



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

Tuesday, December 20, 2022

**COMMITTEE MEETING NOTICE**

AD 14

PATEL, Dixitkumar C, Agent  
Chehar 1141, LLC  
1141 E HOWARD Av  
Milwaukee, WI 53207

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 01:30 PM**

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 Class A Malt & Class A Liquor, Food Dealer and Weights & Measures License Applications as agent for "Chehar 1141, LLC" for "Kainth Beer & Liquor" at 1141 E HOWARD

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](http://www.milwaukee.gov/license)  
Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: [License@milwaukee.gov](mailto:License@milwaukee.gov)





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AD 14

PATEL, Dixitkumar C, Agent  
Chehar 1141, LLC  
4653 S 23<sup>RD</sup> ST #3  
Milwaukee, WI 53221

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200 E. Wells Street, Room 105, City Hall, Milwaukee, WI 53202. [www.milwaukee.gov/license](http://www.milwaukee.gov/license)  
Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: [License@milwaukee.gov](mailto:License@milwaukee.gov)

Date: 11/25/22  
Officer: PO Fabian Garcia

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

Name of Premise: Kainth Beer & Liquor  
Address: 1141 E. Howard Avenue  
Phone: 414-482-0732

Owner:  
Owner address:  
City State Zip:  
Owner Phone:  
Owner email:

Manager: Dixitkumar C. Patel  
Home Address: 4653 S. 23<sup>rd</sup> Street #3  
City State Zip: Milwaukee, WI 53221  
Phone: 423-617-1955  
Email: dixit30788@gmail.com

Preferred contact: phone number

Location currently open: ☒ YES ☐ NO

Projected open date:

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

Hours of Operation: Sun: 8a-9p ☐ 24 hours ☐ Y ☒ N  
Mon: 8a-9p  
Tue: 8a-9p  
Wed: 8a-9p  
Thu: 8a-9p  
Fri: 8a-9p  
Sat: 8a-9p

Premise Type: ☒ Liquor Store  
☐ Convenience Store  
☐ Other:

Licenses currently held:  
Alcohol: ☐ Yes ☐ No #:

Tobacco: ☐ Yes ☐ No #:  
 Food: ☐ Yes ☐ No #:  
 Extended Hours: ☐ Yes ☐ No #:  
 Secondhand Dealer: ☐ Yes ☐ No Type: #:  
 Other: ☐ Yes ☐ No Type: #:  
 Other: ☐ Yes ☐ No Type: #:

Who is your alcohol distributor? Badger, Capital-Husting, GB Sale

### **Exterior Survey:**

1. Is the area around the location clean? ☒ Yes ☐ No
2. What surrounds the location? (Check all the apply)
  - a. ☐ Park
  - b. ☐ School
  - c. ☐ Youth Center
  - d. ☐ Church
  - e. ☒ Tavern(s) If so, how many 1
  - f. ☒ Residential
  - g. ☒ Other businesses
  - h. ☐ Other:
3. Can you see from the outside of the location into the interior ☒ Yes ☐ No
4. Can you see the employees inside of the location from the outside ☒ Yes ☐ No
5. Are exterior windows free of signage ☐ Yes ☒ No
6. Is there a parking lot ☒ Yes ☐ No
7. Is the parking lot clean? ☒ Yes ☐ No
8. Is the parking lot well lit? ☐ Yes ☐ No **not observed**
9. Are there areas where a person could conceal themselves ☐ Yes ☒ No
10. Is there exterior lighting? ☒ Yes ☐ No. Does it appears to be adequate ☒ Yes ☐ No
11. Exterior Payphone? ☐ Yes ☒ No
12. Are there No Loitering Signs posted? ☒ Yes ☐ No
13. Are there exterior security cameras ☒ Yes ☐ No How Many: 3
14. Are the address numbers prominently displayed and easy to see ☒ Yes ☐ No

