

CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Wednesday, February 01, 2023

COMMITTEE MEETING NOTICE

AD 01

GREWAL, Pritpal S, Agent TEUTONIA METRO LLC P.O. BOX 461 Butler, WI 53007

You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall or you may attend virtually using the link below.

Tuesday, February 14, 2023 at 09:15 AM

The access code is https://meet.goto.com/260379253. If you wish to call in: +1 (872) 240-3311 and use Access Code: 260-379-253. Please see the enclosed best practices document for further instructions.

Regarding:

Your Extended Hours Establishments, Filling Station, Food Dealer and Weights & Measures License Applications as agent for "TEUTONIA METRO LLC" for "TEUTONIA TRO" at 4811 N Teutonia Av.

There is a possibility that your application may be denied for one or more of the following reasons: The recommendation of the committee regarding the application shall be based on evidence presented at the hearing. Per MCO 85-2.7-4, probative evidence concerning whether or not a new license should be granted may be presented on the following subjects: whether or not the applicant meets the municipal requirements, the appropriateness of the location and premises where the licensed premises is to be located and whether use of the premises for the purposes or activities permitted by the license would tend to facilitate a public or private nuisance or create undesirable neighborhood problems such as disorderly patrons, unreasonably loud noise, litter, and excessive traffic and parking congestion. Probative evidence relating to these matters may be taken from the plan of operation submitted with the license application, if any, but shall not include the content of any music. Evidence regarding the fitness of the location of the premises to be maintained as the principal place of business, including but not limited to whether there is an overconcentration of businesses of the type for which the license is sought; whether the proposal is consistent with any pertinent neighborhood business or development plans, or the location's proximity to areas where children are typically present. The applicant's record in operating similarly licensed premises; and whether or not the applicant has been charged with or convicted of any felony, misdemeanor, municipal offense or other offense, the circumstances of which substantially relate to the activity to be permitted by the license being applied for or any other factor which reasonably relates to the public health, safety or welfare may also be considered. See attached police report or correspondence.

Notice for applicants with warrants or unpaid fines:

Proof of warrant satisfaction or payment of fines must be submitted at the hearing on the above date and time. Failure to comply with this requirement may result in a delay of the granting/denial of your application.

Failure to appear at this meeting may result in the denial of your license. Individual applicants must appear only in person or by an attorney. Corporate or Limited Liability applicants must appear only by the agent designated on the application or by an attorney. Partnership applicants must appear by a partner listed on the application or by an attorney. If you wish to do so and at your own expense, you may be accompanied by an attorney of your choosing to represent you at this hearing.

You will be given an opportunity to speak on behalf of the application and to respond and challenge any charges or reasons given for the denial. No petitions can be accepted by the committee, unless the people who signed the petition are present at the committee hearing and willing to testify. You may present witnesses under oath and you may also confront and cross-examine opposing witnesses under oath. If you have difficulty with the English language, you should bring an interpreter with you, at your expense, so that you can answer questions and participate in your hearing.

You may examine the application file at this office during regular business hours prior to the hearing date. Inquiries regarding this matter may be directed to the person whose signature appears below.

Limited parking for persons attending meetings 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.



CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Wednesday, February 01, 2023

COMMITTEE MEETING NOTICE

AD 01

GREWAL, Pritpal S, Agent TEUTONIA METRO LLC W174 N10148 TANGLEWOOD DR Germantown, WI 53022

You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall or you may attend virtually using the link below.

Tuesday, February 14, 2023 at 09:15 AM

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Regarding:

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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.



Wednesday, February 01, 2023



Notice of Public Hearing

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GREWAL, Pritpal S, Agent
TEUTONIA METRO at 4811 N Teutonia Av
Extended Hours Establishments, Filling Station, Food Dealer and Weights & Measures License
Applications

Tuesday, February 14, 2023 at 9:15 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 2/14/2023 at 9:15 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.

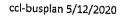
Please Note: If you have submitted an objection to the above application your objection cannot be considered by the committee unless you personally testify at the hearing.

OCCUPANT	MAIL ADDRESS	CITY STATE ZIP
CURRENT OCCUPANT	2609 W LINWAL LN	MILWAUKEE, WI 53209-5505
CURRENT OCCUPANT	2615 W LINWAL LN	MILWAUKEE, WI 53209-5505
CURRENT OCCUPANT	2618 W LINWAL LN	MILWAUKEE, WI 53209-5505
CURRENT OCCUPANT	2619 W LINWAL LN	MILWAUKEE, WI 53209-5505
CURRENT OCCUPANT	2622 W LINWAL LN	MILWAUKEE, WI 53209-5505
CURRENT OCCUPANT	2623 W LINWAL LN	MILWAUKEE, WI 53209-5505
CURRENT OCCUPANT	2626 W LINWAL LN	MILWAUKEE, WI 53209-5505
CURRENT OCCUPANT	2627 W LINWAL LN	MILWAUKEE, WI 53209-5505
CURRENT OCCUPANT	4782 N 29TH ST	MILWAUKEE, WI 53209-6010
CURRENT OCCUPANT	4825 N 26TH ST	MILWAUKEE, WI 53209-5501
CURRENT OCCUPANT	4875 N 27TH ST	MILWAUKEE, WI 53209-5510
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Total Records: 11

Radius 350.0 feet and Center of Circle: 4811 N Teutonia Av





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

	Vale of Business	727
Apply	ying for: NExtended Hours (12AM to 5AM) - If a food establishment, check all that apply: Delivery Drive Thru Dining Room	注:
	Self Service Laundry Massage Establishment X Filling Station	
	Other (supplemental application for specific license also required)	
Provid	ide a detailed description of the type of business you plan on operating:	
	Gas = fation & CONVIENTEE Store	
Do yo	ou have any experience operating this type of business? No lifes If yes, explain: Same Cu	
	Pisiness Operations	IMP
a.	Proposed Opening Date: JAN-15 - 2023	<u>26839-67</u>
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? \(\sum \text{No Description of license: \(\text{Extended , Kood , Cit , weight)} \)	1/2
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 XYes	
	If yes, list address(es): 4427 N GREENBAY AWZ	
h.	Are other businesses operating in the same building? 🔯 No 🗔 Yes If yes, describe:	
	e 2 Valse	
a.	How are grounds kept clean? X Sweep X Pressure Wash X Pick Up Litter Other:	
b.	How often will grounds be cleaned? WDaily 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: comera in falled	
e.	Will a sound amplification system be used? 闪 No 🗌 Yes If yes, describe:	
u ma	Carge & Santtation	
a.	Are there designated outdoor smoking areas? No Tyes If yes, describe:	220.524
b.	Number of Garbage Cans: Inside: 4 Locations: 1 Cosh & Laren, 2 Reskun, 1 on main	floor
	Outside: 6 Locations: 5 Between Pumps, Room of	1
c.	Are there designated outdoor smoking areas? No Yes If yes, describe: Number of Garbage Cans: Inside: H Locations: ICNNEL area, 2 Resiling I on main Outside: Locations: 5 Between Pumps Country of 1 Is a crowd control barrier used? No Yes If yes, describe:	~ "
d.	How many restrooms are on the premises? 2	
e.	Name of solid waste contractor: Advanced Disposal Waste Management Other:	
		1

		(2) (在2) (2) (2) (2) (4) (2) (2)							
a. Are there onsite parking plan:	he are IV	rstall,	ed						
b. Is there a loading zone? No Yes If yes, describe the loading area security plan:									
c. Will you have security pe	ersonnel on premise?	ʹNo □Ye	s If yes, how many?	a	nd answer the following:				
ls security equipm	ent used? No	Yes If yes, d	escribe						
List their licensing	, certification, or trainir	ng credentials	5						
d. Will there be security car	meras? 🔲 No 💹 Yes	If yes, how	many? 1 	st locations:	8. h Side 8 outside				
e. Will searches/identificati	on checks be done upo	n entry? 📉	No Yes If yes, desc	cribe					
	(must total 100	%)							
Alcohol%	Food 3	<u>.O</u> %	Secondhand Merchand	dise	Precious Metals & Gems				
Entertainment%	Cigarettes/.	<u>5</u> %	%		%				
Pawnbroker Activity			Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) %		Other 55 % Describe Asolm & Coffe				
	on the Premise	s (check :							
Type 1					. 在自然對於公司的企業者的首都·經費與基礎				
Full Service Restaurant	Cafe/Coffee Shop	Deli or F	ast Food Restaurant	Private	/Fraternal/Veterans Club				
☐ Night Club	☐ Tavern	Cocktail	Lounge	Teen C	lub				
Banquet Hall	Sports Facility	Bowling	Alley						
☐ Hotel/Motel: Number of Flo		Rooming	g House: Number of Fl	oors:					
	oms:		Number of Ro	ooms:					
Type 2	Corner Store	Superma	ırket	Conveni	ience Store				
Gas Station	Amusement/Phonog	raph Distribut	ог	Recyclin	ng, Salvage or Towing				
Used Car Dealer									
What other licenses/permits will	you hold at this location? ((check all that	apply)						
Occupancy Permit 100				"B" Tavern 🗽	Weights & Measures				
	Precious Metal & Gem		_						
	//i e Type 1 prer	nises in #	7 above)						
Capacity (Call the	: Milwaukee Development	t Center at 414	-286-8211 if you have વૃદ	uestions.)					

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		agoli on								
· a.										
•	M1 st Floor □2 nd Floor □Basement Storage □Patio □Beer Garden □Sidewalk Café □Deck □Rooftop □Other: Describe: Corrections of the property of the p									
b.			Secondary Street 🗌 Oti	er: TPU+m	alen kara	•				
c,	Nearest Major Cro	ss Street:	mpton me		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
d.	Describe Building:	Free Standing Building	Strip Mall Other:							
e.	Describe Premises	Structure: Single Ston	✓ ☐ Multi-Story - # of Stor	ies 🔲 Other	*					
f.	Describe Surround	ing Area: Commercial	Residential Industri	al 🗌 Other:						
g.	Building Owner Na	ime: Dallif	- Charleson p	hone Number:	714-3	15-252				
	Building Owner Ac	Idress: UXII	N Tev-for	ia Arg						
		ereision R Guston	iers							
Will cu	ustomers be enterin	g the premises? No D	Yes		Selection of Machine					
		Proposed Hours	of Operation:	Estimated Number	Potential	Class B Tavern				
		SenTime	Close Time	of Customers	Age Range Of	Applicant Only Age Restriction				
表 於 選		《大学》	(include a.m. or p.m.)	expected each day	Customers	([f sone swite None)				
e Fundação		12 A M	11:59 Ru	300	all ages					
		12AM	11:59 PM	1)	ч					
		12 AM	11:59 Pm	11	11					
		12 -AM	16:59 Pm	77	8/					
	154	12 Acm	11:59 Pm	4	10					
		12 Am	11:59 PM	1/	V					
		12Au	11:59 Pm	11	N	The state of the s				
An Ext	ended Hours Establ	ishment License is required	d for any convenience store, o or restaurant which is ope	filling station, personal	service establish	ment (such as tattoo, body				
Alcoho	i Establishments tted Hours of Opera	Class A: 8:00 aı	m to 9:00 pm Sunday thru Sa	aturday						
	ainment Outdoor Cl		m to 2:00 am Sunday thru Ti om Sunday-Thursday: 12:00a							
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.										
Signati	Signature of Sole Proprietor, Partner, or 20% or more Shareholder Signature of additional partner or 20% or more shareholder									
(if	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)									
See Application Information for a complete list of all required application forms										

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FOOD DEALER LICENSE PLAN OF OPERATION

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

Legal Entity Name: Teutonia Metro LLC]
Premises Address: 4811 N Teutonia ANE MILANEE WIJ 32	-G
SECTION 1: TYPE OF BUSINESS	07
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.	
SETTIONIZ FOOD PROCESSING	
Will any food processing be done? No Yes	
Processing is defined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, extracting, fermenting, distilling, pickling, freezing, drying, smoking, or packaging.	
SECTION 3 FOOD REQUIRING TEMPERATURE CONTROL	
Will any food that requires temperature control be sold? No V Yes (includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)	
If yes, list the types of food items: Wilk, Chesse, Egg, Frozen Food.	exp.

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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?
Will you be doing any delivery? Yes
Will you have outdoor activities?
Will you have a drive thru window?
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?
ETT
to example, a note: with several diffing fooms of 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
Voc. 16 Voc. alexandra (14)
Construction changes to existing building Equipment changes only
Provide a brief description of the changes:
Start date:
Name, Address & Phone Number of Architect:
Name, Address & Phone Number of Contractor:
SECTION 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
SETTION 8 ACKNOWLEDGEMENTS & SIGNATURE
You must initial each item confirming your understanding:
I understand the Health Department must conduct an inspection and advise the License Division of their approval before the license may be issued.
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.
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. 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.

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: Signature of Additional Partner:



FILLING STATION LICENSE AND WEIGHTS & MEASURES (RETAIL PETROLEUM METERS) 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

Legal Entity Name:	TELL	TONIA	MET	RD LI	<u>'</u> _	
Premise Address:	4811	TONIA N. Teu	to Nia	AVE	MILWAUKEE	WT 53209
Filling Station License				\$	275	
Weights & Measures Number of Retail Pet	License Fee roleum Meter	s* 21	k \$60 per met	er = \$ <u>12</u>	-60	
*For each nozzle, cou and that is your num	unt the numbe ber of retail p	er of grades (not etroleum meters	including mic	lgrade if mixe	d in the pump), add the num	ber of all grades together
Will electronic scann Will scales be used to If yes to either or bot	o price items b	ased on their we	eight?		No	for these devices.
	nts and Sign	ature			HOWARD TO COMPANY	
to the City Clerk Lice	nse Division w	ithin 10 days. Ti	have knowled	lge of the City	the information in this appli of Milwaukee ordinances cu nsion, non-renewal, or revoc	rrently regulating the
			Signature o	of Sole Proprie	etor, Partner, or 20% or more	Shareholder
			(If no 20%	or more Share	cholder, Corporate Officer m	ust sign and provide title)
			Signature o	of Additional F	Partner or 20% or more Share	eholder
Submit this form wit Business License Business Plan of Floor plan License fees Forms can be obtain	Application Operation		-			
Office Use Only:		Cilod		ttar_r	_	
App#		MADD		Initial CC	S	
LIF		DNS				
				- 		



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:	Teutoni	2 Me	etno			· · · · · · · · · · · · · · · · · · ·	
Premise Address:	4811 N	TPU+0	Nia Are	m.	TUANGES	at .	572091
The of Business							
Provide a brief description of			sfore.		193.00		
Other licenses may be requir	ed depending on the	type of busines	ss you are operati	1g.			
	CAY, F				Harris		
Mid Service							
 a. How are grounds kept b. How often will ground c. Grounds cleaned by: d. How are noise issues posted 	Is be cleaned? Do	aily	/ As Needed Employees Nir	Monthly	Other:	r:	
				- C-10			
Signature of Sole Proprietor, Pa (If there are no 20% or mor Corporate Officer-print nar	e shareholders,	S Shareholder	Signature o	f additiona	l partner or 20% o	or more shar	eholder
This form must be subr Application, and appropri						License	Supplemental



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 L	Jse Only:
App#	max
Filed	
Initials	
Paid	
Lic#	

Legal Entity Name:	Tev-	tonl'a	Metro	Llc		
Premise Address:	48 11	Λ.	Tevtaina	Ave	Williams	41 53 209
		显示技术目录 成功证明		er presidente de la Maria	- Valuartete	- W 30 1

- 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)
K	Retail Petroleum Meters	12 months	\$60	2-1	1260
	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		· · · · · · · · · · · · · · · · · · ·
	Measuring any weight amount	24 months	\$55		especial company and control of the physical parameter and the control of the con
					$M_{a}=\mu$
	Up to 3 scanners	24 months	\$130 total*	□1 □2 □3	
	Four or more scanners	24 months	\$250 total*	□4 □Other	
	Length Measuring Device	24 months	\$60		
	Timing Device	24 months	\$30		
				Total Fee Due	1260-0

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.

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