



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

Monday, December 19, 2022

COMMITTEE MEETING NOTICE

AD 09

AHMED, Hamza I, Agent
Iman Wholesale LLC
6416 N 76th St
Milwaukee, WI 53223

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.

Wednesday, January 04, 2023 at 10:15 AM

The access code is <https://meet.goto.com/294807589>. If you wish to call in: +1 (224) 501-3412 and use Access Code: 294-807-589.

Please see the enclosed best practices document for further instructions.

Regarding: Your Secondhand Dealer's and Weights & Measures License Applications as agent for "Iman Wholesale LLC" for "Tobacco and Cellular" at 6416 N 76th St.

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 in City Hall is available at reduced rates (5 hour limit) at the Milwaukee Center on the southwest corner of East Kilbourn and North Water Street. Parking tickets must be validated in the first floor information booth in City Hall.

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**

Monday, December 19, 2022

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AD 09

AHMED, Hamza I, Agent
Iman Wholesale LLC
5253 N LOVERS LANE RD #325
Milwaukee, WI 53225

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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

CR

REDACTED RECORD

Cox, Andrew

From: License
Sent: Monday, August 1, 2022 1:14 PM
To: Cox, Andrew
Cc: Martin, Faviola
Subject: FW:

Please send them a letter that states we have been informed the business is operating and they need a cigarette license and second hand dealer license if they are buying merch of the street. Also add the below as a premises objection. No need to reference the objection in the letter.

To: License <LICENSE@milwaukee.gov>
Subject:

You don't often get email fr

6416 N. 76 Tobacco and cellular owner snoop they still selling drugs weed and Single cigarettes and buying stolen merchandise off the street and paying girls 14 to 21 for sex



Office of the City Clerk
License Division

Jim Owezarski
City Clerk
Office of the City Clerk

Jim Cooney
Deputy City Clerk
Office of the City Clerk

08/01/2022

Current Occupant

6416 N 76th St
Milwaukee WI 53223

RE: 6416 N 76th St

Dear Current Occupant:

We have been informed that the business at 6416 N 76th St is operating and selling tobacco/nicotine products. If this is the case, you will need a Cigarette and Tobacco License through the City of Milwaukee. If you are buying merchandise from customers or selling secondhand merchandise, you will also need a Secondhand Dealer's License.

If you have any questions, call our office at (414) 286-2238 or send an email to license@milwaukee.gov.

Sincerely,

A handwritten signature in black ink, appearing to read 'Andrew Cox'.

Andrew Cox
License Specialist



Monday, December 19, 2022



Notice of Public Hearing

Blank Notice

AHMED, Hamza I, Agent
Tobacco and Cellular at 6416 N 76th St
Secondhand Dealer's and Weights & Measures License Applications

Wednesday, January 04, 2023 at 10:15 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 1/4/2023 at 10:15 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 phone or 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	6405 N 73RD ST	MILWAUKEE, WI 53223-6119
CURRENT OCCUPANT	6407 N 73RD ST	MILWAUKEE, WI 53223-6119
CURRENT OCCUPANT	6409 N 73RD ST	MILWAUKEE, WI 53223-6119
CURRENT OCCUPANT	6421 N 73RD ST	MILWAUKEE, WI 53223-6119
CURRENT OCCUPANT	6423 N 73RD ST	MILWAUKEE, WI 53223-6119
CURRENT OCCUPANT	6427 N 73RD ST	MILWAUKEE, WI 53223-6119
CURRENT OCCUPANT	6429 N 73RD ST	MILWAUKEE, WI 53223-6119
CURRENT OCCUPANT	6435 N 73RD ST	MILWAUKEE, WI 53223-6119
CURRENT OCCUPANT	6437 N 73RD ST	MILWAUKEE, WI 53223-6119
CURRENT OCCUPANT	6441 N 73RD ST	MILWAUKEE, WI 53223-6119
CURRENT OCCUPANT	6443 N 73RD ST	MILWAUKEE, WI 53223-6119
CURRENT OCCUPANT	6451 N 73RD ST	MILWAUKEE, WI 53223-6119
CURRENT OCCUPANT	6453 N 73RD ST	MILWAUKEE, WI 53223-6119
CURRENT OCCUPANT	6461 N 73RD ST	MILWAUKEE, WI 53223-6119
CURRENT OCCUPANT	6465 N 73RD ST	MILWAUKEE, WI 53223-6119
CURRENT OCCUPANT	6469 N 73RD ST	MILWAUKEE, WI 53223-6119
CURRENT OCCUPANT	6471 N 73RD ST	MILWAUKEE, WI 53223-6119
CURRENT OCCUPANT	6501 N 73RD ST	MILWAUKEE, WI 53223-6121
CURRENT OCCUPANT	6505 N 73RD ST	MILWAUKEE, WI 53223-6121
CURRENT OCCUPANT	6509 N 73RD ST	MILWAUKEE, WI 53223-6121
CURRENT OCCUPANT	6511 N 73RD ST	MILWAUKEE, WI 53223-6121
CURRENT OCCUPANT	6515 N 73RD ST	MILWAUKEE, WI 53223-6121
CURRENT OCCUPANT	6517 N 73RD ST	MILWAUKEE, WI 53223-6121
CURRENT OCCUPANT	6523 N 73RD ST	MILWAUKEE, WI 53223-6121
CURRENT OCCUPANT	6525 N 73RD ST	MILWAUKEE, WI 53223-6121
CURRENT OCCUPANT	6525 N 76TH ST	MILWAUKEE, WI 53223-6103
CURRENT OCCUPANT	6531 N 73RD ST	MILWAUKEE, WI 53223-6121
CURRENT OCCUPANT	6533 N 73RD ST	MILWAUKEE, WI 53223-6121
CURRENT OCCUPANT	6541 N 73RD ST	MILWAUKEE, WI 53223-6121
CURRENT OCCUPANT	6543 N 73RD ST	MILWAUKEE, WI 53223-6121
CURRENT OCCUPANT	6545 N 73RD ST	MILWAUKEE, WI 53223-6121
CURRENT OCCUPANT	6547 N 73RD ST	MILWAUKEE, WI 53223-6121
CURRENT OCCUPANT	6553 N 73RD ST	MILWAUKEE, WI 53223-6121
CURRENT OCCUPANT	6555 N 73RD ST	MILWAUKEE, WI 53223-6121
CURRENT OCCUPANT	7308 W MILL RD	MILWAUKEE, WI 53218-1232
CURRENT OCCUPANT	7310 W MILL RD	MILWAUKEE, WI 53218-1232
CURRENT OCCUPANT	7312 W MILL RD	MILWAUKEE, WI 53218-1232
CURRENT OCCUPANT	7318 W MILL RD	MILWAUKEE, WI 53218-1232
CURRENT OCCUPANT	7320 W MILL RD	MILWAUKEE, WI 53218-1232
CURRENT OCCUPANT	7322 W MILL RD	MILWAUKEE, WI 53218-1232
CURRENT OCCUPANT	7601 W CLOVERNOOK ST	MILWAUKEE, WI 53223-6111
CURRENT OCCUPANT	7615 W CLOVERNOOK ST	MILWAUKEE, WI 53223-6111
CURRENT OCCUPANT	7621 W CLOVERNOOK ST	MILWAUKEE, WI 53223-6111

Blank Notice

Total Records: 44

Radius 250.0 feet and Center of Circle: 6416 N 79th St



BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 5/12/2020

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

1. Type of Business

Applying for: ☐ Extended Hours (12AM to 5AM) - If a food establishment, check all that apply: ☐ Delivery ☐ Drive Thru ☐ Dining Room
☐ Self Service Laundry ☐ Massage Establishment ☐ Filling Station
☒ Other (supplemental application for specific license also required) CONVENIENCE STORE

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: more than 20 years

2. Business Operations

- a. Proposed Opening Date: 09/01/2017
- 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: TOBACCO License, Inc.
- 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: Front and CellPhone area
Outside: 1 Locations: Back
- 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? many and describe the parking security plan: The store is in strip mall with ample parking lighting
- b. Is there a loading zone? ☒ No ☐ Yes If yes, describe the loading area security plan: _____
- c. Will you have security personnel on premise? ☒ No ☐ Yes If yes, how many? _____ and answer the following:
What are their responsibilities? _____
Is security equipment used? ☒ No ☐ Yes If yes, describe _____
List their licensing, certification, or training credentials _____
- d. Will there be security cameras? ☒ No ☐ Yes If yes, how many? _____ and list locations: _____
- e. Will searches/identification checks be done upon entry? ☒ No ☐ Yes If yes, describe _____

6. Percentage of Sales (must total 100%)

Alcohol <u>0</u> %	Food <u>60</u> %	Secondhand Merchandise <u>5</u> %	Precious Metals & Gems <u>0</u> %
Entertainment <u>0</u> %	Cigarettes <u>35</u> %		
Pawnbroker Activity <u>0</u> %	Salvaged Materials <u>0</u> % (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) <u>0</u> %	Other _____ % Describe: _____

7. Businesses/Licenses on the Premises (check all that apply):

Type 1

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Full Service Restaurant | <input type="checkbox"/> Cafe/Coffee Shop | <input type="checkbox"/> Deli or Fast Food Restaurant | <input type="checkbox"/> Private/Fraternal/Veterans Club |
| <input type="checkbox"/> Night Club | <input type="checkbox"/> Tavern | <input type="checkbox"/> Cocktail Lounge | <input type="checkbox"/> Teen Club |
| <input type="checkbox"/> Banquet Hall | <input type="checkbox"/> Sports Facility | <input type="checkbox"/> Bowling Alley | |
| <input type="checkbox"/> Hotel/Motel: Number of Floors: _____
Number of Rooms: _____ | <input type="checkbox"/> Rooming House: Number of Floors: _____
Number of Rooms: _____ | | |