### **Camera Survey:**

15. Does this location have security cameras? ☒ Yes ☐ No
16. Are they in working order? ☒ Yes ☐ No
17. What format are the cameras?
  - a. Color ☒ Yes ☐ No
  - b. Digital ☒ Yes ☐ No
  - c. VCR ☐ Yes ☐ No
  - d. Recorded ☒ Yes ☐ No
18. How long is footage stored for later viewing: 2 weeks
19. Are there exterior cameras ☒ Yes ☐ No How many: 3
20. Are there interior cameras ☒ Yes ☐ No How many: 8
21. Do all employees know how to retrieve recorded digital images/footage? ☒ Yes ☐ No

### **Interior Survey:**

22. Is the storeowner willing to be a standing complainant regarding loitering? ☒ Yes ☐ 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? ☒ Yes ☐ No
24. Does an interior camera face the entrance/exit? ☒ Yes ☐ No
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? ☒ Yes ☐ 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 N/A
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 alcohol establishment is a convenience store:**

(\*\* Read full ordinance for all details "68-55 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? ☒ Yes ☐ 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? ☒ Yes ☐ 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 or 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 (2 weeks)
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? ☒ Yes ☐ No
  - a. Exception: A store that does not have such doors on August 17, 1994 shall not be required to install such doors until the holder of the store's food dealer license changes.
13. Has the owner and their employees attended the Robbery Prevention Training with in 120 days of ownership or employment? ☐ Yes ☒ No
  - a. Contact Community Outreach and Education at 935-7836 for schedule.

**Sub 3. Exemptions.** The requirements of this section do not apply to a convenience food store that conforms to either 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
- a-2 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
- a. At the commissioner's discretion, a convenience store may be exempted from any or all of the regulations specified in sub 2.  
Does this location hold an exemption from the commissioner regarding any of the requirements of Sub 2? ☐ Yes ☐ No

**ADDITIONAL COMMENTS/RECOMMENDATIONS:**

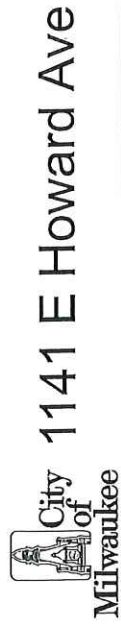
This report was written by Police Officer Fabian GARCIA assigned to District 6-Early Power, Community Liaison/Community Partnership Unit.

On Friday, November 25, 2022. At 12:00 pm, my partner PO Michael WARD and I were met by the listed agent/licensee Dixitkumar C. Patel. D. Patel stated that the business will be open every day from 8am to 9pm.

The location does have a total of 11 surveillance cameras throughout the property. Three of which are exterior cameras. One is mounted towards the front of the location (north side), one on the east end of the business and one located on the south end of the building. The business has 8 interior cameras, which do face the entry and exit points and the front cashier area. All cameras are in working order and storage is kept for approximately 2 weeks. D. Patel stated that this location will be a family operated business and all employees will know how to retrieve video footage.

The property does have a "No Loitering" sign posted near the front of the building. D. Patel stated that he ordered more signage for the property regarding loitering. D. Patel stated that he has attending the Robbery Prevention Training but not in the past 120 days. D. Patel was provided a District 6 community resource guide along with contact information to the Community Outreach and Education. This concludes my report.

