Part D: Criminal History						
Have you ever been convicted of any offenses (excluding traffic of	fenses)					
for violation of any federal, Wisconsin, or another state's laws or o		dinances?	□ Yes ः No			
If yes to question 1, please list details of each conviction below. Al	ttach additional sheets as ne	eded.				
Law/Ordinance Violated	Location		Conviction Date			
Penalty Imposed	1	Was sentence completed?	🗆 Yes 🗀 No			
Law/Ordinance Violated	Location		Conviction Date			
Penalty Imposed		Was sentence completed?	🗆 Yes 🗆 No			
Law/Ordinance Violated	Location	Location				
Penalty Imposed		Was sentence completed?				
Are charges for any offenses currently pending against you (exclusion violation of any federal, Wisconsin, or another state's laws or on the state of pending charge of the state of the sta	f any county or municipal or					
Part E: Attestation						
READ CAREFULLY BEFORE SIGNING: Under penalty of	law, I have answered ea	ach of the above questi	ons completely and truthfully.			
Signature		Date	<del>3.1.1.1.1.1</del>			
		04/09/2	025			

Part D: Criminal History						
Have you ever been convicted of any offenses (excluding traffic of for violation of any federal, Wisconsin, or another state's laws or of the control o		linances?	🗆 Yes	i No		
If yes to question 1, please list details of each conviction below. At	tach additional sheets as ne	eded.				
Law/Ordinance Violated	Location		Conviction Date			
Penalty Imposed	1	Was sentence completed?	□ Yes I	□ No		
Law/Ordinance Violated	Location		Conviction Date			
Penalty Imposed		Was sentence completed?	🗆 Yes 🛚	□ No		
Law/Ordinance Violated	Location		Conviction Date			
Penalty Imposed		Was sentence completed?	🗆 Yes	□ No		
Are charges for any offenses currently pending against you (exclude for violation of any federal, Wisconsin, or another state's laws or or lifyes to question 2, describe nature and status of pending charge.	f any county or municipal ord			□ No		
in yes to question 2, describe nature and status of pending charge	s using the space below. Atta	acii additional sheets as nee	sucu.			
Part E: Attestation						
READ CAREFULLY BEFORE SIGNING: Under penalty of	law, I have answered ea	ch of the above question	ons completely and trut	hfully.		
Signature L L		Date				
( <del>1</del>		04/09/26	025			

## GRANVILLE-HAVENWOODS ADVISORY COUNCIL INDIVIDUAL QUESTIONNAIRE

Date 04/09/2025

All individuals involved in the business must complete this form, including:

• sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your application or renewal is not complete until all required Individual Questionnaires are submitted.

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Part A	Business Info	ormatio	n										
	usiness Name (indiv us Auto Sales L		e if sole pr	oprietor)									
	ss Trade Name or Di us Auto Sales	ВА											
1	ype (check one)		·					-					
☐ Sol	☐ Sole Proprietor ☐ Partnership								□ Nonp	orofit C	)rgani	zation	
Part B	: Individual In	formati	on	· · · · · · · · · · · · · · · · · · ·									
1. Last Name 2. First Name 3. M.I.													
Akin	yinka				Ter								
4. Relation	nship to Business (T	itle)		5. Emai					Т	6. Phone	╌╌┸ ╛		
Gene	eral Manager			sal	es@festu	ısautosal	les.co	m		(414	(414) 369-2861		
7. Home / N85	Address W16110 Apple	ton Ave	#915								• :		
8. City					9. State	9. State 10. Zip Code				11. Date of B			
Menomonee Falls								53051	01/14/1987				
12. Driver License/State ID Number 13. Driver License/State ID State of Is									of Issuance				
A255	5-8168-7514-0	5			Wisconsin								
Part C	Address Hist	tory											
1. Do you currently reside in Wisconsin?								□ No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?								М	onths				
2. List in c	chronological order a	all of your a	ddresses v	within the last 5 ye	ears. Attach	additional	sheets i	f necessary.					
Previous Address 1				City			Sta			Zip Code			
1891 Norhardt Dr				Brookfield			WI		5	53045			
Previous Address 2			City				State	Zij	Zip Code		-		
Previous Address 3				City					Zij	Zip Code			
Previous Address 4					City					Zij	Zip Code		····
Previous Address 5				City				State	Zij	Zip Code			
3. List all	states and counties	vou have liv	ved in as a	n adult. Attach ac	L	ets if noces	ssarv		1				
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			· 					•			y		
State	County		State	County		State	Count	ly	State	Co	unty		
									_				

## GRANVILLE-HAVENWOODS ADVISORY COUNCIL INDIVIDUAL QUESTIONNAIRE

Date 04/09/2025

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• sole proprietor

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- all partners of a partnership
- members and agent of a limited liability company

Your application or renewal is not complete until all required Individual Questionnaires are submitted.

