

# CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Wednesday, May 04, 2022

### COMMITTEE MEETING NOTICE

AD 06

KAUR, Ashpreet, Agent Avons Food LLC 1901 W Atkinson Av Milwaukee, WI 53206

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

## Tuesday, May 17, 2022 at 09:55 AM

Regarding:

Your Class A Fermented Malt Beverage, Food Dealer and Weights & Measures License Applications as agent for "Avons Food LLC" for "Food" at 1901 W Atkinson Av.

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/677760957">https://meet.goto.com/677760957</a>. If you wish to call in, please call +1 (646) 749-3122 and use Access Code: 677-760-957.

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



# CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

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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

# MILWAUKEE POLICE DEPARTMENT LICENSING

# CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

DATE:	08/1	13/21
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LICENSE TYPE: AMALT No. 303585

New: Application Date: 08/12/21

RENEWAL:

License Location: 1901 W. Atkinson Avenue

Business Name: Tip Top Foods

Licensee/Applicant: Gill, Gagan K

(Last Name, First Name, MI)

Date of Birth: 03/20/1983

Home Address: 9131 Prairie Crossing Drive

City: Franksville State: WI Zip Code: 53126

Home Phone: 414-315-1607

This report is written by Police Officer Corstan D. COURT, assigned to the License Investigation Unit, Days.

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

- 1. On 07/19/18 at 3:40 pm, Milwaukee Police were conducting sales of alcohol to underage persons and had a female, who was 19 years old, enter 1901 W. Atkinson Avenue (Tip Top Foods) in an attempt to purchase liquor. The 19 year old was sold a Smirnoff Ice Smash Containing 8% alcohol. The clerk was identified as Ranjit KAUR who, because of a language barrier, called the agent and the officer's explained the situation. The agent was advised that a letter will be sent to him regarding the "Respect 21" program.
- 2. On 03/01/21 officers conducted a license premise check at Tip Top Foods, 1901 W. Atkinson Av. Officers interviewed the sole employee on scene and requested to see his Class D Operator License, since alcohol products were offered for sale. The employee stated he did not have one, however, called an employee with a valid Operator License to take over operations at the store. No other violations were found.

Item #2 added to Previous Premise

Date: 03/21/22 Officer: MONREAL

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

Name of Premise: Address: Phone: Owner: Owner address: City State Zip: Owner Phone: Owner email:	Avons Food 1901 W. Atkinson 414-885-2036 Kaur, Ashpreet 4447 S. 43 <sup>rd</sup> St Greenfield, WI 53220 414-870-9062 avonsfood1901@gmail.com	
Manager: Home Address: City State Zip: Phone: Email:	Same	
Preferred contact: San	me	
Location currently op	en: X YES NO	
Projected open date:	04/01/22	
Day's open: S	M □T □W □Th □F □SA ⊠ALI	
Hours of Operation:	Sun: 800am-900pm  Mon: " Tue: " Wed: " Thu: " Fri: " Sat: "	□24 hours □Y ⊠N
Premise Type:	☐Liquor Store ☑Convenience Store ☐Other:	
Licenses currently he	ld·	

	Alcohol:	Yes No Class:	#:
	Tobacco:	Yes No #:	
	Food:	Yes No #:	
	Extended Hours:	∐Yes ∐No #:	
	Secondhand Dealer:	Yes No Type:	#:
	Other:	☐Yes ☐No Type:	#:
	Other:	Yes No Type:	#:
Exteri	or Survey:		
		location clean? ⊠Yes □	No
		ocation? (Check all the app	
ے,	a. Park	reation. (Check an ine app	11,1
	b. School		
	c. Youth Cent	er	
	d. Church		
		f so, how many	
	f. Residential		
	g. Other busin		
	h. Other:	103303	
3	<del></del>	outside of the location into	o the interior Yes No
			In from the outside $\square$ Yes $\boxtimes$ No
		free of signage Yes	
	Is there a parking lot [		IVIX
	Is the parking lot clear		
	Is the parking lot well		
		a person could conceal th	emselves TVes No
			it appears to be adequate Yes No
	. Exterior Payphone?	Yes ⊠No	it appears to be adequate 23 Tes
	P 2	g Signs posted? Yes	No.
		urity cameras ⊠Yes □N	
			and easy to see Yes No
		the commonweal completed on	
	ra Survey:	_	
		⁄e security cameras? ⊠Ye	es No
	. Are they in working o		
17.	. What format are the ca		
	a. Color		
	b. Digital	∑Yes □No	
	c. VCR	Yes No	
	d. Recorded	∑Yes □No	
		tored for later viewing: 30	
	Are there exterior cam		
20.	. Are there interior cam	ieras XYes No Hov	v many: 8
21.	Do all employees kno	w how to retrieve recorded	d digital images/footage? ⊠Yes □No

