

## CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Thursday, April 14, 2022

#### COMMITTEE MEETING NOTICE

AD 06

LOPEZ, Kevin I, Agent Legends Towing, LLC 2008 N HOLTON St Milwaukee, WI 53212

You are requested to attend a virtual hearing to be held on:

### Tuesday, April 26, 2022 at 02:00 PM

Regarding:

Your Recycling, Salvaging, or Towing Premises License Application Requesting Non-Consensual Towing as agent for "Legends Towing, LLC" for "Legends Towing" at 1950 N HOLTON St.

This meeting will be held via GoToMeeting. Please see the enclosed best practices document for further instructions. The access code is <a href="https://meet.goto.com/279418573">https://meet.goto.com/279418573</a>. If you wish to call in, please call +1 (872) 240-3212 and use Access Code: 279-418-573.

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 attend this meeting may result in the denial of your license. Individual applicants and partnership applicants must attend or attend by an attorney. The agent or attorney for corporate or limited liability applicants must attend. 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 attend the virtual hearing and are 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 request an interpreter attend the meeting with you, at your expense, so that you can answer questions and participate in your hearing.

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 meeting, please contact the staff assistant, Yadira Melendez at (414) 286-2775 or stasst5@milwaukee.gov

200 E. Wells Street, Room 105, City Hall, Milwaukee, WI 53202. <a href="www.milwaukee.gov/license">www.milwaukee.gov/license</a>
Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: License@milwaukee.gov

Case:

17037584

# MILWAUKEE POLICE DEPARTMENT LICENSING

## CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

| DATE: 10/2<br>LICENSE TYP<br>NEW: X<br>RENEWAL: [  | E: RST PREMISE   |                 | No. 330533<br>Application Date: | 10/26/2021               |
|--|--|-----------------|---------------------------------|--------------------------|
|  | cation: 3950 N Holton St<br>lame: Legends Towing LLC                     |                 |                                 |                          |
| Licensee/A<br>Date of Birt                         | pplicant: LOPEZ, Kevin I (Last Name, First Name, MI) th: 02/11/1989      |                 |                                 |                          |
| Home Addr<br>City: Milwa<br>Home Phor              |  | State: WI       | <b>Zip Code:</b> 53202          | -                        |
| This report i                                      | s written by Police Officer David  | l Novak, assig  | ned to the License In           | vestigation Unit, Days.  |
| The Milwaul  | kee Police Department's investi  | gation regardir | ng this application rev         | ealed the following:     |
| 1. On 00<br>Theft                                  | 6/21/2013 Migdalia CUCUTA (5   | 0% sharehold    | er) was cited by Gree           | nfield Police for Retail |
| Charge:<br>Finding:<br>Sentence:<br>Date:<br>Case: | Retail Theft<br>Guilty<br>Forfeiture<br>07/17/2013<br>13000953           | ·<br>·          |                                 | ~                        |
|  | 8/07/2017 Migdalia CUCUTA (5<br>byd St. for Resisting or Obstruct        |                 | er) was cited in the C          | ity of Milwaukee at 423  |
| Charge:<br>Finding:<br>Sentence:<br>Date:          | Resisting or Obstructing an Or<br>Guilty<br>Fined \$196.00<br>09/19/2017 | fficer          | ·                               |                          |

3. On 04/10/2018 Migdalia CUCUTA (50% shareholder) was cited in the City of Milwaukee at 3345 N. Booth St. for Building Code Violation.

Building Code Violation Guilty Fined \$380.00 11/07/2019

Charge: Finding: Sentence:

Date: Case:

19039113



Thursday, April 14, 2022



## Notice of Public Hearing

Blank Notice

LOPEZ, Kevin I

Legends Towing at 3950 N HOLTON St

Recycling, Salvaging, or Towing Premises License Application Requesting Non-Consensual

