



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

Wednesday, January 14, 2026

COMMITTEE MEETING NOTICE

AD 06

KAUR, Pardeep, Agent
ATKINSON FOOD & BEER INC.
1901 W ATKINSON Av
MILWAUKEE, WI 53206

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 27, 2026 at 11:10 AM

The access code is <https://meet.goto.com/673613197>. Please see the enclosed best practices document for further instructions.

Regarding: Your Class A Fermented, Food Dealer and Weights & Measures Licenses Application as agent for "ATKINSON FOOD & BEER INC." for "ATKINSON FOOD & BEER" at 1901 W ATKINSON 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



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

Wednesday, January 14, 2026

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AD 06

KAUR, Pardeep, Agent
ATKINSON FOOD & BEER INC.
7401 S STONE HEDGE DR
FRANKLIN, WI 53132

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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

Date: 11/14/2025
Officer: Gussie Nelson

City of Milwaukee Police Department
90-5-1.5 Crime Prevention Survey
Convenience Store/Liquor Store Inspection

Name of Premise: Atkinson Food and Bear Inc.
Address: 1901 W Atkinson St.

Phone: 414-699-7243
Owner: Harjinder Singh
Owner address: 7401 S Stonehedge Dr.
City State Zip: Franklin, WI 53132
Owner Phone: 414-699-7243
Owner email: Harry.414.699@gmail.com

Manager: Same as info Above
Home Address:
City State Zip:
Phone:
Email:

Preferred contact: Harjinder Singh

Location currently open: YES NO

Projected open date: October

Day's open: S M T W Th F SA ALL

Hours of Operation: Sun: 9:00AM to 9:00PM 24 hours Y N
Mon: 9:00AM to 9:00PM
Tue: 9:00AM to 9:00PM
Wed: 9:00AM to 9:00PM
Thu: 9:00AM to 9:00PM
Fri: 9:00AM to 9:00PM
Sat: 9:00AM to 9:00PM

Premise Type: Liquor Store
 Convenience Store
 Other: Beer

Licenses currently held:

| | | | |
|--------------------|---|--------|----|
| Alcohol: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Class: | #: |
| Tobacco: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | #: | |
| Food: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | #: | |
| Extended Hours: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | #: | |
| Secondhand Dealer: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Type: | #: |
| Other: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Type: | #: |
| Other: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Type: | #: |

Exterior Survey:

1. Is the area around the location clean? Yes No
2. What surrounds the location? (Check all that apply)
 - a. Park
 - b. School
 - c. Youth Center
 - d. Church
 - e. Tavern(s) If so, how many
 - f. Residential
 - g. Other businesses
 - h. Other:
3. Can you see from the outside of the location into the interior Yes No
4. Can you see the employees inside of the location from the outside Yes No
5. Are exterior windows free of signage Yes No
6. Is there a parking lot Yes No
7. Is the parking lot clean? Yes No
8. Is the parking lot well lit? Yes No
9. Are there areas where a person could conceal themselves Yes No
10. Is there exterior lighting? Yes No. Does it appear to be adequate Yes No
11. Exterior Payphone? Yes No
12. Are there No Loitering Signs posted? Yes No
13. Are there exterior security cameras Yes No How Many: 2, 1 working
14. Are the address numbers prominently displayed and easy to see Yes No

Camera Survey:

15. Does this location have security cameras? Yes No
16. Are they in working order? Yes No
17. What format are the cameras?
 - a. Color Yes No
 - b. Digital Yes No
 - c. VCR Yes No
 - d. Recorded Yes No
18. How long is footage stored for later viewing: Owner is unsure how long it is stored.
19. Are there exterior cameras Yes No How many: 1
20. Are there interior cameras Yes No How many: 7
21. Do all employees know how to retrieve recorded digital images/footage? Yes No

MILWAUKEE POLICE DEPARTMENT

LICENSING

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

DATE: 11/10/25

LICENSE TYPE: Class B Tavern

No. 387262

NEW:

Application Date:

RENEWAL:

License Location: 1901 W Atkinson

Business Name: Tip Top Foods

Licensee/Applicant: Kaur, Simerjot
(Last Name, First Name, MI)

Date of Birth:

Home Address:

City:

State:

Zip Code:

Home Phone:

This report is written by Police Officer Penny Monreal, assigned to the License Investigation Unit, Days.

The Milwaukee Police Department's investigation regarding this application revealed the following:

1. On 08/02/25 at 2:00p.m., Milwaukee Police were dispatched to a Shots Fired at 1901 W. Atkinson. Investigation revealed suspects entered the business, stole items, then fired shots at the cashier, striking the glass. No one was injured and the business was cooperative, allowing officers to view video surveillance.

PREVIOUS PREMISE

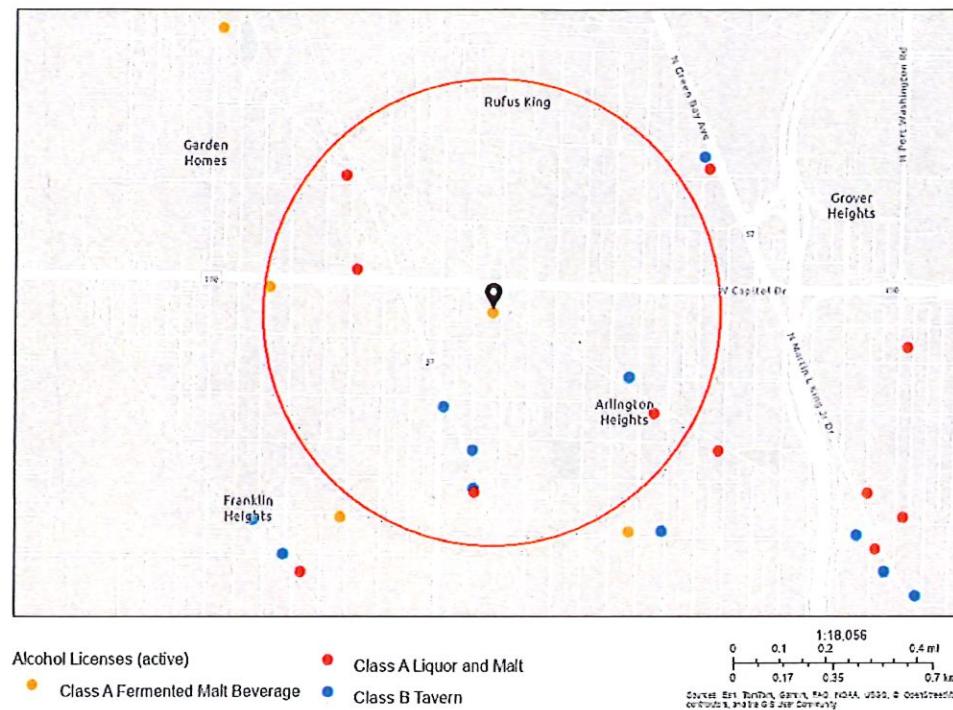


Concentration Map for 1901 W Atkinson Ave

Area of Interest (AOI) Information

Area : 21,862,585.72 ft²

Oct 30 2025 15:38:19 Central Daylight Time



Summary

| Name | Count | Area(ft ²) | Length(mi) |
|------------------|-------|------------------------|------------|
| Alcohol Licenses | 10 | | |

Alcohol Licenses

| # | Legal Entity | Trade Name | Licensee | Address | License Type Name | Total Capacity | Expiration Date | Count |
|----|------------------------------|--------------------------|--------------------------|-----------------------|--|----------------|---------------------|-------|
| 1 | STEWART'S REST SPOT | STEWART'S REST SPOT | JESSICA P STEWART, SP | 1422 W ATKINSON AV | Class B Tavern License | 49 | 11/24/2025, 6:00 PM | 1 |
| 2 | Loves Supermarket II LLC | Loves Supermarket II LLC | HARJINDER S BRAICH, Agt | 2305 W Atkinson AV | Class A Malt & Class A Liquor License | | 1/17/2026, 6:00 PM | 1 |
| 3 | CAPITOL KHAPTA INC | Capital Pantry | Govind Phulara, Agt | 2483 W CAPITOL DR | Class A Fermented Malt Beverage Retailer's License | | 3/19/2026, 7:00 PM | 1 |
| 4 | CATFISH LOUNGE, INC | CATFISH LOUNGE | JAMIE N GLADNEY, Agt | 3646 N TEUTONIA AV | Class B Tavern License | 80 | 6/12/2026, 7:00 PM | 1 |
| 5 | YOUNG'S BAR, INC | YOUNG'S BAR | CHARLENE E GRAY, Agt | 3571 N TEUTONIA AV | Class B Tavern License | 50 | 6/13/2026, 7:00 PM | 1 |
| 6 | DRAKE, INC | TEUTONIA WINE & LIQUOR | BRYAN DRAKE, Agt | 2232 W CAPITOL DR | Class A Malt & Class A Liquor License | | 6/29/2026, 7:00 PM | 1 |
| 7 | Fateh 1 Inc. | Jack's Liquor | Sukhchain Singh, Agt | 3565-67 N Teutonia AV | Class A Malt & Class A Liquor License | | 7/16/2026, 7:00 PM | 1 |
| 8 | SHANANIGAN S | SHANANIGAN S | CETTERY M GARDNER, SP | 3751 N TEUTONIA AV | Class B Tavern License | 70 | 9/23/2026, 7:00 PM | 1 |
| 9 | DHILLON FOOD AND LIQUOR INC. | STARK FOOD | Baljinder S Dhillon, Agt | 1301 W ATKINSON AV | Class A Malt & Class A Liquor License | | 10/16/2026, 7:00 PM | 1 |
| 10 | DEAR N BEER FOOD LLC | DEAR N BEER FOOD | Simerjot Kaur, Agt | 1901 W Atkinson AV | Class A Fermented Malt Beverage Retailer's License | | 10/10/2026, 7:00 PM | 1 |

Establishments within a 0.5 miles radius centered on area of interest.



Wednesday, January 14, 2026



Notice of Public Hearing

Blank Notice

KAUR, Pardeep, Agent
ATKINSON FOOD & BEER at 1901 W ATKINSON Av
Class A Fermented, Food Dealer and Weights & Measures Licenses Application

Tuesday, January 27, 2026 at 11:10 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 1/27/2026 at 11:10 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 | 1811 W CAPITOL DR | MILWAUKEE, WI 53206-2460 |
| CURRENT OCCUPANT | 1811A W CAPITOL DR | MILWAUKEE, WI 53206-2460 |
| CURRENT OCCUPANT | 1819 W CAPITOL DR | MILWAUKEE, WI 53206-2460 |
| CURRENT OCCUPANT | 1819A W CAPITOL DR | MILWAUKEE, WI 53206-2460 |
| CURRENT OCCUPANT | 1825 W CAPITOL DR | MILWAUKEE, WI 53206-2460 |
| CURRENT OCCUPANT | 1825A W CAPITOL DR | MILWAUKEE, WI 53206-2460 |
| CURRENT OCCUPANT | 1831 W CAPITOL DR | MILWAUKEE, WI 53206-2460 |
| CURRENT OCCUPANT | 1832 W ATKINSON AVE# 1 | MILWAUKEE, WI 53206-2451 |
| CURRENT OCCUPANT | 1832 W ATKINSON AVE# 10 | MILWAUKEE, WI 53206-2451 |
| CURRENT OCCUPANT | 1832 W ATKINSON AVE# 11 | MILWAUKEE, WI 53206-2451 |
| CURRENT OCCUPANT | 1832 W ATKINSON AVE# 12 | MILWAUKEE, WI 53206-2451 |
| CURRENT OCCUPANT | 1832 W ATKINSON AVE# 2 | MILWAUKEE, WI 53206-2451 |
| CURRENT OCCUPANT | 1832 W ATKINSON AVE# 3 | MILWAUKEE, WI 53206-2451 |
| CURRENT OCCUPANT | 1832 W ATKINSON AVE# 4 | MILWAUKEE, WI 53206-2451 |
| CURRENT OCCUPANT | 1832 W ATKINSON AVE# 5 | MILWAUKEE, WI 53206-2451 |
| CURRENT OCCUPANT | 1832 W ATKINSON AVE# 6 | MILWAUKEE, WI 53206-2451 |
| CURRENT OCCUPANT | 1832 W ATKINSON AVE# 7 | MILWAUKEE, WI 53206-2451 |
| CURRENT OCCUPANT | 1832 W ATKINSON AVE# 8 | MILWAUKEE, WI 53206-2451 |
| CURRENT OCCUPANT | 1832 W ATKINSON AVE# 9 | MILWAUKEE, WI 53206-2451 |
| CURRENT OCCUPANT | 1904 W MELVINA ST | MILWAUKEE, WI 53206-2464 |
| CURRENT OCCUPANT | 1905 W ATKINSON AVE# 1 | MILWAUKEE, WI 53206-2453 |
| CURRENT OCCUPANT | 1905 W ATKINSON AVE# 2 | MILWAUKEE, WI 53206-2453 |
| CURRENT OCCUPANT | 1905 W ATKINSON AVE# 3 | MILWAUKEE, WI 53206-2453 |
| CURRENT OCCUPANT | 1905 W ATKINSON AVE# 4 | MILWAUKEE, WI 53206-2453 |
| CURRENT OCCUPANT | 1905 W ATKINSON AVE# 5 | MILWAUKEE, WI 53206-2453 |
| CURRENT OCCUPANT | 1905 W ATKINSON AVE# 6 | MILWAUKEE, WI 53206-2453 |
| CURRENT OCCUPANT | 1908 W MELVINA ST | MILWAUKEE, WI 53206-2464 |
| CURRENT OCCUPANT | 1914 W MELVINA ST | MILWAUKEE, WI 53206-2464 |
| CURRENT OCCUPANT | 1916 W MELVINA ST | MILWAUKEE, WI 53206-2464 |
| CURRENT OCCUPANT | 1917 W ATKINSON AVE# 1 | MILWAUKEE, WI 53206-2452 |
| CURRENT OCCUPANT | 1917 W ATKINSON AVE# 2 | MILWAUKEE, WI 53206-2452 |
| CURRENT OCCUPANT | 1917 W ATKINSON AVE# 3 | MILWAUKEE, WI 53206-2452 |
| CURRENT OCCUPANT | 1917 W ATKINSON AVE# 4 | MILWAUKEE, WI 53206-2452 |
| CURRENT OCCUPANT | 1918 W MELVINA ST | MILWAUKEE, WI 53206-2464 |
| CURRENT OCCUPANT | 1920 W MELVINA ST | MILWAUKEE, WI 53206-2464 |
| CURRENT OCCUPANT | 1920A W MELVINA ST | MILWAUKEE, WI 53206-2464 |
| CURRENT OCCUPANT | 1925 W ATKINSON AVE | MILWAUKEE, WI 53206-2452 |
| CURRENT OCCUPANT | 3888 N 19TH ST | MILWAUKEE, WI 53206-2432 |
| CURRENT OCCUPANT | 3900 N 19TH ST | MILWAUKEE, WI 53206-2434 |
| CURRENT OCCUPANT | 3900A N 19TH ST | MILWAUKEE, WI 53206-2434 |
| CURRENT OCCUPANT | 3902 N 19TH PL | MILWAUKEE, WI 53206-1903 |
| CURRENT OCCUPANT | 3904 N 19TH PL | MILWAUKEE, WI 53206-1903 |
| CURRENT OCCUPANT | 3908 N 19TH PL | MILWAUKEE, WI 53206-1903 |
| CURRENT OCCUPANT | 3908A N 19TH PL | MILWAUKEE, WI 53206-1903 |
| CURRENT OCCUPANT | 3914 N 19TH PL | MILWAUKEE, WI 53206-1903 |
| CURRENT OCCUPANT | 3915 N 19TH PL | MILWAUKEE, WI 53206-1904 |

| | | |
|------------------|---------------------|--------------------------|
| CURRENT OCCUPANT | 3918 N 19TH PL | MILWAUKEE, WI 53206-1903 |
| CURRENT OCCUPANT | 3919 N 19TH ST | MILWAUKEE, WI 53206-2435 |
| CURRENT OCCUPANT | 3920 N 19TH PL | MILWAUKEE, WI 53206-1903 |
| CURRENT OCCUPANT | 3922 N 19TH PL | MILWAUKEE, WI 53206-1903 |
| CURRENT OCCUPANT | 3922A N 19TH PL | MILWAUKEE, WI 53206-1903 |
| CURRENT OCCUPANT | 3923 N 19TH ST | MILWAUKEE, WI 53206-2435 |
| CURRENT OCCUPANT | 3923A N 19TH ST | MILWAUKEE, WI 53206-2435 |
| CURRENT OCCUPANT | 3926 N 19TH PL | MILWAUKEE, WI 53206-1903 |
| CURRENT OCCUPANT | 3926A N 19TH PL | MILWAUKEE, WI 53206-1903 |
| CURRENT OCCUPANT | 3927 N 19TH PL | MILWAUKEE, WI 53206-1904 |
| CURRENT OCCUPANT | 3929 N 19TH ST | MILWAUKEE, WI 53206-2435 |
| CURRENT OCCUPANT | 3930 N 19TH PL | MILWAUKEE, WI 53206-1903 |
| CURRENT OCCUPANT | 3933 N 19TH PL | MILWAUKEE, WI 53206-1904 |
| CURRENT OCCUPANT | 3934 N 19TH PL | MILWAUKEE, WI 53206-1903 |
| CURRENT OCCUPANT | 3934A N 19TH PL | MILWAUKEE, WI 53206-1903 |
| CURRENT OCCUPANT | 3937 N 19TH PL | MILWAUKEE, WI 53206-1904 |
| CURRENT OCCUPANT | 3937A N 19TH PL | MILWAUKEE, WI 53206-1904 |
| CURRENT OCCUPANT | 3939 N 19TH PL | MILWAUKEE, WI 53206-1904 |
| CURRENT OCCUPANT | 3940 N 19TH PL | MILWAUKEE, WI 53206-1903 |
| CURRENT OCCUPANT | 3940A N 19TH PL | MILWAUKEE, WI 53206-1903 |
| CURRENT OCCUPANT | 3945 N 19TH PL | MILWAUKEE, WI 53206-1904 |
| CURRENT OCCUPANT | 3947 N 18TH ST | MILWAUKEE, WI 53206-2431 |
| CURRENT OCCUPANT | 3947 N 19TH PL | MILWAUKEE, WI 53206-1904 |
| CURRENT OCCUPANT | 3947A N 19TH PL | MILWAUKEE, WI 53206-1904 |
| CURRENT OCCUPANT | 3949 N 18TH ST | MILWAUKEE, WI 53206-2431 |
| CURRENT OCCUPANT | 3951 N 19TH PL | MILWAUKEE, WI 53206-1904 |
| CURRENT OCCUPANT | 3953 N 18TH ST | MILWAUKEE, WI 53206-2431 |
| CURRENT OCCUPANT | 3959 N 19TH PL# 101 | MILWAUKEE, WI 53206-1904 |
| CURRENT OCCUPANT | 3959 N 19TH PL# 102 | MILWAUKEE, WI 53206-1904 |
| CURRENT OCCUPANT | 3959 N 19TH PL# 103 | MILWAUKEE, WI 53206-1904 |
| CURRENT OCCUPANT | 3959 N 19TH PL# 104 | MILWAUKEE, WI 53206-1904 |
| CURRENT OCCUPANT | 3959 N 19TH PL# 105 | MILWAUKEE, WI 53206-1904 |
| CURRENT OCCUPANT | 3959 N 19TH PL# 106 | MILWAUKEE, WI 53206-1904 |
| CURRENT OCCUPANT | 3959 N 19TH PL# 201 | MILWAUKEE, WI 53206-1904 |
| CURRENT OCCUPANT | 3959 N 19TH PL# 202 | MILWAUKEE, WI 53206-1904 |
| CURRENT OCCUPANT | 3959 N 19TH PL# 203 | MILWAUKEE, WI 53206-1904 |
| CURRENT OCCUPANT | 3959 N 19TH PL# 204 | MILWAUKEE, WI 53206-1904 |
| CURRENT OCCUPANT | 3959 N 19TH PL# 205 | MILWAUKEE, WI 53206-1904 |
| CURRENT OCCUPANT | 3959 N 19TH PL# 206 | MILWAUKEE, WI 53206-1904 |
| CURRENT OCCUPANT | 3959 N 19TH PL# 301 | MILWAUKEE, WI 53206-1904 |
| CURRENT OCCUPANT | 3959 N 19TH PL# 302 | MILWAUKEE, WI 53206-1904 |
| CURRENT OCCUPANT | 3959 N 19TH PL# 303 | MILWAUKEE, WI 53206-1904 |
| CURRENT OCCUPANT | 3959 N 19TH PL# 304 | MILWAUKEE, WI 53206-1904 |
| CURRENT OCCUPANT | 3959 N 19TH PL# 305 | MILWAUKEE, WI 53206-1904 |
| CURRENT OCCUPANT | 3959 N 19TH PL# 306 | MILWAUKEE, WI 53206-1904 |

Blank Notice

Total Records: 91

Radius 250 feet and Center of the Circle: 1901 W Atkinson Av



MILWAUKEE

BUSINESS LICENSE PLAN OF OPERATION

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

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: HAMPTON GROCERIES

2. Business Operations

a. Proposed Opening Date: 09/20/2025

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: FOOD & BEER

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: 2 Locations: NEAR THE COUNTER & REST ROOM
Outside: 1 Locations: NEAR THE DOOR

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 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: INSIDE THE STORE & SURROUNDING STORE

e. Will searches/identification checks be done upon entry? No Yes If yes, describe _____

6. Percentage of Sales (must total 100%)

| | | | |
|---------------------------------|---|---|---|
| Alcohol <u>15</u> % | Food <u>30</u> % Cigarettes, Electronic Vape Devices, Tobacco Products | Secondhand Merchandise <u>40</u> % | Precious Metals & Gems <u>15</u> % |
| Pawnbroker Activity <u>15</u> % | Salvaged Materials <u>15</u> % (such as scrap metal) | Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) <u>15</u> % | Other <u>15</u> % Describe: <u>LOTTERY</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/Frataln/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 Recording Studio
(such as tattoo business, hair salon, tailor, etc.)

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
Electronic Vape Products
 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: _____

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: JASWINDER SINGH Phone Number: 414 531 9246

Building Owner Address: 1901 W ATKINSON AVE

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 | 6:00 AM | 9:00 PM | 180 | ALL AGE | |
| Monday | 6:00 AM | 9:00 PM | 180 | ALL AGE | |
| Tuesday | 6:00 AM | 9:00 PM | 180 | ALL AGE | |
| Wednesday | 6:00 AM | 9:00 PM | 180 | ALL AGE | |
| Thursday | 6:00 AM | 9:00 PM | 180 | ALL AGE | |
| Friday | 6:00 AM | 9:00 PM | 180 | ALL AGE | |
| Saturday | 6:00 AM | 9:00 PM | 180 | ALL AGE | |

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)

Pardeep Kaur
 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)

Jaswinder Singh
 Signature of additional partner or 20% or more shareholder

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



ALCOHOL BEVERAGE & PUBLIC ENTERTAINMENT PREMISES

SUPPLEMENTAL APPLICATION

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 www.milwaukee.gov/license

Legal Entity Name: ATKINSON FOOD & BEER INC.

Premise Address: 1901 W ATKINSON AVE, MILWAUKEE , WI 53206

Proximity of Premises to Church, School, Daycare Center or Hospital

Is the building within 300 feet of any church, school, daycare center or hospital? No Yes

"Service Bar Only" Designation

If applying for Class B or C license, are you applying for "Service Bar Only"? No Yes

Service Bar Only means customers cannot sit at the bar. Alcohol is served to employees who serve patrons seated at tables. No stools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.

Business Information

a) Are you taking out this application for anyone that may not be eligible for a license? No Yes

If yes, list their name and address: _____

b) Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the business? No Yes

If no, list the name and address of the person(s) who will: _____

Class B Applicants: If the agent, a partner or the individual licensee will not be conducting the day-to-day operations of the business, the person(s) listed above must obtain a Class B Managers license.

c) Does anyone else have money invested or any other interest in this business? No Yes

If yes, explain: _____

d) Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business?

No Yes If yes, list name and address: _____

Property Information (New & Transfer Applicants Only)

a) Do you own or lease the building? Own Lease

b) Who owns the fixtures (for example, coolers, etc.)? LAND LORD _____

c) Are you purchasing the stock and/or fixtures? No Yes If yes, amount paid \$ _____

d) Total amount paid for business \$ TBD _____

e) Total amount paid for goodwill of the business \$ TBD _____

Goodwill comprises the reputation and customer relationships of an existing business. If the price you pay for the business exceeds the fair market value of all of the rest of the assets of the business, the excess may be considered goodwill.

Lease Information (New & Transfer Applicants who are leasing the premises only)

a) Date lease begins 09/05/2025 Ends 08/31/2028

b) Monthly rental \$ 5000.00

c) Do you have an option to renew the lease? No Yes

d) Does your lease allow for assignment to another party without the consent of the owner? No Yes

e) For what length of time have you been guaranteed occupancy (number of years)? 3 YEARS

Lease Information (Continued)

f) In addition to paying the monthly rental, will you have to pay anything additional to the owner of the building to guarantee performance of the lease? No Yes If yes, explain _____

g) Does the present owner or occupant object to the granting of your license? No Yes
If yes, explain _____

Change of Agent Applicants Only

Have there been any changes to the floor plan since the last application was submitted? No Yes

If no, a new floor plan is not required. If yes, submit a new floor plan and explain the change(s):

Signature



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

Note: All information contained in this application is subject to approval by the Common Council.
Deviating from approved plan of operation will subject licensee to citations, and/or suspension or non-renewal of the license.
Contact the License Division for information on how to request changes.

New and transfer of premises applicants must submit the following:

- Detailed floor plan
- If a restaurant, copy of the menu



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: **ATKINSON FOOD & BEER INC.**

Premises Address: **1901 W ATKINSON AVE, MILWAUKEE , WI 53206**

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 7,500 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)

If yes, list the types of food items: milk, cheese, and ice cream, fish, shellfish, meat, poultry

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:

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

H.S 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.

H.S 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.

H.S 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.

H.S 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: Mayinder Singh

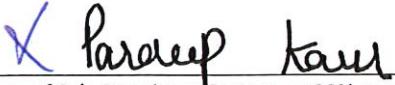
Signature of Additional Partner: Pardip Kaur



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: | ATKINSON FOOD & BEER INC. | | |
| Premise Address: | 1901 W ATKINSON AVE. MILWAUKEE WI 53206 | | |
| Type of Business | | | |
| Provide a brief description of the establishment/business: C-STORE | | | |
| <i>Other licenses may be required depending on the type of business you are operating.</i> | | | |
| Litter & Noise | | | |
| a. How are grounds kept clean? | <input checked="" type="checkbox"/> Sweep <input type="checkbox"/> Pressure Wash <input checked="" type="checkbox"/> Pick Up Litter <input type="checkbox"/> Other: _____ | | |
| b. How often will grounds be cleaned? | <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> As Needed <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____ | | |
| c. Grounds cleaned by: | <input checked="" type="checkbox"/> Licensee <input type="checkbox"/> Building Owner <input checked="" type="checkbox"/> Employees <input type="checkbox"/> Hired Maintenance <input type="checkbox"/> Other: _____ | | |
| d. How are noise issues prevented and/or addressed? | <input type="checkbox"/> Security <input checked="" type="checkbox"/> Manager approaches customer(s) <input type="checkbox"/> Call Police <input checked="" type="checkbox"/> Signs Posted <input type="checkbox"/> 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 | |
| <i>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.</i> | | | |



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: **ATKINSON Food & BEER INC.**

Premise Address: **1901 W ATKINSON AVE MILWAUKEE WI 53206**

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 | 1 | 55 |
| Scanners | | | | |
| | | Fee for scanners is by range | Check how many scanners you have | |
| <input checked="" type="checkbox"/> Up to 3 scanners | 24 months | \$130 total* | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | 130 |
| <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 | | | | 185 |

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.

Pardeep Kaur

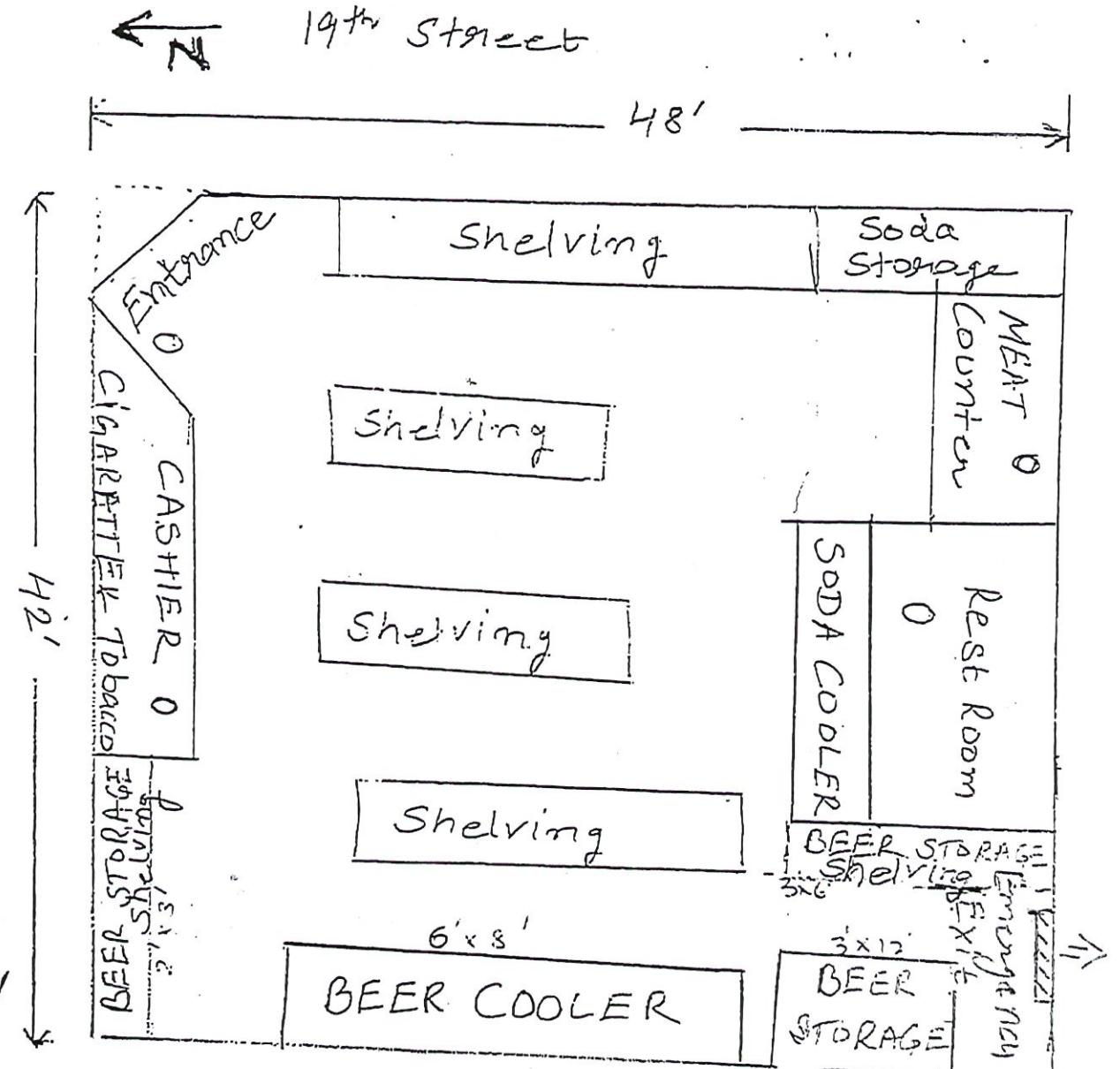
Signature of Sole Proprietor, Partner, or 20% or more Shareholder
(If there are no 20% or more shareholders,
Corporate Officer-print name/title and sign)

Hayinder Singh

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.

Beer, Cigarette and Tobacco Floor Plan
FOR ATKINSON FOOD & BEER, INC.
1901 W ATKINSON AVE MILWAUKEE WI-53206



Agent HARJINDER SINGH
ATKINSON FOOD & BEER INC.
1901 W ATKINSON AVE
MILWAUKEE WI-53206

X DATE 10-30-25
ATKINSON FOOD & BEER

Total
Square
Footage =
2016 sq ft