Your appli	ication or renewa	al is not co	ompiete	until all require	ea inaivia	uai Ques	tionnaii	res are submitted					
Part A:	<b>Business Info</b>	ormatio	n										
-	usiness Name (indiv us Auto Sales L		if sole pr	oprietor)									
	s Trade Name or DE us Auto Sales	ВА											
	ype (check one) e Proprietor	O Part	nership	Limit	ed Liability	· Compo	<b></b>	Corporation			annuafit (	)ranization	
L 301	e i Toprictoi	- rait	ilet 21 ilb	्ह, <b>L</b> ame		y Compai		☐ Corporation			onpront (	Organization	
Part B:	Individual In	formation	on	W.C.11	<del></del>		•••				<del></del>		
1. Last Na Akiny					2. First I				•			3. M.I.	
_	4. Relationship to Business (Title) 5. Email						<u></u>					-2861	
7. Home A N85V	Address W16110 Apple	ton Ave	#915						!	-			
8. City Menomonee Falls					9. State WI			10. Zip Code 53051		11. Date of Birth 02/06/1988			
12. Driver License/State ID Number A255-2418-8046-01					13. Driver License/Sta Wisconsin					tate ID State of Issuance			
Part C:	Address Hist	tory											
1. Do you	currently reside in V	Visconsin?				• • • • • • • • •					1 \	es □ No	
If yes to	1 above, how long	have you co	ontinuous	y lived in Wiscons	sin prior to t	he date of	applicati	on?			Years 12	Months	
2. List in c	hronological order a	all of your a	ddresses v	within the last 5 ye	ears. Attach	additional	sheets i	necessary.					
Previous Address 1 1891 Norhardt Dr				City Brookfield			Stat W		_	Zip Code 53045			
Previous Address 2				City					e Zip Code				
Previous Address 3				City				State	9	Zip Code			
Previous Address 4				City				State	e	Zip Code			
Previous Address 5				City				State	e	Zip Code			
3. List all s	states and counties	you have liv	ed in as a	n adult. Attach ac	L Iditional she	ets if nece	ssary.				I		
State Ibada	County Nigeria		State	County		State	Count	dy	State	e	County		
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Continued ⇒

15e. Are you going to hire within the community and how do you plan to recruit/train these individuals?
We would absolutely love to hire within the community. We are going to have an onsite hiring event. We also have an onsite training area for staff. The person that will be training the staff has over 12 years of teaching experience
15f. What insurance coverage do you have?
We have full coverage insurance on the vehicles and on the building.
16. If needed, have you contacted the Department of Public Works?
Yes.
17. Do you have a contractor for plumbing, HVAC, and architect? If yes, who are they?
No. We are currently seeking to hire within the community.
,
18. Have you obtained your seller's permit?
Yes
19. Have you registered with the Department of Financial Institutions?
Yes.
20. Do you have an accountant and a lawyer? If yes, who are they?
We are currently seeking to hire an accountant within the community. Our lawyers are Crivelo Law.
21. Do you currently have any unpaid financial judgments against you personally or any businesses you are involved with and/or in?
No.

7. What are the business hours of operation?

M-F 9am-6pm and Saturday 10am-5pm

8. Who is your target audience?

Our target audience are driving individuals who need reliable transportation to work.

9a. Why do you want your business to be located within the 9th district?

We chose this area because we would like to be part of its growth. This community also needs a good source to purchase reliable vehicles.

9b. How will your business improve the 9th district?

The curb appeal of our business offers a franchise car dealership like look, and we believe that the community will be proud of our efforts to bring business

10. Who will maintain the exterior premise of your establishment?

We have a landscaping company that will take care of the property

11. Are you leasing or buying the building where your business will be located?

We have already purchased the building.

12. Describe your security design.

We have security cameras that surround the entire building, and an internal alarm system. We also have an online guard that watches the property at night. If there is any movement we are notified.

13. Does your proposal involve any City approvals? If so, what are those approval processes?

Yes. The city of Milwaukee will need to approve our license.

14. What is the project timeline or schedule for your development or business, including any City approvals that are required? We intend to be fully operational by June 1, 2025.

15a. Do you have a written business plan?

Yes

15b. Does your plan include a marketing plan?

Yes

15c. Are you doing financing? If yes, with whom?

Yes. We have current partnerships with Marine Bank, Educators, and One Main.

15d. What is your plan on hiring and how many full/part-time employees?

We intend on hosting a hiring event and would like to offer 4, full-time jobs.

## GRANVILLE-HAVENWOODS ADVISORY COUNCIL BUSINESS QUESTIONNAIRE

Date 04/09/2025

The Granville-Havenwoods Advisory Council reviews plans and proposals for redevelopment projects in the Granville-Havenwoods Development Area for consistency with the goals, needs, and desires of the Granville-Havenwoods community and its residents, businesses, property owners and other stakeholders. The Granville-Havenwoods Development Area is bounded by W. County Line Road, Good Hope Road, N. 43rd Street, and N. 107th Street. Additionally, the council would like to be informed of new businesses or developments coming into the Granville-Havenwoods Development Area or altering operations within the area. The council would like to review those businesses/developments and possibly offer recommendations or provide input on them. Any recommendations made by this council are advisory only to other required processes.

Please be prepared to present on your business or proposed business for roughly 5 minutes. If you are not confident in your command of English, please bring a translator with you. Applicants must meet with the local Council member prior to appearing at this meeting and may be moved to the next meeting date, if the meeting runs long.

**Individual Name:** Festus Akinyinka and/or Terranda Akinyinka **INCLUDE ALIASES AND PRIOR NAMES** Email: sales@festusautosales.com 1. What is the legal name and D/B/A name of your business? **Festus Auto Sales** 2. What is the address of your business or proposed business? 8730 N 91st St Milwaukee, WI 53224 3a. Are you a new or existing business? Existing 3b. How many years have you been in business? 4. Describe the product(s) or service(s) you offer. Include specific activities to be held at the proposed location. Include all licensing needed/applied for. Secondhand retail motor vehicle sales 5. What problem does your business solve? Almost 30% of people on the Northwest side of Milwaukee, don't have access to a vehicle. We intend on helping this community get driving at an affordable rate. 6a. How will you involve the community? We intend to provide a free "Get Driving" course that will help teens understand the transportation laws, like insurance, permits. After completing the course teens can receive funds to help pay for their drivers licenses. 6b. How will you give back to the community?

We intend on hosting a yearly community outreach event with resources that this community can use and give away a

vehicle to a family in need each year.