Interior Survey:
22. Is the storeowner willing to be a standing complainant regarding loitering? XYes No
a. If yes have them fill out the standing complaint form and give them two of the
commercial signs Yes No
23. Is the interior of the location neat and clean?
24. Does an interior camera face the entrance/exit?
25. Is there a lockable area that separates employees from customers? ⊠Yes □No
26. Does the store sell single chore boy? ☐ Yes ☒No
27. Does the store sell blunt wraps?  \times Yes \Boxed No
28. Does the store sell scales? ☐ Yes ☒No
29. Does the store sell items that may be used as crack pipes? ☐ Yes ☒No
a. Describe item
30. Does the store have an over abundance of sandwich baggies: ☐Yes ☒No
31. Does the owner understand that these items are often used for drug use? ⊠Yes ☐No
32. Do the products in the store appear to be new and rotated often? Yes No
33. Are emergency and non-emergency numbers posted near the phone? ☐ Yes ☐ No
34. Does the owner know how to contact their police district directly? ∑Yes ☐No
a. Did you provide a district contact guide to the owner? ☐Yes ☒No
Complete this section if also hal establishment is a companion as store.
Complete this section if alcohol establishment is a convenience store:  (** Read full ordinance for all details "68-4.3 Convenience Food Stores")
All convenience food stores not exempted under sub. 3 shall:
1. Is the cash register located in a manner so that at the time of a sales transaction, the employee
and customer are both visible from the sidewalk? $\square$ Yes $\boxtimes$ No **
2. Are the glass entrance and exit doors clear of any signs or advertisements with the exception of a
sign which states that the cash register contains \$50 or less and that the safe is no accessible to
employees? XYes No
3. Does the store maintain one of the following on the licensed premise:
a. A safe that was in use at the convenience food store on August 17, 1994? Yes No
b. A drop-safe or time release safe that weighs at least 500 pounds or which is attached to o
set into the floor in a manner approved by the police department? Yes No
4. Is lighting provided for the store's parking area during all hours of darkness when employees or
customers are on the premises at a minimum average of 2-foot candles per square foot, unless the
store is not open for business after sunset and before sunrise? Yes No N/A
5. Are at least two high-resolution surveillance security cameras installed? Yes No
6. Are the security cameras in working order? Yes No
7. Does one camera show an overall view of the counter and register area? Yes No
8. Does one camera show a clear, identifiable, full frame image of the face of each person entering
and leaving the store? Yes No
9. Are the camera views obstructed by fixtures or displays? ☐ Yes ☒ No
10. Is the recorded footage stored for at least 30 days? Yes No
11. Do all store employees know how to record footage from the camera system to media capable of
being transferred to police custody? ⊠Yes □No
12. Are customer entrances/exits made of glass or other transparent material? XYes \( \subseteq No

of o	required to install such doors until the holder of the store's food dealer license changes. It the owner and their employees attended the Robbery Prevention Training with in 120 days ownership or employment? Yes No  a. Contact Community Outreach and Education at 935-7836 for schedule.
	tions. The requirements of this section do not apply to a convenience food store that ther of the following descriptions:
a-1.	The store is located in an enclosed shopping structure, enclosed commercial building or hospital. A convenience food store is not in an enclosed structure or building if a customer
	can enter it directly from the outside.  Does store conform to a-1 Yes No
	The store physically separates employees from customers with a solid partition that bars a person from entering the employee area from the customer area, has a secure lock on the employee side of any door between the employee area and the customer, and conducts all transaction through a service window or similar arrangement.  Does store conform to a-2 Yes No
	<ul> <li>a. At the commissioner's discretion, a convenience store may be exempted from any or all of the regulations specified in sub 2.</li> <li>Does this location hold an exemption from the commissioner regarding any of the requirements of Sub 2? Yes No</li> </ul>

a. Exception: A store that does not have such doors on August 17, 1994 shall not be

# ADDITIONAL COMMENTS/RECOMMENDATIONS:

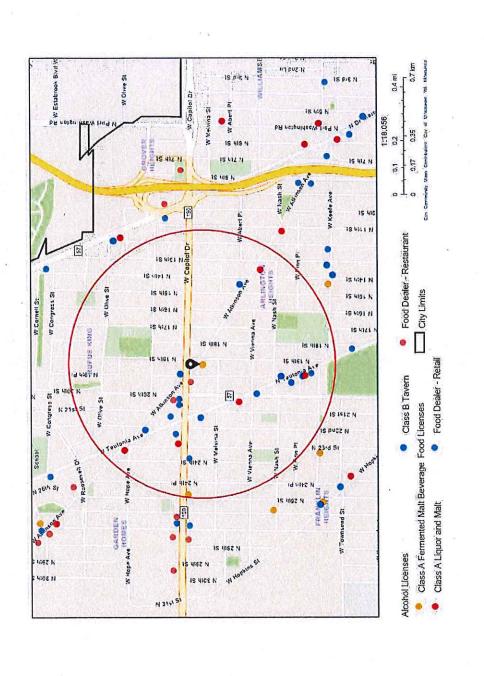
Advised to adjust a camera to face entrance/exit. Advised all employees must take Robbery Prevention.

# City Concentration Map For 1901 W Atkinson Ave Milwaukee

# Area of Interest (AOI) Information

Area: 21,862,585.68 ft<sup>2</sup>

Feb 14 2022 15:24:54 Central Standard Time



Licensed alcohol beverage establishments within a half mile centered on 1901 W Atkinson Ave

# Summary

Name	Count	Area(ff²)	Length(mi)
Alcohol Licenses	15		

# Alcohol Licenses

		w 1			7			2	8)		5
Count	~	<del>-</del>	<b>~</b>	~	~	7	~	~	~	~	~
Expiration Date	1/17/2022, 6:00 PM	3/18/2022, 7:00 PM	3/13/2022, 7:00 PM	3/27/2022, 7:00 PM	6/13/2022, 7:00 PM	6/12/2022, 7:00 PM	6/30/2022, 7:00 PM	6/29/2022, 7:00 PM	7/25/2022, 7:00 PM	9/23/2022, 7:00 PM	10/10/2022, 7:00 PM
Total Capacity	4			76	50	. 08				70	49
License Type Name	Class A Malt & Class A Liquor License	Class A Fermented Malt Beverage Retailer's License	Class B Tavern License	Class B Tavern License	Class B Tavern License	Class B Tavern License	Class A Malt & Class A Liquor License	Class A Malt & Class A Liquor License	Class B Tavern License	Class B Tavern License	Class B Tavern License
Address	2305 W Atkinson AV	2483 W Capitol DR	3941 N TEUTONIA AV	1932 W Capitol DR	3571 N TEUTONIA AV	3646 N TEUTONIA AV	3565-67 N Teutonia AV	2232 W CAPITOL DR	4126 N Teutonia AV	3751 N TEUTONIA AV	1422 W ATKINSON AV
Licensee	HARJINDER S BRAICH, Agt	SIMRANJEET S BENIPAL, Agt	Timothy M Bea, Agt	Mary Stanley, Agt	CHARLENE E GRAY, Agt	JAMIE N GLADNEY, Agt	Sukhchain Singh, Agt	BRYAN DRAKE, Agt	Shamia Washington, Agt	CETTERY M GARDNER, SP	JESSICA P STEWART, SP
Trade Name	Loves Supermarket II LLC	Capitol Pantry	Blues Place	Big Man's Place	YOUNG'S BAR	CATFISH LOUNGE	Jack's Liquor	TEUTONIA WINE & LIQUOR	Bar 41 MKE	SHANANIGĀN S	STEWART'S REST SPOT
Legal Entity	Loves Supermarket II LLC	Capitol Pantry, Inc.	B Brothers LLC	Big Mans's Place LLC	YOUNG'S BAR, INC	CATFISH LOUNGE, INC	Fateh 1 Inc.	DRAKE, INC	Bar 41 MKE LLC	SHANANIGAN	STEWART'S REST SPOT
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9/19/2022, 7:00 PM	9/19/2022, 7:00 PM	11/8/2022, 6:00 PM	11/10/2022, 6:00 PM
	•		
Class A Malt & Class A Liquor License	Class A Malt & Class A Liquor License	Class A Fermented Malt Beverage Retailer's License	Class B Tavern License
3833 N TEUTONIA AV	1301 W Class A Malt & Class A Liquor ATKINSON AV License	1901 W ATKINSON AV	3621 N TEUTONIA AV
Jonte Marshall, Agt	Mandeep Dran, Agt	Gagan K Gill, Agt	TANISHA KELLY, Agt
Express Liquor Mart		Tip Top Foods	Penthouse Lounge
BLACKOUT HOLDINGS, LLC ATKINSON FOOD MART CORP		Tip Top Foods LLC	Penthouse LLC
12	13	4	75