Towing

### Tuesday, April 26, 2022 at 02:00 PM

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 virtually on 04/26/2022 at 02:00 PM. 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 will be asked to do so by phone or internet and 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 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 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           |
|-------------------|---------------------|--------------------------|
| BUSINESS OCCUPANT | 3811 N HOLTON ST    | MILWAUKEE, WI 53212-1213 |
| BUSINESS OCCUPANT | 3830 N HOLTON ST    | MILWAUKEE, WI 53212-1214 |
| BUSINESS OCCUPANT | 3838 N HOLTON ST    | MILWAUKEE, WI 53212-1214 |
| BUSINESS OCCUPANT | 3838B N HOLTON ST   | MILWAUKEE, WI 53212-1214 |
| BUSINESS OCCUPANT | 3850 N HOLTON ST    | MILWAUKEE, WI 53212-1214 |
| BUSINESS OCCUPANT | 3950 N HOLTON ST    | MILWAUKEE, WI 53212-1252 |
| BUSINESS OCCUPANT | 3950 N HOLTON ST, 1 | MILWAUKEE, WI 53212-1252 |
| BUSINESS OCCUPANT | 3950 N HOLTON ST, 2 | MILWAUKEE, WI 53212-1252 |
| BUSINESS OCCUPANT | 401 E CAPITOL DR    | MILWAUKEE, WI 53212-1211 |
| BUSINESS OCCUPANT | 425 E CAPITOL DR    | MILWAUKEE, WI 53212-1211 |
| BUSINESS OCCUPANT | 505 E CAPITOL DR    | MILWAUKEE, WI 53212-1303 |
| BUSINESS OCCUPANT | 530 E VIENNA AVE    | MILWAUKEE, WI 53212-1214 |
| BUSINESS OCCUPANT | 620 E VIENNA AVE    | MILWAUKEE, WI 53212-1637 |
| BUSINESS OCCUPANT | 627 E CAPITOL DR    | MILWAUKEE, WI 53212-1305 |
| BUSINESS OCCUPANT | 705 E CAPITOL DR    | MILWAUKEE, WI 53212-1374 |
| BUSINESS OCCUPANT | 709 E CAPITOL DR    | MILWAUKEE, WI 53212-1307 |
| BUSINESS OCCUPANT | 709 E CAPITOL DR    | MILWAUKEE, WI 53212-1307 |
| Dianis Matica     |                     |                          |

Blank Notice Total Records: 17

Radius 250.0 feet and Center of Circle: 3950 N Holton St

#### ccl-busplan 5/12/2020



### **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: <u>license@milwaukee.gov</u>

| 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:  |
| non-consensual towing  |
| Do you have any experience operating this type of business? \( \sumsymbol{N} \) No \( \sumsymbol{\lambda} \) Yes If yes, explain: \( \mathcal{U} \) or ked as a Tow Truck Priver |
| 2. Business Operations   |
| a. Proposed Opening Date: 9-1-2021   |
| 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: ☐ Tuly 202]  |
| f. Do you have future plans for other businesses, licenses or permits at this location? MY 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? \( \subseteq No \subseteq Yes \) If yes, describe 2 Auto mechanic shop / metal Sh  |
| 3. Litter & Noise It components shop   |
| a. How are grounds kept clean? 🖫 Sweep 🖫 Pressure Wash 🖫 Pick Up Litter 🔲 Other:   |
| b. How often will grounds be cleaned? Daily Weekly HAs Needed Monthly Other:   |
| c. Grounds cleaned by: Licensee Building Owner HEmployees 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: 1 Locations: Office, hallanea   |
| b. Number of Garbage Cans: Inside: 1 Locations: Office, hallanga  Outside: 1 Locations: near of building   |
| c. Is a crowd control barrier used? 🔀 No 🗌 Yes 🛘 If yes, describe:   |
| d. How many restrooms are on the premises?   |
| e. Name of solid waste contractor: Advanced Disposal 🔀 Waste Management Other:   |

| 5. Security   |   |                          | er State Antonio anno a ca                  |                       |   |  |
|---|---|--------------------------|---|-----------------------|---|--|
| a. Are there onsite parking s   | spaces? No X Yes  | <b>If yes</b> , how      | many? <u>50</u> a                           | ınd describ           | e the parking security  |  |
|   |   |                          |   |                       | re indoor parking.  |  |
| b. Is there a loading zone?   | ☐ No 🏿 Yes If yes, do   | escribe the l            | oading area security pla                    | an: We                | e have three  |  |
| garage doc  | irs that t  | Pully_                   | open.                                       |                       |   |  |
| c. Will you have security pe  |   |                          |   |                       |   |  |
| What are their res  | ponsibilities?  |                          |   |                       | ·   |  |
| Is security equipme   | ent used? 🔀 No 🔲 Y  | es If yes, de            | escribe                                     |                       |   |  |
| List their licensing,   | certification, or training  | g credentials            |   |                       |   |  |
| d. Will there be security can   | neras? 🔲 No 💢 Yes 🖁   | If yes, how              | many? <u>5</u> and list                     | t locations:          | outside entrance, inside  |  |
|   |   |                          |   |                       |   |  |
| e. Will searches/identificati   | on checks be done upor  | entry? 🔲 I               | No 🗓 Yes If yes, descr                      | ribe <u>I</u> d       | and title willhauto   |  |
| 6. Percentage of Sales  | (must total 100%  | 6)                       |   | verl Pric             | <b>X</b> • a a constant and a constant an |  |
| Alcohol%  | Food  | %                        | Secondhand Merchandi                        | ise                   | Precious Metals & Gems  |  |
| Entertainment %   | Cigarettes  | %                        | %   |                       | %   |  |
|   | Salvaged Materials  |                          | Personal Services (such                     | as tattoo,            | Other: 100 %  |  |
| Pawnbroker Activity%  | (such as scrap metal)   |                          | body piercing, salon, tai<br>tanning, etc.) |                       | Describe: 417   |  |
| 7 Rusinesses/Licenses   | on the Premise  | s (check :               |   |                       |   |  |
| 7. Businesses/Licenses on the Premises (check all that apply):  Type 1  |   |                          |   |                       |   |  |
| Full Service Restaurant   | Cafe/Coffee Shop  | Deli or F                | ast Food Restaurant                         | Private               | e/Fraternal/Veterans Club   |  |
| Night Club  | ☐ Tavern  | Cocktail                 | il Lounge Teen Club                         |                       | lub   |  |
| Banquet Hall  | Sports Facility   | Bowling                  | ng Alley                                    |                       |   |  |
| Hotel/Motel: Number of Flo  | oors:   | Roomin                   | g House: Number of Flo                      | ors:                  | ;   |  |
| Number of Rooms: Number of Rooms:   |   |                          |   |                       |   |  |
| Type 2  Liquor Store  | Corner Store  | Suparm                   | arket                                       | ☐ Conver              | nience Store  |  |
|   | _   | Corner Store Supermarket |   | Convenience Store     |   |  |
| Gas station   | Gas Station Amusement/Phonograph Distributor Recycling, Salvage or Towing |                          |   | ng, salvage of 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 🔲 Ga  | s Station 🔲              | Extended Hours Class '                      | "B" Tavern [          | Weights & Measures  |  |
| Secondhand Dealer   | Precious Metal & Gem  | Other:                   |   |                       | -   |  |
| 8. Legal Capacity (onl  | y if a Type 1 prer  | nises in #               | ‡7 above)                                   |                       |   |  |
|   |   |                          |   |                       |   |  |
| Capacity (Call the  | e Milwaukee Development   | t Center at 41           | 4-286-8211 if you have qu                   | iestions.)            |   |  |

| 9. Premises D   | escription  |   |  |   |  |  |
|---|---|---|--|---|--|--|
| a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage): 21st Floor □2nd Floor □Basement Storage □Patio □Beer Garden □Sidewalk Café □Deck □Rooftop |   |   |  |   |  |  |
| □Other: Descr   | ibe:  | , .   |  |   |  |  |
| <b>b</b> , Describe Locati  | on: Major Thoroughfare  | Secondary Street Ot   | her: <u>UA</u>   |   |  |  |
| c. Nearest Major  | Cross Street: <u>Capita</u>                                     | Dr.   |  |   |  |  |
| d. Describe Buildi  | ng: 🄀 Free Standing Buildir                                     | ng 🔲 Strip Mall 🔲 Other:                                      |  |   |  |  |
| e. Describe Premises Structure: Single Story Multi-Story - # of Stories Other:  |   |   |  |   |  |  |
| f. Describe Surro   | unding Area: 💢 Commercia  | l 🔲 Residential 🔲 Industr                                     | ial 🗌 Other:   |   |  |  |
| g. Building Owner   | Name: Lloyd Lev   | ih  | Phone Number:  |   |  |  |
| Building Owner  | Name: Zloyd Zev<br>Address: 3950 W                              | . Molton St.  |  |   |  |  |
| 10. Hours of O  | peration & Custo  | mers  |  |   |  |  |
|   | ering the premises? No  |   |  | · · · · · · · · · · · · · · · · · · ·     |  |  |
|   | Proposed Hour   |   | Estimated Number                                       | Potential<br>Age Range<br>of<br>Customers | Class B Tavern Applicant Only: Age Restriction (If none, write 'None') |  |
| Day of the Week   | Open Time   | Close Time  | of Customers   |   |  |  |
|   | (include a.m. or p.m.)  | (include a.m. or p.m.)  | expected each day                                      |   |  |  |
| Sunday  | 12:00pm   | 3:00 pm.  |  |   |  |  |
| Monday  | 9:00 am   | 5:00 pm   |  |   |  |  |
| Tuesday   | 9:00 am   | 5:00 pm   |  |   |  |  |
| Wednesday   | 9:00 am   | 5:00 pm   |  |   |  |  |
| Thursday  | 9:00 am   | 5:00 pm   |  |   |  |  |
| Friday  | 9:00 am   | 5:00 pm   |  |   |  |  |
| Saturday  | 12:00 pm  | 3:00pm  |  | •   |  |  |
| An Extended Hours Es<br>piercing, salon, tailor,  | tablishment License is requir<br>tanning, etc.), recording stud | red for any convenience stor<br>dio or restaurant which is op | e, filling station, persona<br>en between the hours of | service establis<br>12:00 a.m. and !      | hment (such as tattoo, body<br>5:00 a.m.                               |  |
| Alcohol Establishment<br>Permitted Hours of O   |   | am to 9:00 pm Sunday thru<br>am to 2:00 am Sunday thru        |  | 0 am Friday & Sa                          | nturday  |  |
| Entertainment Outdo   |   | Opm Sunday-Thursday; 12:00 tablished by the Common Co         |  |   |  |  |
| 11. Signature   | (s)   |   |  |   |  |  |
| Keun  | Lipen   |   | Mycocal  | a Otto                                    | le   |  |
| (If there are no 2  | orietor, Partner, &r 20% or m<br>0% or more shareholders,       | ore Shareholder   | Signature of Additional p                              | oartner or 20% o                          | r more shareholder   |  |
| <ul> <li>Lorporate Officer</li> </ul>   | -print name/title and sign)                                     |   |  |   |  |  |