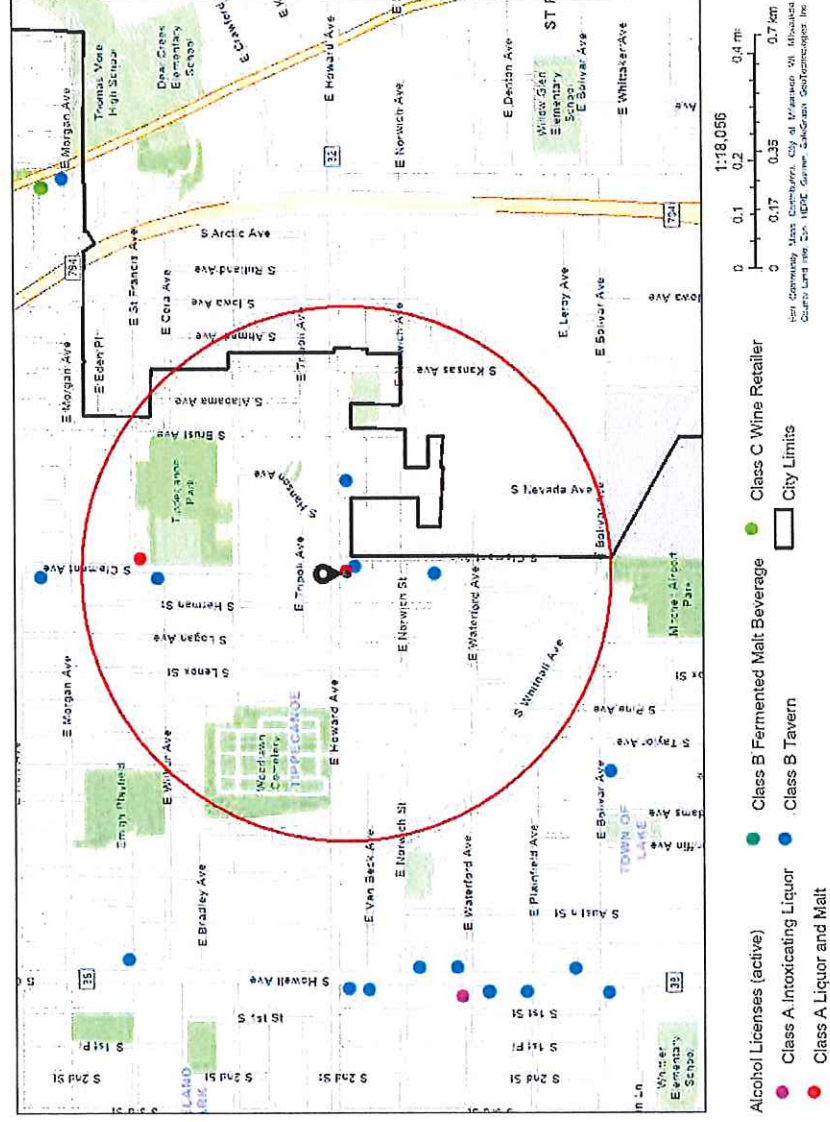




## 1141 E Howard Ave

Area : 21,862,585.6 ft<sup>2</sup>

Nov 10 2022 12:21:55 Central Standard Time



Summary

Name	Count	Area(ft <sup>2</sup> )	Length(mi)
Alcohol Licenses	6		

Alcohol Licenses

#	Legal Entity	Trade Name	Licensee	Address	License Type Name	Total Capacity	Expiration Date	Count
1	TIEDKE, INC	SCOTTY'S BAR & PIZZA	GARY A TIEDKE, Agt	3921 S CLEMENT AV	Class B Tavern License	99	11/26/2022, 6:00 PM	1
2	Botanas II LLC	Botanas II	MARTHA Navejar, Agt	1421 E Howard AV	Class B Tavern License	360	2/8/2023, 6:00 PM	1
3	KAINTH, INC	KAINTH BEER & LIQUOR	GURNEK SINGH, Agt	1141 E HOWARD AV	Class A Malt & Class A Liquor License		2/25/2023, 6:00 PM	1
4	CM FOOD MART, LLC	MINI MARKET	LAKHWINDER SINGH, Agt	3600 S CLEMENT AV	Class A Malt & Class A Liquor License		3/31/2023, 7:00 PM	1
5	VALUE MANAGEMENT CORP	BACKDRAUG HT	TERRY D LUCAS, Agt	3631 S CLEMENT AV	Class B Tavern License	80	5/29/2023, 7:00 PM	1
6	Bad Moon Saloon LLC	Bad Moon Saloon	Christopher M Graves, Agt	4035 S CLEMENT AV	Class B Tavern License		12/2/2022, 6:00 PM	1

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





Tuesday, December 20, 2022



# Notice of Public Hearing

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PATEL, Dixitkumar C, Agent  
Kainth Beer & Liquor at 1141 E HOWARD Av  
Class A Malt & Class A Liquor, Food Dealer and Weights & Measures License Applications

**Wednesday, January 04, 2023 at 1:30 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 on 1/4/2023 at 1:30 PM 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](mailto: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.

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## **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	1100 E HOWARD AVE	MILWAUKEE, WI 53207-4044
CURRENT OCCUPANT	1102 E VAN BECK AVE	MILWAUKEE, WI 53207-4526
CURRENT OCCUPANT	1106 E HOWARD AVE	MILWAUKEE, WI 53207-4044
CURRENT OCCUPANT	1106 E VAN BECK AVE	MILWAUKEE, WI 53207-4526
CURRENT OCCUPANT	1107 E HOWARD AVE	MILWAUKEE, WI 53207-4043
CURRENT OCCUPANT	1107A E HOWARD AVE	MILWAUKEE, WI 53207-4043
CURRENT OCCUPANT	1111 E HOWARD AVE	MILWAUKEE, WI 53207-4043
CURRENT OCCUPANT	1112 E HOWARD AVE	MILWAUKEE, WI 53207-4044
CURRENT OCCUPANT	1112 E VAN BECK AVE	MILWAUKEE, WI 53207-4526
CURRENT OCCUPANT	1115 E HOWARD AVE	MILWAUKEE, WI 53207-4043
CURRENT OCCUPANT	1116 E HOWARD AVE	MILWAUKEE, WI 53207-4044
CURRENT OCCUPANT	1118 E VAN BECK AVE	MILWAUKEE, WI 53207-4526
CURRENT OCCUPANT	1119 E VAN BECK AVE	MILWAUKEE, WI 53207-4525
CURRENT OCCUPANT	1121 E HOWARD AVE	MILWAUKEE, WI 53207-4043
CURRENT OCCUPANT	1123 E VAN BECK AVE	MILWAUKEE, WI 53207-4525
CURRENT OCCUPANT	1124 E VAN BECK AVE	MILWAUKEE, WI 53207-4526
CURRENT OCCUPANT	1127 E HOWARD AVE	MILWAUKEE, WI 53207-4043
CURRENT OCCUPANT	1127 E VAN BECK AVE	MILWAUKEE, WI 53207-4525
CURRENT OCCUPANT	1130 E VAN BECK AVE	MILWAUKEE, WI 53207-4526
CURRENT OCCUPANT	1131 E VAN BECK AVE	MILWAUKEE, WI 53207-4525
CURRENT OCCUPANT	1133 E HOWARD AVE	MILWAUKEE, WI 53207-4043
CURRENT OCCUPANT	1133A E HOWARD AVE	MILWAUKEE, WI 53207-4043
CURRENT OCCUPANT	1136 E VAN BECK AVE	MILWAUKEE, WI 53207-4526
CURRENT OCCUPANT	1137 E VAN BECK AVE	MILWAUKEE, WI 53207-4525
CURRENT OCCUPANT	1224 E HOWARD AVE	MILWAUKEE, WI 53207-4046
CURRENT OCCUPANT	1226 E HOWARD AVE	MILWAUKEE, WI 53207-4046
CURRENT OCCUPANT	3859 S CLEMENT AVE	MILWAUKEE, WI 53207-4068
CURRENT OCCUPANT	3875 S CLEMENT AVE# 1	MILWAUKEE, WI 53207-4098
CURRENT OCCUPANT	3875 S CLEMENT AVE# 10	MILWAUKEE, WI 53207-4100
CURRENT OCCUPANT	3875 S CLEMENT AVE# 11	MILWAUKEE, WI 53207-4100
CURRENT OCCUPANT	3875 S CLEMENT AVE# 12	MILWAUKEE, WI 53207-4100
CURRENT OCCUPANT	3875 S CLEMENT AVE# 13	MILWAUKEE, WI 53207-4100
CURRENT OCCUPANT	3875 S CLEMENT AVE# 14	MILWAUKEE, WI 53207-4100
CURRENT OCCUPANT	3875 S CLEMENT AVE# 15	MILWAUKEE, WI 53207-4100
CURRENT OCCUPANT	3875 S CLEMENT AVE# 16	MILWAUKEE, WI 53207-4100
CURRENT OCCUPANT	3875 S CLEMENT AVE# 2	MILWAUKEE, WI 53207-4098
CURRENT OCCUPANT	3875 S CLEMENT AVE# 3	MILWAUKEE, WI 53207-4098
CURRENT OCCUPANT	3875 S CLEMENT AVE# 4	MILWAUKEE, WI 53207-4098
CURRENT OCCUPANT	3875 S CLEMENT AVE# 5	MILWAUKEE, WI 53207-4098
CURRENT OCCUPANT	3875 S CLEMENT AVE# 6	MILWAUKEE, WI 53207-4098
CURRENT OCCUPANT	3875 S CLEMENT AVE# 7	MILWAUKEE, WI 53207-4098
CURRENT OCCUPANT	3875 S CLEMENT AVE# 8	MILWAUKEE, WI 53207-4098
CURRENT OCCUPANT	3875 S CLEMENT AVE# 9	MILWAUKEE, WI 53207-4100
CURRENT OCCUPANT	3921A S CLEMENT AVE	MILWAUKEE, WI 53207-4501
CURRENT OCCUPANT	3927 S CLEMENT AVE	MILWAUKEE, WI 53207-4501
CURRENT OCCUPANT	3933 S CLEMENT AVE	MILWAUKEE, WI 53207-4501

CURRENT OCCUPANT	3935 S CLEMENT AVE	MILWAUKEE, WI 53207-4501
CURRENT OCCUPANT	3947 S CLEMENT AVE	MILWAUKEE, WI 53207-4565
CURRENT OCCUPANT	3955 S CLEMENT AVE	MILWAUKEE, WI 53207-4565

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Total Records: 49

Radius 250.0 feet and Center of Circle: 1141 E Howard Av



## 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](mailto:license@milwaukee.gov)

### 1. Type of Business

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

Provide a detailed description of the type of business you plan on operating:

LIQUOR STORE

Do you have any experience operating this type of business? ☐ No ☒ Yes If yes, explain: I CURRENTLY OWN LIQUOR STORE IN CITY OF MILWAUKEE.

### 2. Business Operations

- a. Proposed Opening Date: 01/01/2023
- 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: CLASS A LIQUOR, CIA, FOOD
- 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: 3 Locations: By CASH REGISTER, RESTROOMS  
Outside: 1 Locations: By Front Door
- c. Is a crowd control barrier used? ☒ No ☐ Yes If yes, describe: \_\_\_\_\_
- d. How many restrooms are on the premises? 1
- e. Name of solid waste contractor: ☐ Advanced Disposal ☒ Waste Management ☐ Other: \_\_\_\_\_



## 5. Security

- a. Are there onsite parking spaces? ☐ No ☒ Yes If yes, how many? 10 and describe the parking security plan: SECURITY CAMERA SYSTEM MONITOR PARKING LOT 24/7
- 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? 16 and list locations: MONITOR INSIDE & STORE SURROUNDINGS
- e. Will searches/identification checks be done upon entry? ☒ No ☐ Yes If yes, describe \_\_\_\_\_

## 6. Percentage of Sales (must total 100%)

Alcohol <u>50</u> %	Food <u>10</u> %	Secondhand Merchandise <u>0</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 <u>5</u> % Describe: <u>Lottery</u>

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

### Type 1

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

### Type 2

- |  |  |                                      |   |
|--|--|--------------------------------------|---|
| <input checked="" type="checkbox"/> Liquor Store | <input type="checkbox"/> Corner Store  | <input type="checkbox"/> Supermarket | <input type="checkbox"/> Convenience Store            |
| <input type="checkbox"/> Gas Station             | <input type="checkbox"/> Amusement/Phonograph Distributor  |                                      | <input type="checkbox"/> Recycling, Salvage or Towing |
| <input type="checkbox"/> Used Car Dealer         | <input type="checkbox"/> Personal Service Establishment<br>(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.)

N/A

## 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):

☒ 1<sup>st</sup> Floor ☐ 2<sup>nd</sup> Floor ☐ Basement Storage ☐ Patio ☐ Beer Garden ☐ Sidewalk Café ☐ Deck ☐ Rooftop

☐ Other: Describe: \_\_\_\_\_

b. Describe Location: ☒ Major Thoroughfare ☐ Secondary Street ☐ Other: \_\_\_\_\_

c. Nearest Major Cross Street: HOWARD AVE & CLEMENT ST

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

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

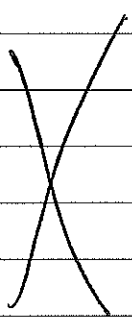
f. Describe Surrounding Area: ☒ Commercial ☒ Residential ☐ Industrial ☐ Other: \_\_\_\_\_

g. Building Owner Name: KAINTH INC Phone Number: 414.640.9859

Building Owner Address: 1141 E HOWARD AVE MILWAUKEE WI 53207

## 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	8:00 AM	9:00 PM	200	All	
Monday	8:00 AM	9:00 PM	200	All	
Tuesday	8:00 AM	9:00 PM	200	All	
Wednesday	8:00 AM	9:00 PM	200	All	
Thursday	8:00 AM	9:00 PM	200	All	
Friday	8:00 AM	9:00 PM	200	All	
Saturday	8:00 AM	9:00 PM	200	All	

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)

X D.C. Patel  
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)

Ashley N Patel  
Signature of additional partner or 20% or more shareholder

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



# ALCOHOL BEVERAGE & PUBLIC ENTERTAINMENT PREMISES SUPPLEMENTAL APPLICATION

Office of the City Clerk License Division

200 E. Wells St. Room 105, Milwaukee, WI 53202

(414) 286-2238 e-mail address: [license@milwaukee.gov](mailto:license@milwaukee.gov) [www.milwaukee.gov/license](http://www.milwaukee.gov/license)Legal Entity Name: CHEHAR 1141, LLCPremise Address: 1141 E HOWARD AVE MILWAUKEE WI 53207**Proximity of Premises to Church, School, Daycare Center or Hospital**Is the building within 300 feet of any church, school, daycare center or hospital? ☐ No ☒ Yes**"Service Bar Only" Designation**If applying for Class B or C license, are you applying for "Service Bar Only"? ☒ No ☐ Yes

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

**Business Information**a) Are you taking out this application for anyone that may not be eligible for a license? ☒ No ☐ Yes

If yes, list their name and address: \_\_\_\_\_

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

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

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

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

If yes, explain: \_\_\_\_\_

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

☒ No ☐ Yes If yes, list name and address: \_\_\_\_\_**Property Information (New & Transfer Applicants Only)**a) Do you own or lease the building? ☐ Own ☒ Leaseb) Who owns the fixtures (for example, coolers, etc.)? LANDLORDc) Are you purchasing the stock and/or fixtures? ☐ No ☒ Yes If yes, amount paid \$ TBDd) Total amount paid for business \$ 0e) Total amount paid for goodwill of the business \$ TBD

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

f) Have you made arrangements with the seller for payment of personal property taxes? ☐ No ☒ Yes**Lease Information (New & Transfer Applicants who are leasing the premises only)**a) Date lease begins 01/01/2023 Ends 12/31/2028b) Monthly rental \$ 6000c) Do you have an option to renew the lease? ☐ No ☒ Yesd) Does your lease allow for assignment to another party without the consent of the owner? ☒ No ☐ Yese) For what length of time have you been guaranteed occupancy (number of years)? 10 yrs

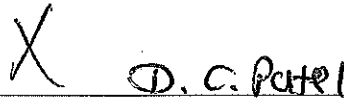
### Lease Information (Continued)

- f) In addition to paying the monthly rental, will you have to pay anything additional to the owner of the building to guarantee performance of the lease? ☒ No ☐ Yes If yes, explain \_\_\_\_\_
- g) Does the present owner or occupant object to the granting of your license? ☒ No ☐ Yes  
If yes, explain \_\_\_\_\_

### Change of Agent Applicants Only

Have there been any changes to the floor plan since the last application was submitted? ☒ No ☐ Yes  
If no, a new floor plan is not required. If yes, submit a new floor plan and explain the change(s):  
\_\_\_\_\_

### Signature

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

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

### New and transfer of premises applicants must submit the following:

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





ccl-foodplan 2/28/19

**FOOD DEALER LICENSE PLAN OF OPERATION**

OFFICE OF THE CITY CLERK, LICENSE DIVISION  
CITY HALL, 200 E. WELLS ST, ROOM 105, MILWAUKEE, WI 53202  
(414) 286-2238 • [license@milwaukee.gov](mailto:license@milwaukee.gov) • [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

Legal Entity Name:	CHEHAR 1141, LLC
Premises Address:	1141 E HOWARD AVE MILWAUKEE WI 53204
<b>SECTION 1 TYPE OF BUSINESS</b>	
What will be the majority of your food sales? (check one)	
<input type="checkbox"/> 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.	
<input checked="" type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.	
<input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Micro Market	
All Applicants: Submit a menu or a list of food items that will be sold.	
Will any wholesale business be done? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, what percentage of food sales will be wholesale?	
<input type="checkbox"/> Less than 25%	
<input type="checkbox"/> 25% or More AND: <input type="checkbox"/> Restaurant items (meals) will be sold – Complete this application and also contact DATCP. <input type="checkbox"/> NO restaurant items (meals) will be sold - Do NOT complete this application. Contact DATCP only.	
<b>SECTION 2 FOOD PROCESSING</b>	
Will any food processing be done? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Processing is defined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, extracting, fermenting, distilling, pickling, freezing, drying, smoking, or packaging.	
<b>SECTION 3 FOOD REQUIRING TEMPERATURE CONTROL</b>	
Will any food that requires temperature control be sold? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)	
If yes, list the types of food items: MILK, CHEESE, ICE CREAM	

**SECTION 4 DETAILS OF OPERATION**

- Will you have seating on site for dining? ☒ No ☐ Yes
- Will you be doing any catering? ☒ No ☐ Yes
- Will you be doing any delivery? ☒ No ☐ Yes
- Will you have outdoor activities? ☒ No ☐ Yes - Check all that apply: ☐ Bar ☐ Cooking/Grilling ☐ Dining
- Will you have a drive thru window? ☒ No ☐ Yes - Are hours different from inside? ☐ No ☐ Yes
- If Yes, provide drive thru hours: \_\_\_\_\_
- Will scales or barcode scanners be used? ☒ No ☒ Yes - You must also apply for a Weights & Measures License.

**SECTION 5 ADDITIONAL SITES**

Where will food be prepared and/or sold?

- ☒ At a single site ☐ At multiple sites: How many? \_\_\_\_\_ (for example, a hotel with several dining rooms or bars)

If multiple sites, attach a Food Dealer Additional Site Addendum (ccl-foodadd) for each additional site.

**SECTION 6 CONSTRUCTION OR CHANGES**

Are you planning any construction, remodeling or equipment changes?

- ☒ No If No, SKIP to Section 8
- ☐ Yes If Yes, check all that apply: ☐ New construction of a building ☐ Renovation or remodeling
- ☐ Construction changes to existing building ☐ Equipment changes only

Provide a brief description of the changes: \_\_\_\_\_

Start date: \_\_\_\_\_

Name, Address &amp; Phone Number of Architect: \_\_\_\_\_

Name, Address &amp; Phone Number of Contractor: \_\_\_\_\_

**SECTION 7 ALCOHOL BEVERAGES**

Are you applying for an alcohol beverage license?

- ☐ No If No, SKIP to Section 8
- ☒ Yes If YES, if your food license is approved prior to the alcohol license, when do you want the food license issued?
- ☐ Immediately ☒ At the same time as the alcohol license

**SECTION 8 ACKNOWLEDGEMENTS & SIGNATURE**

You must initial each item confirming your understanding:

DP

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

DP

I understand I must obtain an occupancy permit from the Department of Neighborhood Services and an inspection may be required. Neighborhood Services must advise the License Division of their approval before the license may be issued.

DP

I understand the district alderperson will review and either support or object to my application. If he/she objects, I may appeal and be scheduled to appear before the Licenses Committee. The Licenses Committee will then make a recommendation to the Common Council. The Common Council must grant the license before it may be issued.

DP

I understand proof of payment for all license fees must be on file in the License Division before the license may be issued and the license must be issued and posted in my establishment prior to opening for business.

DP

I will not operate my food business until the license has been issued and posted in the establishment.

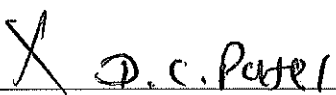
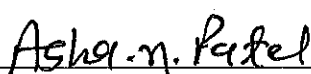
Signature of Sole Proprietor, Partner, or 20% Shareholder: X D.C. PatelSignature of Additional Partner: Asher N. Patel



## 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](http://www.milwaukee.gov/license) [license@milwaukee.gov](mailto:license@milwaukee.gov)

Legal Entity Name:	CHERAR 1141, LLC
Premise Address:	1141 E HOWARD AVE MILWAUKEE WI 53202
<b>Type of Business</b>	
Provide a brief description of the establishment/business:  LIQUOR STORE	
Other licenses may be required depending on the type of business you are operating.	
<b>Litter &amp; Noise</b>	
a. How are grounds kept clean? <input checked="" type="checkbox"/> Sweep <input type="checkbox"/> Pressure Wash <input checked="" type="checkbox"/> Pick Up Litter <input type="checkbox"/> Other: _____	
b. How often will grounds be cleaned? <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> As Needed <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	
c. Grounds cleaned by: <input checked="" type="checkbox"/> Licensee <input type="checkbox"/> Building Owner <input checked="" type="checkbox"/> Employees <input type="checkbox"/> Hired Maintenance <input type="checkbox"/> Other: _____	
d. How are noise issues prevented and/or addressed? <input type="checkbox"/> Security <input checked="" type="checkbox"/> Manager approaches customer(s) <input type="checkbox"/> Call Police <input checked="" type="checkbox"/> Signs Posted <input type="checkbox"/> Other: _____	
<b>Signature</b>	
 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 <a href="http://www.milwaukee.gov/licenses">www.milwaukee.gov/licenses</a> .	



# 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](mailto:license@milwaukee.gov) • [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

## Office Use Only:

App# \_\_\_\_\_  
Filed \_\_\_\_\_  
Initials \_\_\_\_\_  
Paid \_\_\_\_\_  
Lic # \_\_\_\_\_

Legal Entity Name: COREHAR 1141, LLC

Premise Address: 1141 E HOWARD AVE MILWAUKEE WI 53207

## 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)
<b>Liquid Measuring Devices</b>				
<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		
<b>Scales</b>				
<input type="checkbox"/> Measuring any weight amount	24 months	\$55		
<b>Scanners</b>				
		Fee for scanners is by range	Check how many scanners you have	
<input checked="" type="checkbox"/> Up to 3 scanners	24 months	\$130 total*	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
<input type="checkbox"/> Four or more scanners	24 months	\$250 total*	<input type="checkbox"/> 4 <input type="checkbox"/> Other _____	
<b>Other Devices</b>				
<input type="checkbox"/> Length Measuring Device	24 months	\$60		
<input type="checkbox"/> Timing Device	24 months	\$30		

Total Fee Due 130

## 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.

X D.C. Payer  
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)

Ashley M. Payer  
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](http://www.milwaukee.gov/licenses).



11/01/22

will be howard Ave

83297

2500 EFX

clement Ave

$$S \hookrightarrow N$$

8 parking

