legal Entity Name (sole proprietor, partnership, LLC or Corporation): Factory Spec Autoworks LLC

Business/Trade Name: Next Level Auto Services

Phone: 414 400 2627

E-mail: ryanwitte1993@gmail.com

Premises Address (include city, state, zip code): 9334 N. 107th St, Milwaukee, WI 53224

Mailing Address: ☐ Same as premises address ☒ Same as home address in Section 2
☐ Other (include city, state, zip code):

AGENT / SOLE PROPRIETOR / 1ST PARTNER INFORMATION

FULL LEGAL NAME (Last, First & Middle Initial):

Witte, Ryan J

Date of Birth: 11/03/1993

Home Address (include city, state, and zip code):

8115 Southview Ct West Bend, WI 53090

Driver's License Number/ ID #: W300-7309-3403-04

Issuer: WI

Home Phone: N/A 414 400 2627

Cell Phone: 414 400 2627

Percent % of Ownership Interest (Corp/LLC only): 100

Email: ryanwitte1993@gmail.com

LIST ANY ADDITIONAL PARTNER(S) OR OWNER(S) WITH 20% OR MORE INTEREST

FULL LEGAL NAME (Last, First & Middle Initial):

Date of Birth:

Home Address (include city, state, and zip code):

Driver's License Number/ ID #:

Issuer: _____

Home Phone:

Cell Phone:

Percent % of Ownership Interest:

Email:

FULL LEGAL NAME (Last, First & Middle Initial):

Date of Birth:

Home Address (include city, state, and zip code):

Driver's License Number/ ID #:

Issuer: _____

Home Phone:

Cell Phone

Percent % of Ownership Interest:

Email:

☐ Check if there are additional partners or persons with 20% or more ownership interest. Complete additional sheets as necessary.

OCCUPANCY PERMIT STATUS AND SIGNATURE(S)

CHECK ONE: An occupancy permit ☐ has been obtained ☒ has been applied for ☐ will be obtained before operating
☐ is not needed (will obtain home occupation statement) ☐ is not needed-reason: _____

I/we understand that I am/we are required to inform the City Clerk within 10 days of changes in any of the information supplied in this application. I/we have knowledge of the City Ordinances currently regulating the license applied for herein, and understand that the license may be subject to suspension, non-renewal or revocation, if I/we violate any rule or regulation relating to this license.

I/we understand that I/we shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; and shall not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.

The undersigned understands that the filing of an application does not entitle applicants to permits, and that granting of permits is in the sole discretion of the Common Council. I/we state that this application for a license is not made for and behalf of any other person and that the applicant is not acting as an agent for, or in the employ of another. I/we certify that I am/we are the applicant and all statements are true and correct.

Signature of Sole Proprietor, Partner, Agent 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

Office Use Only:

Initials: AJ

Filed: 106464

Applications: 373066

☐ NL or ☐ NA: Last Lic

☐ New or

☐ Renewal

☐ Granted w/

☐ No Issues or

☐ DBA

Exp Date

License #

☐ Note Other Lics

Paid:

MPD

Granted

License #



BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 5/12/2020

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

1. Type of Business

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

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

Light Duty Automotive Repair

Do you have any experience operating this type of business? ☐ No ☒ Yes If yes, explain: 13 years in industry, 3 years as manager

2. Business Operations

- a. Proposed Opening Date: 12/2/24
- 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: Pallet Manufacturing - All-Mo Pallets

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: bathroom, office, shop
Outside: 1 Locations: far North corner of parking lot
- c. Is a crowd control barrier used? ☒ No ☐ Yes If yes, describe: _____
- d. How many restrooms are on the premises? 3
- 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? 10 and describe the parking security plan: vehicles locked at all times
- 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? 8 and list locations: 4 outside, 4 inside, 2 office, 2 shop
- 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> % Cigarettes, Electronic Vape Devices, Tobacco Products <u>0</u> %	Secondhand Merchandise <u>0</u> %	Precious Metals & Gems <u>0</u> %
Entertainment <u>0</u> %			
Pawnbroker Activity <u>0</u> %	Salvaged Materials <u>0</u> % (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) <u>0</u> %	Other <u>100</u> % Describe: <u>Automotive Repairs</u>

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

Type 1

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

Type 2

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

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

- ☒ 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 N/A (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: County Line 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: Boris Levchets Phone Number: 414 841 6786

Building Owner Address: 9334 N. 107th St, Milwaukee, WI 53224

10. Hours of Operation & Customers

Will customers be entering the premises? ☐ No ☒ Yes

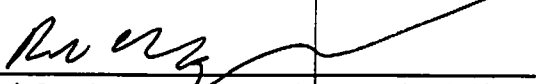
Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	N/A	N/A	0	N/A N/A	N/A
Monday	7 AM	5 pm	15	16-55	N/A
Tuesday	7 AM	5 pm	15	16-55	N/A
Wednesday	7 AM	5 pm	15	16-55	N/A
Thursday	7 AM	5 pm	15	16-55	N/A
Friday	7 AM	5 pm	15	16-55	N/A
Saturday	N/A	N/A	0	N/A	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 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.



RECYCLING, SALVAGING OR TOWING PREMISES LICENSE SUPPLEMENTAL APPLICATION

ccl-rstprem 8/30/2022

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: Factory Spec Autoworks LLC

Business Address: 9334 N. 107th 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 \$63 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)

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

Office Use Only:

App#

YD#

Permit #s

Initials

Filed

DNS

LC

CC

Paid

MPD

Mayor's Signature

License #

Recycling, Salvaging or Towing - Vehicle Information

(attach additional pages as needed)

Vehicle Make:	Model:	Year:	Plate #:
VIN #:		US DOT # or WI DOT operating authority:	Assigned Permit #:
Vehicle Make:	Model:	Year:	Plate #:
VIN #:		US DOT # or WI DOT operating authority:	Assigned Permit #:
Vehicle Make:	Model:	Year:	Plate #:
VIN #:		US DOT # or WI DOT operating authority:	Assigned Permit #:
Vehicle Make:	Model:	Year:	Plate #:
VIN #:		US DOT # or WI DOT operating authority:	Assigned Permit #:
Vehicle Make:	Model:	Year:	Plate #:
VIN #:		US DOT # or WI DOT operating authority:	Assigned Permit #:
Vehicle Make:	Model:	Year:	Plate #:
VIN #:		US DOT # or WI DOT operating authority:	Assigned Permit #:
Vehicle Make:	Model:	Year:	Plate #:
VIN #:		US DOT # or WI DOT operating authority:	Assigned Permit #: