



CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Friday, April 14, 2023

COMMITTEE MEETING NOTICE

AD 08

BOOHER, Anthony T, Agent
MKE Junk Junkies, LLC
2640 W Greves St
Milwaukee, WI 53233

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, April 25, 2023 at 01:30 PM

The access code is <https://meet.goto.com/623644525>. If you wish to call in: +1 (408) 650-3123 and use Access Code: 623-644-525. Please see the enclosed best practices document for further instructions.

Regarding: Your Secondhand Motor Vehicle Dealer's License Application as agent for "MKE Junk Junkies, LLC" for "MKE Junk Junkies LLC" at 2640 W Greves St.



There is a possibility that your application may be denied for one or more of the following reasons: Neighborhood Objections to the granting of such a license due to the creation of undesirable neighborhood problems, such as: parking and traffic problems which cause the normal flow of traffic on roadways and alleys to be impeded, loitering, littering, noise, loud music, and conduct which will have an adverse impact on the public health, safety and welfare of the community. Additionally, the over concentration of secondhand motor vehicle dealers in the neighborhood such that the concentration will have an adverse impact on the public health, safety and welfare of the neighborhood. you do not meet the statutory and municipal requirements; the appropriateness of the location to be licensed and whether the location will create undesirable neighborhood problems, whether or not you have been charged with or convicted of any felony, misdemeanor, municipal offense or other offense, the circumstances of which substantially relate to the licensed activity; and any other factors which reasonably relate to the public health, safety and welfare. See attached police report and/or written correspondence regarding this application. Please be advised the public will be able to provide information to the committee in person or in writing. The committee will receive and consider evidence regarding the above mentioned criteria.

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.



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OFFICE OF THE CITY CLERK

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COMMITTEE MEETING NOTICE

AD 08

BOOHER, Anthony T, Agent
MKE Junk Junkies, LLC
N112 W20115 MEQUON RD
Germantown, WI 53022

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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.

MILWAUKEE POLICE DEPARTMENT LICENSING

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

DATE: 01/24/23
LICENSE TYPE: RST
NEW:
RENEWAL:

No. 347312
Application Date:

License Location: 2640 W. Greves Street
Business Name: MKE Junk Junkies

Licensee/Applicant: BOOHER, Anthony T
(Last Name, First Name, MI)
Date of Birth: 10/25/1989

Home Address: N112W20115 Mequon Rd
City: Germantown State: WI Zip Code: 53022
Home Phone:

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

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

1. On 06/28/13 the applicant was charged in Milwaukee County with Knowingly Violate a Domestic Abuse Order-Domestic Abuse (Misdemeanor).

Charge: Knowingly Violate a Domestic Abuse Order-Domestic Violence.
Finding: Guilty
Sentence: 18 months' probation
Date: 01/14/14
Case: 2013CM002927

2. On 06/28/13 the applicant was charged in Milwaukee County with Knowingly Violate a Domestic Abuse Order-Domestic Abuse (Misdemeanor).

Charge: Knowingly Violate a Domestic Abuse Order-Domestic Violence
Finding: Dismissed but Read into Sentencing for Case # 2013CM002927
Sentence: 18 months' probation
Date: 11/29/13
Case: 2013CM003299

3. On 08/31/16 the applicant was cited in the City of Milwaukee (unknown location) for Recycle/Salvage/Tow-License Required.

Charge: Recycle/Salvage/Tow-License Required
Finding: Guilty
Sentence: 2,540.00 fine
Date: 05/19/17
Case: 16055508

4. On 01/23/19 the applicant was charged in Milwaukee County with 1st Degree Reckless Endangering Safety-Use of a Dangerous Weapon (Felony).

Charge: Disorderly Conduct-Use of a Dangerous Weapon
Finding: Guilty
Sentence: 15 days- House of Corrections
Date: 07/02/19
Case: 2019CF000338

5. On 09/20/2019 the applicant was cited in the City of Milwaukee at 212 S 3rd St. for Assault and Battery.

Charge: Assault and Battery
Finding: Guilty
Sentence: Fined \$376.00
Date: 12/19/2019
Case: 19049067



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)

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

USED AUTO SALES.

Do you have any experience operating this type of business? No Yes If yes, explain: PREVIOUSLY LICENSED

2. Business Operations

- a. Proposed Opening Date: 02/2023
- 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: TYPE #1 SALVAGE
- 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: INDUSTRIAL NEIGHBORHOOD.
- 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: FRONT ENTERANCE
- b. Number of Garbage Cans: Inside: 6-10 Locations: KITCHEN, OFFICE, BATHROOM, SHOP
Outside: 3 Locations: FRONT OF PREMISES (GATED)
- c. Is a crowd control barrier used? No Yes If yes, describe: LOCKED/GATED
- d. How many restrooms are on the premises? 1
- e. Name of solid waste contractor: Advanced Disposal Waste Management Other: EAGLE DISPOSAL

5. Security

- a. Are there onsite parking spaces? No Yes. If yes, how many? 25 and describe the parking security plan: 3RD SHIFT SECURITY, PARKING AREA IS LOCKED and GATED.
- 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? 1 and answer the following:
 What are their responsibilities? CALL THE POLICE
 Is security equipment used? No Yes. If yes, describe _____
 List their licensing, certification, or training credentials N/A
- d. Will there be security cameras? No Yes. If yes, how many? 6 and list locations: CORNERS OF BUILDING INSIDE GATED AREA.
- 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>0</u> %	Secondhand Merchandise <u>0</u> %	Precious Metals & Gems <u>0</u> %
Entertainment <u>0</u> %	Cigarettes <u>0</u> %	<u>OL</u> %	
Pawnbroker Activity <u>0</u> %	Salvaged Materials <u>75</u> % (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____ %	Other <u>25</u> % Describe: <u>USED CAR SALES</u>

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

Type 1

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

Type 2

- Liquor Store Corner Store Supermarket Convenience Store
- Gas Station Amusement/Phonograph Distributor Recycling, Salvage or Towing
- Used Car Dealer Personal Service Establishment (such as tattoo business, hair salon, tailor, etc.) 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 N/A (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: WOODEN CORRAL FOR AUTO SALES (OUTDOOR GATED AREA)

b. Describe Location: Major Thoroughfare Secondary Street Other: _____

c. Nearest Major Cross Street: ST. PAUL

d. Describe Building: Free Standing Building Strip Mall Other: _____

e. Describe Premises Structure: Single Story Multi-Story - # of Stories 2 Other: _____

f. Describe Surrounding Area: Commercial Residential Industrial Other: _____

g. Building Owner Name: BRYAN JOST Phone Number: 414-559-5555

Building Owner Address: _____

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	_____				
Monday	9 AM	5 PM	10	20-50	NONE
Tuesday	9 AM	5 PM	10	20-50	NONE
Wednesday	9 AM	5 PM	10	20-50	NONE
Thursday	9 AM	5 PM	10	20-50	NONE
Friday	9 AM	5 PM	10	20-50	NONE
Saturday	9 AM	5 PM	10	20-50	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]
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 MOTOR VEHICLE DEALER LICENSE
SUPPLEMENTAL PLAN OF OPERATION**

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

Legal Entity Name: <u>MKE JUNK JUNKIES LLC.</u>	
Premises Address: <u>2640 W. GREVES ST. MILW, WI 53233</u>	
SECTION 1 LICENSE TYPE	
What type of license are you applying for? (check one) <input checked="" type="checkbox"/> Retail <input type="checkbox"/> Wholesale	
SECTION 2	
Will you also be dealing in secondhand vehicle parts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If wholesale, is the premises address a residential (home) address? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, you must obtain a Home Occupational Statement from the Department of Neighborhood Services (414) 286-3874. No vehicles can be parked and no customers are allowed at the premises. The following questions in Section 2 do not apply to wholesale from a residential address. Go to Section 3.	
Number of parking spaces available to customers/employees _____	
Number of parking spaces that will be used for display/storage of Secondhand Motor Vehicles _____	
Do you understand that all vehicles associated with the business must be stored on the licensed premise? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What are your plans to ensure this requirement is met (check all that apply)? <input checked="" type="checkbox"/> Employee Training	
<input checked="" type="checkbox"/> Supervisor Monitoring <input checked="" type="checkbox"/> Fenced Lot <input checked="" type="checkbox"/> Keys Kept in Locked Box <input type="checkbox"/> Other: _____	
Do you understand all maintenance/repair work to these vehicles must be confined to the licensed premise? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
What are your plans to ensure this requirement is met (check all that apply)? <input checked="" type="checkbox"/> Employee Training	
<input checked="" type="checkbox"/> Supervisor Monitoring <input checked="" type="checkbox"/> Designated Repair Area <input type="checkbox"/> Other: _____	
Do you understand all keys to used motor vehicles offered for sale must be kept in a secure lockbox inside the dealership building at all times when the dealership is not open for business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
What are your plans to ensure this requirement is met (check all that apply)? <input checked="" type="checkbox"/> Employee Training	
<input checked="" type="checkbox"/> Supervisor Monitoring <input type="checkbox"/> Other: _____	
SECTION 3 DISCLOSURE	
Has any person on the application ever had a license relating to the activities licensed in Milwaukee Code of Ordinances Chapter 92 denied, not renewed, suspended, or revoked? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
If yes, provide the circumstances and jurisdiction in which the event occurred (including a record of any actions from the State Department of Transportation and Financial Institutions relating to suspensions, revocations, forfeitures and warnings imposed by these departments relating to the operation of any automotive sales business by the applicant):	
<u>July 2021 LICENSE WAS NOT RENEWED.</u>	
SECTION 4 SIGNATURES	
<u>Ant B</u> Sole Proprietor, Partner, or 20% or more Shareholder (If there are no 20% or more shareholders, Corporate Officer-print name/title and sign)	_____ Additional partner or 20% or more shareholder