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

ccl-rstprem 2/23/18



# RECYCLING, SALVAGING OR TOWING PREMISES LICENSE SUPPLEMENTAL APPLICATION

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

| Legal Entity Name: Legand's Towing LLC   |  |                                     |   |  |  |  |
|--|--|-------------------------------------|---|--|--|--|
| Business Address: 3950 N. Holton St.   |  |                                     |   |  |  |  |
| Do you currently ho  | ld any licenses in the (   | City of Milwaukee? 🎾 o 🗌            | Yes If yes, list:                         |  |  |  |
|  | application ever had a l<br>suspended, or revoked?   | icense relating to the activities I | icensed in Milwaukee Code                 | of Ordinances Chapter 93   |  |  |
| 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):   |  |                                     |   |  |  |  |
| water to control (AM) and control to control to the local |  |                                     |   | NAME AND THAT AND THE ADDRESS (AND THE ADDRESS AND THE ADDRESS AND THE ADDRESS AND THE ADDRESS AND THE |  |  |
|  | Do you understand that you must follow all recordkeeping, reporting and operating regulations in MCO 93-43-49?  Do you understand that all records and reports must be available to the police department upon request?  No XYes |                                     |   |  |  |  |
| Business Oper  | ations   |                                     |   |  |  |  |
| Check all activities th  | at apply:  |                                     |   |  |  |  |
| Non-Consensual To  | owing: Provide t   | he address within the City of Mil   | waukee where vehicles will                | be towed:  |  |  |
|  | 3950   | N Holton St. Milwau                 | Kee WI 53212                              |  |  |  |
| Junk/Valuable Metal:   | aluable Metal: Dealing, Storing and/or Transporting Removing and/or Recycling  |                                     |   |  |  |  |
| Waste Tires: Dealing, Storing and/or Transporting Removing and/or Recycling  |  |                                     | r 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? K No Yes If yes, provide the address(es) below and submit an additional \$50 per yard:   |  |                                     |   |  |  |  |
|  |  |                                     |   |  |  |  |
| How many motor vehicles will be used in the business operations? Provide information for each vehicle on page 2.   |  |                                     |   |  |  |  |
| Required Signature(s)  |  |                                     |   |  |  |  |
| (If there are no 20% o   | ye,<br>ler, or 20% or more Shar<br>or more shareholders,<br>nt name/title and sign)  | eholder Addition                    | Madala CAP<br>al partner or 20% or more s | Ta<br>hareholder   |  |  |
| Office Use Only: Initials Filed  |  |                                     |   |  |  |  |
| App#   | YD#  | Permit #s                           | Paid                                      | MPD  |  |  |
| DNS  | rc   | СС                                  | Mayor's Signature                         | License #  |  |  |

Recycling, Salvaging or Towing - Vehicle Information (attach additional pages as needed) Vehicle Make: Model: Year: Plate #: FB 48077 2020 5500 RAM VIN#: Assigned Permit #: US DOT # or WI DOT operating authority: 3735560 2481 3C7WRNEL4L6164211 Vehicle Make: Model: Plate #: Year: VIN #: US DOT # or WI DOT operating Assigned Permit #: authority: Vehicle Make: Model: Year: Plate #: VIN #: US DOT # or WI DOT operating Assigned Permit #: authority: Vehicle Make: Model: Plate #: Year: VIN #: US DOT # or WI DOT operating Assigned Permit #: authority: Vehicle Make: Model: Year: Plate #: VIN #: US DOT # or WI DOT operating Assigned Permit #: authority: Vehicle Make: Model: Year: Plate #: VIN #: US DOT # or WI DOT operating Assigned Permit #: authority: Vehicle Make: Model: Year: Plate #: VIN #: US DOT # or WI DOT operating Assigned Permit #: authority: Vehicle Make: Model: Plate #: Year: VIN #: US DOT # or WI DOT operating Assigned Permit #: authority: