



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): DBB AUTO LLC
Business/Trade Name: DBB AUTO
Phone: 8134763534 E-mail: zhaohuivito@gmail.com
Premises Address (include city, state, zip code): 7933 N 73rd St, Milwaukee, WI, 53223
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): Liang, Zhaohui Date of Birth: 04/01/1997
Home Address (include city, state, and zip code): 1122 Velvet Leaf Dr, Madison, WI, 53719
Driver's License Number/ID #: L520-9809-7121-08 Issuer: Wisconsin
Home Phone: Cell Phone: 813-476-3534
Percent % of Ownership Interest (Corp/LLC only): 40% Email: zhaohuivito@gmail.com

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

FULL LEGAL NAME (Last, First & Middle Initial): Zhang, Peng Date of Birth: 07/20/1994
Home Address (include city, state, and zip code): 1122 Velvet Leaf Dr, Madison, WI, 53719
Driver's License Number/ID #: Z520-6609-4260-01 Issuer: Wisconsin
Home Phone: Cell Phone: 813-546-3158
Percent % of Ownership Interest: 30% Email: zp1rjv@gmail.com
FULL LEGAL NAME (Last, First & Middle Initial): Li, Hangyu Date of Birth: 11/30/1999
Home Address (include city, state, and zip code): 222 Midnight Pass, Apt 308, Verona, WI, 53593
Driver's License Number/ID #: L000-3209-9430-08 Issuer: Wisconsin
Home Phone: Cell Phone: 608-690-9979
Percent % of Ownership Interest: 30% Email: dbbnlvma@gmail.com

☐ 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
DocuSigned by:

Office Use Only: Initials: TR. Filed: 383204 Applications: 7/2/25
☐ NL or ☐ NA: Last Lic ☐ New or ☐ Renewal Granted w/ ☐ No Issues or ☐ DBA Exp Date
Paid: MPD Granted License # Note Other Lics



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 motor vehicle wholesale and sales - appointment based

Do you have any experience operating this type of business? ☐ No ☒ Yes If yes, explain: *Previous affiliated with Vortex Auto*

2. Business Operations

- a. Proposed Opening Date: *July 10th, 2025*
- 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: *haven't been licensed*
- 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: *Business is by appointment only.*
- 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: *1* Locations: *At office*
Outside: *1* Locations: *At front door*
- c. Is a crowd control barrier used? ☒ No ☐ Yes If yes, describe: _____
- d. How many restrooms are on the premises? *2 (shared in the building)*
- 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? 5 and describe the parking security plan: There will be CCTV monitors (security cameras)
- b. Is there a loading zone? ☒ No ☐ Yes If yes, describe the loading area security plan: _____
- c. Will you have licensed security on premise? ☒ No ☐ Yes If yes, how many? _____ and answer the following:
What are their responsibilities? _____
Describe equipment used _____
List their License Number (s) _____
- d. Will there be security cameras? ☐ No ☒ Yes If yes, how many? 2 and list locations: In office area and front door
- 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>Light motor vehicle</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 type="checkbox"/> Recycling, Salvage or Towing |
| <input checked="" 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)

- | | | | | | |
|--|--|---------------------------------------|---|---|---|
| <input checked="" type="checkbox"/> Occupancy Permit | <input type="checkbox"/> Cigarette, Tobacco,
Electronic Vape Products | <input type="checkbox"/> Gas Station | <input type="checkbox"/> Extended Hours | <input type="checkbox"/> Class "B" Tavern | <input type="checkbox"/> Weights & Measures |
| <input type="checkbox"/> Secondhand Dealer | <input type="checkbox"/> Precious Metal & Gem | <input type="checkbox"/> 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: North 73rd street

d. Describe Building: ☒ Free Standing Building ☐ Strip Mall ☐ Other: _____

e. Describe Premises Structure: ☐ Single Story ☐ Multi-Story - # of Stories _____ ☒ Other: warehouse

f. Describe Surrounding Area: ☐ Commercial ☐ Residential ☒ Industrial ☐ Other: _____

g. Building Owner Name: BEEDEE LLC Phone Number: 847-305-2103

Building Owner Address: Midwest Management II LLC PO Box 45650, Madison, WI, 53744

10. Hours of Operation & Customers

Will customers be entering the premises? ☐ No ☒ Yes By appointment only

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					
Monday	9 a.m.	5 p.m.	1+	18+	
Tuesday	9 a.m.	5 p.m.	1+	18+	
Wednesday	9 a.m.	5 p.m.	1+	18+	
Thursday	9 a.m.	5 p.m.	1+	18+	
Friday	9 a.m.	5 p.m.	1+	18+	
Saturday					

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)

DocuSigned by:

Zhaohui Liang

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)

DocuSigned by:

HANGYU LI

Signature of Additional partner or 20% or more shareholder

HANGYU LI

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: DBB AUTO LLC

Premises Address: 7933 N 73rd St, 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 5 designated and 20+ shared

Number of parking spaces that will be used for display/storage of Secondhand Motor Vehicles 2

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: Security Camera

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

DocuSigned by:

Zhehui Liang

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

DocuSigned by:

HANGU U

Authorized Representative, Partner or 20% or more shareholder

DocuSigned by:

HANGU U

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