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







# Notice of Public Hearing

Blank Notice

KAUR, Ashpreet
Avons Food at 1901 W Atkinson Av.
Class A Fermented Malt Beverage, Food Dealer and Weights & Measures License Applications

# Tuesday, May 17, 2022 at 09:55 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 virtually on 05/17/2022 at 09:55 AM. 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.

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MAIL ADDRESS
1811 W CAPITOL DR
1811A W CAPITOL DR
1819 W CAPITOL DR
1819A W CAPITOL DR
1825 W CAPITOL DR
1825A W CAPITOL DR
1831 W CAPITOL DR
1832 W ATKINSON AVE, 1
1832 W ATKINSON AVE, 10
1832 W ATKINSON AVE, 11
1832 W ATKINSON AVE, 12
1832 W ATKINSON AVE, 2
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1832 W ATKINSON AVE, 6
1832 W ATKINSON AVE, 7
1832 W ATKINSON AVE, 8
1832 W ATKINSON AVE, 9
1904 W MELVINA ST
1905 W ATKINSON AVE, 1
1905 W ATKINSON AVE, 2
1905 W ATKINSON AVE, 3
1905 W ATKINSON AVE, 4
1905 W ATKINSON AVE, 5
1905 W ATKINSON AVE, 6
1908 W MELVINA ST
1914 W MELVINA ST
1916 W MELVINA ST
1918 W MELVINA ST
1920 W MELVINA ST
1920A W MELVINA ST
1925 W ATKINSON AVE
3888 N 19TH ST
3900 N 19TH ST
3900A N 19TH ST
3902 N 19TH PL
3904 N 19TH PL
3908 N 19TH PL
3908A N 19TH PL
3914 N 19TH PL
3915 N 19TH PL
3918 N 19TH PL
3919 N 19TH ST
3920 N 19TH PL

3922 N 19TH PL

CITY STATE ZIP MILWAUKEE, WI 53206-2460 MILWAUKEE, WI 53206-2451 MILWAUKEE, WI 53206-2464 MILWAUKEE, WI 53206-2453 MILWAUKEE, WI 53206-2464 MILWAUKEE, WI 53206-2452 MILWAUKEE, WI 53206-2432 MILWAUKEE, WI 53206-2434 MILWAUKEE, WI 53206-2434 MILWAUKEE, WI 53206-1903 MILWAUKEE, WI 53206-1904 MILWAUKEE, WI 53206-1903 MILWAUKEE, WI 53206-2435 MILWAUKEE, WI 53206-1903 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
<b>CURRENT OCCUPANT</b>	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
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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: 87

Radius 250.0 feet and Center of Circle: 1901 W Atkinson Av

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: license@milwaukee.gov

1, 1	ype of Business
Appiyi	ing 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)
	de a detailed description of the type of business you plan on operating:
	small convenience store
Do you	small coverience store  u have any experience operating this type of business? □ No □ Yes If yes, explain: same type of store
2. B	Business Operations
a.	Proposed Opening Date: 3/1 2022
b.	Is this premise under construction? No Yes If yes, list estimated completion date:
c.	is this a franchise? M NO LI Yes
d.	Is this premises currently licensed? ! (No Yes If yes, list type of license: Food, Cigarette, Class A Malt
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? Yes
	If yes, explain:
g,	Have you previously held an Extended Hours License in Milwaukee? Mo Yes
	If yes, list address(es):
h.	Are other businesses operating in the same building? No Yes If yes, describe:
3.Li	tter & Noise
a.	How are grounds kept clean? Sweep Pressure Wash Pick Up Litter . Others.
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. Sr	moking & Sanitation
a.	Are there designated outdoor smoking areas? No Yes If yes, describe:
b.	Number of Garbage Cans: Inside: 4 Locations: Cash, entrance, ATM, Deli
	Outside: Locations: Back
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: Fagle Disposal

5. Secu						
a. Ar	Are there onsite parking spaces? No Yes If yes, how many? and describe the parking security					
pla	an:					
b. Is t	there a loading zone?	No ☐ Yes If yes, d	escribe the l	oading area security pla	n:	
c. W	,					nd answer the following:
	ls security equipme	ent used? 🔲 No 📋 Y	es If yes, de	escribe		· ,
	List their licensing,	certification, or trainin	g credentials			
4						4 outside by
3	tant and 1	oack, 8 in	sside	by cash,	She	ives, back
e. W	ill searches/identificatio	on checks be done upor	n entry? 🗹	No Yes If yes, descri	be :	
6. Pero	entage of Sales	(must total 100%	6)			
Alcohol	15_%	Food <u>10 (</u>	<u>_</u> %	Secondhand Merchandis	e ·	Precious Metals & Gems
Entertain	ment%	Cigarettes 2	5_%	%		%
Pawnbroker Activity% Salvaged Materials (such as scrap metal)		%	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.)%		Other% Describe:	
7. Bus	inesses/Licenses	on the Premise	s (check a	all that apply):		
Type 1		-				transport of the
Full S	Service Restaurant	Cafe/Coffee Shop		ast Food Restaurant		/Fraternal/Veterans Club
Night	t Club	Tavern	Cocktail		Teen Cl	lub
Banq	juet Hall	Sports Facility	■ Bowling	•	•	» ; · · · · · ·
Hotel/Motel: Number of Floors: Rooming House:				e: Number of Floors:		
	Number of Roo	oms:	<del></del>	Number of Roo	ms:	
Type 2	or Store	Corner Store	Superma	rket	Conven	ience Store
☐ Ġas S	Station	Amusement/Phonog	raph Distribut	or	Recyclin	ng, Salvage or Towing
Used	Used Car Dealer Personal Service Establishment Recording Studio (such as tattoo business, hair salon, tailor, etc.)			ng Studio		
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						
Secondhand Dealer Precious Metal & Gem Other: Food De Olec						
8, Leg	al Capacity (only	if a Type 1 pren	nises in A	7 above)		
Capacity (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)						

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9. Premises D	escription					
	. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage): ☐1 <sup>st</sup> Floor □2 <sup>nd</sup> Floor □Basement Storage □Patio □Beer Garden □Sidewalk Café □Deck □Rooftop					
□Other: Desc	Other: Describe:					
	ion: Major Thoroughfare		ther:			
	Cross Street:					
	ing: Free Standing Buildir				A COMPANY AND A	
	ises Structure: Single Sto				-	
f. Describe Surro	unding Area: Commercia r Name: Sanghas	I ∐ Residential ∐ Industi F~~/ M ∧ C +	Phone Number: (414	) 531 924	6	
g. Building Owne	r Address: 3401 E	DEABUE DR	IVE , OAK CR	EEK WI	53154	
Paragraph of Supplemental Control	peration & Custor		/		<u>/</u>	
Will customers be ent	ering the premises? No	☑ Yes	Section 1997 Control of the Control			
	Proposed Hour	s of Operation:	Estimated Number	Potential Age Range	Glass B Tavern Applicant Only:	
Day of the Week	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)	of Customers expected each day	of Customers	Age Restriction (If none, write 'None')	
Sunday	8:00 am	9:00 m	30-40	λί		
Monday	8:00 am	9:00 pm	30-40	ΑU		
Tuesday	8:00 am	9:00 pm	30-40	IIA		
Wednesday	8:00am	9:00 pm	30-40	All		
Thursday	8:00am	9:00 pm	30-40	AII		
Friday	8:00m	9:00 pm	30 - 40	All		
Saturday	8:00am	9:00 pm	30-40	AII		
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)						
Adapuet James Ashhar Sman						
Signature of Sole Proprietor, Partner, or 20% or more Shareholder  (If there are no 20% or more shareholders,						
(If there are no 20% or more shareholders,  Corporate Officer-print name/title and sign)						

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

Lega	Il Entity Name: Avons Food LLC.
Pren	nise Address: 1901. WATKINSON AVE, MILWAUKEE, WI 53206
0.53 - 550 -	ximity of Premises to Church, School, Daycare Center or Hospital
ls th	ne building within 300 feet of any church, school, daycare center or hospital?
"Sei	rvice Bar Only" Designation
lf a <sub>l</sub>	pplying for Class B or C license, are you applying for "Service Bar Only"?
Sen	vice Bar Only means customers cannot sit at the bar. Alcohol is served to employees who serve patrons seated at tables. stools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.
Bus	iness Information
a)	Are you taking out this application for anyone that may not be eligible for a license? 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? \(\begin{align*}\) No \(\begin{align*}\) 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,
c)	the person(s) listed above must obtain a Class B Managers license.  Does anyone else have money invested or any other interest in this business? Yes
C)	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:
Pro	perty Information (New & Transfer Applicants Only)
a)	Do you own or lease the building?
_b)	. Who owns the fixtures (for example, coolers, etc.)? Owner - Sanghas Food Mart
c)	Are you purchasing the stock and/or fixtures? Yes if yes, amount paid \$
d)	Total amount paid for business \$ N/A
e)	Total amount paid for goodwill of the business \$N/A
	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.
f)	Have you made arrangements with the seller for payment of personal property taxes? Vo Yes
Lea	se Information (New & Transfer Applicants who are leasing the premises only)
a)	Date lease begins 2/1/2022 Ends 1/31/2025
b)	Monthly rental \$ 5,000
c) d)	Do you have an option to renew the lease? \(\sime\) No \(\sime\) Yes  Does your lease allow for assignment to another party without the consent of the owner? \(\sime\) No \(\sime\) Yes
e)	For what length of time have you been guaranteed occupancy (number of years)? 3 ueas
-	

e and the section						
Leas	e Information (Continued)					
f) g)	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					
Cha	nge 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):					
Sign	ature					
_	dre of Sole Proprietor, Partner or 20% or More Shareholder 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.					
ĺ	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 • <u>license@milwaukee.gov</u> • <u>www.milwaukee.gov/license</u>

Legal Entity Name: Avons Food LLC
Premises Address: 1901 WATKINSON AVE., MILWAUKER, 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 5,000 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?
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? \(\bigcap\) No \(\bigcap\)Yes (includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)
If yes, list the types of food items: dairy, packaged deli

ccl-foodplan 2/28/19

	SECTION 4 DETAILS OF OPERATION					
	Will you have seating on site for dining? No Yes					
, ;	Will you be doing any catering? Yes					
	Will you be doing any delivery? ☐ No ☐ Yes					
	Will you have outdoor activities? 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 OF CHANGES					
	。 《大学》(1996年)(1996年)(1996年)(1996年)(1996年)(1996年)(1996年)(1996年)(1996年)(1996年)(1996年)(1996年)(1996年)(1996年)(1996年)					
** . *	Are you planning any construction, remodeling or equipment changes?					
	No If No, SKIP to Section 8					
. , ,	Yes If Yes, check all that apply: New construction of a building Renovation or remodeling					
· 1.494	_					
•	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  Nes 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					
#1186 F	SECTION 8 ACKNOWLEDGEMENTS & SIGNATURE					
, e + - g	You must initial each item confirming your understanding:					
gration graph	्रिका है । understand the Health Department must conduct an inspection and advise the License Division of their approval					
	before the license may be issued.					
in the second	<u>Amount of the Indian Amount of the Indian I</u>					
	be issued.					
وينظي والإنجاب المراجي	Tunderstand the district alderperson will review and either support or object to my application. If he/she objects, I otto the may appeal and be scheduled to appear before the Licenses Committee. The Licenses Committee will then make a					
e la malancia	and the lightest greecommendation to the Common Council. The Common Council must grant the license before it may be issued.					
1 . 1 0, 15, 17	Section 11 understand proof of payment for all license fees must be on file in the License Division before the license may be the classical proof of payment for all license fees must be on file in the License Division before the license may be the classical proof of payment for business.					
e in the second	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:					
,	Act 1					
	Signature of Additional Partner:					



# 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 • <u>license@milwaukee.gov</u> • <u>www.milwaukee.gov/license</u>

Office U	Jse Only:
App#	
Filed	
Initials	
Paid	
Lic#	

Legal Entity N	ame: Avons Foox	d uc				
Premise Addre	ess: 1901 W Atkinsonf	Lye, Milu	oau Kee.	WI 5	3206	
• Chec • For e • Calcu • Add :	e(s) k all device types for which you nee ach device type checked, indicate h late the Total Fee Per Device Type all Total Fee Per Device Type amoun sception: The Scanner fee is not p	ed a license. now many you have i by multiplying the Fo nts together and tha er device. Check the	n the Number of ee Per Device Typ t will be your Tot box for the appr	Devices column be (a) by the Num al Fee Due. opriate range.	ber of Devices (b).	
	you have 1-3 scanners, the total du heck the Number of Devices (b). Device Type	ue is \$130. If you hav	ve 4 or more scan Fee Per Device Týpe (a)	Number of Devices (b)	Total Fee Per Device Type (a x b)	
Liqu	id Measuring Devices					
	Retail Petroleum Meters	12 months	\$60			
	0 to 30 gallons per minute	24 months	\$60			
	31 to 200 gallons per minute	24 months	\$250			•
	Over 200 gallons per minute	24 months	\$250			

\$55

\$130 total\*

\$250 total\*

\$60

\$30

# 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.

24 months

24 months

24 months

24 months

24 months

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.

Signature of Sole Proprietor, Partner, or 20% or more Shareholder

Measuring any weight amount

Up to 3 scanners

**Timing Device** 

Four or more scanners
Other Devices

Length Measuring Device

(If there are no 20% or more shareholders, Corporate Officer-print name/title and sign) Signature of additional partner or 20% or more shareholder

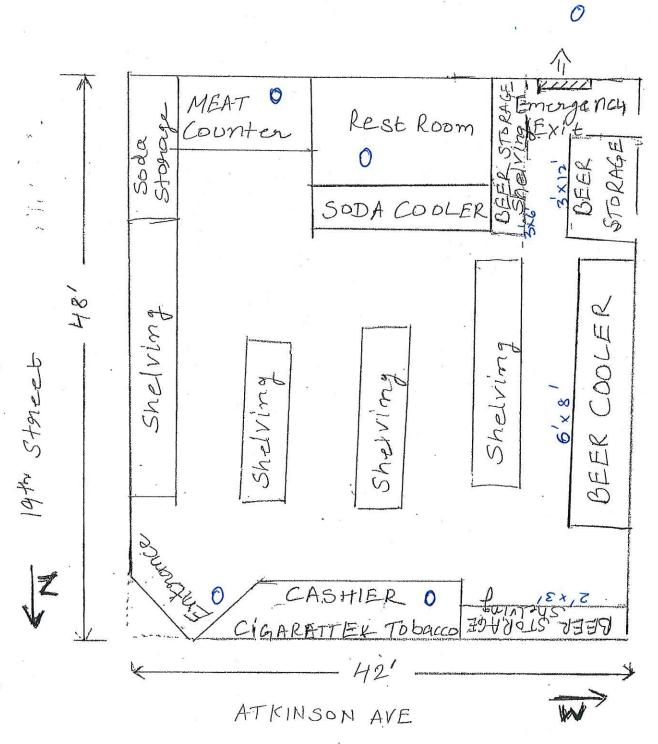
□1 □2 ⊡3

**Total Fee Due** 

□4 □Other

This form must be submitted with the Business License Application, Weights & Measures Plan of Operation, and appropriate fee. Forms can be obtained online at <a href="https://www.milwaukee.gov/licenses">www.milwaukee.gov/licenses</a>.

# Been, Cigarette and Tobacco Floor Plan FOR AYONS FOODS LLC 1901W ATKINSON AVE MILWAUKEE WI-53206



AVONS FOODS LLC BY Ashpreet Kaur 1901 W ATKINSON AVE 0 > TRASH MILWAUKEE WI-53206 DATE JAN 3, 2022 Total Square Footoge = 2016 saft