Type 2

- | | | | |
|--|--|--------------------------------------|---|
| <input type="checkbox"/> Liquor Store | <input type="checkbox"/> Corner Store | <input type="checkbox"/> Supermarket | <input checked="" type="checkbox"/> Convenience Store |
| <input type="checkbox"/> Gas Station | <input type="checkbox"/> Amusement/Phonograph Distributor | | <input type="checkbox"/> Recycling, Salvage or Towing |
| <input type="checkbox"/> Used Car Dealer | <input type="checkbox"/> Personal Service Establishment
(such as tattoo business, hair salon, tailor, etc.) | | <input type="checkbox"/> Recording Studio |

What other licenses/permits will you hold at this location? (check all that apply)

- ☒ Occupancy Permit ☒ Cigarette & Tobacco ☐ Gas Station ☐ Extended Hours ☐ Class "B" Tavern ☐ Weights & Measures
☒ 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: INSIDE A STRIP MALL

c. Nearest Major Cross Street: 76TH STREET & MILL ROAD AVE

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: MILL ROAD MKE LLC Phone Number: 516 984 8528

Building Owner Address: PO BOX 6124, HICKSVILLE, NY 11802

10. Hours of Operation & Customers

Will customers be entering the premises? ☐ No ☒ Yes

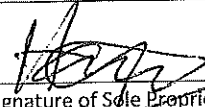
Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	07:00 AM	09:00 PM	0-40,500	21-100	NONE
Monday	07:00 AM	09:00 PM	1-11	21-11	NONE
Tuesday	07:00 AM	09:00 PM	1-11	21-11	NONE
Wednesday	07:00 AM	09:00 PM	1-11	21-11	NONE
Thursday	07:00 AM	09:00 PM	1-11	21-11	NONE
Friday	07:00 AM	09:00 PM	1-11	21-11	NONE
Saturday	07:00 AM	09:00 PM	1-11	21-11	NONE

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)


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

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



SECONDHAND DEALER LICENSE SUPPLEMENTAL PLAN OF OPERATION

ccl-shdplan 10/17/19

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

Legal Entity Name: IMAN WHOLESALE LLC
Premises Address: 6416 N 76TH ST, MILWAUKEE, WI 53223

What type of business will you operate? (Select all that apply)

- ☒ Secondhand Dealer ☐ Secondhand Dealer-Bicycles Only ☐ Secondhand Dealer Mall
☐ Pawnbroker ☐ Precious Metal & Gem Dealer

Residency

Has the agent, sole proprietor, or both partners lived in Wisconsin for at least 90 days prior to filing this application?

☒ Yes ☐ No If no, you are not eligible to apply for this license at this time per MCO 92-27-3.

Merchandise & Sales

List all items you will be selling:

HOUSEHOLD GOODS, CELL PHONES, CLOTHING, SHOES ETC

What percent of your anticipated annual sales will involve precious metals and gems? 0%

What percent of your anticipated annual sales will involve gold? 0%

Will you use a barcode scanner or scale for items to be sold by weight (price per pound, ounce, gram, etc.)?

☒ No ☐ Yes If yes, a Weights & Measures License is also required.

List any additional locations where you may temporarily conduct business: _____

How will transactions occur, if applicable? ☐ Door-to-door ☐ Conventions ☒ Other: AT THE STORE

Security

What are your plans to provide security for business records? Records must be kept at the premises address.

☐ Kept in safe ☒ Kept in locked cabinet ☐ Digital records ☐ Other: _____

What are your plans to ensure that business is not conducted with minors?

☒ Check ID ☐ Other: _____

Signature

I confirm that all information is true and correct. I understand I am required by law to inform the City Clerk of changes to this information within ten days.

Hamza Ahmed

Print Name and Title of Individual, Partner, Member,
Officer, or Agent of Corporation/LLC

[Signature]

Sign

**SUBMIT THIS FORM ALONG WITH THE
BUSINESS LICENSE APPLICATION & BUSINESS LICENSE PLAN OF OPERATION**



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# WEM 344091
Filed 10/19/2020
Initials CN
Paid _____
Lic # _____

Legal Entity Name: Imam Wholesale LLCPremise Address: 6416 N. 76TH ST MILWAUKEE, WI 53223

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 type="checkbox"/> Measuring any weight amount	24 months	\$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 type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	
<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 \$130.00

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.

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

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.



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: Iman Wholesale LLC

Premise Address: 6416 N. 76TH ST Milwaukee, WI 53222

Type of Business

Provide a brief description of the establishment/business:

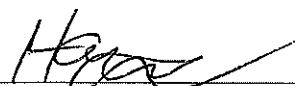
Cell Phones + Electronics + shoes + clothing + body work
used and new items + etc

Other licenses may be required depending on the type of business you are operating.

Litter & Noise

- a. How are grounds kept clean? ☒ Sweep ☐ Pressure Wash ☐ Pick Up Litter ☐ Other: map
- 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: _____

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

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.