

## CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Monday, February 19, 2024

#### COMMITTEE MEETING NOTICE

AD 12

DARAR, Darshan S, Agent THREE STAR PETROLEUM INC. 907 W Greenfield Av Milwaukee, WI 53204

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, March 05, 2024 at 09:20 AM

The access code is <a href="https://meet.goto.com/453468061">https://meet.goto.com/453468061</a>. If you wish to call in: <a href="https://meet.goto.com/453468061">https://meet.goto.com/453468061</a>. Please see the enclosed best practices document for further instructions.

Regarding:

Your Filling Station, Food Dealer and Weights & Measures License Applications as agent for "THREE STAR PETROLEUM INC." for "THREE STAR FOODS" at 907 W Infield 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 during normal business hours is available at reduced rates (5 hour limit) at the Milwaukee Center on the southwest corner of Kilbourn Avenue and Water Street. You must present a copy of the meeting notice to the parking cashier.

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

Monday, February 19, 2024

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AD 12

DARAR, Darshan S, Agent THREE STAR PETROLEUM INC. 10710 GEIST RIDGE CT Fishers, IN 46040

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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.





### Notice of Public Hearing

Blank Notice

DARAR, Darshan S, Agent
THREE STAR FOODS at 907 W Greenfield Av
Filling Station, Food Dealer and Weights & Measures License Applications

### Tuesday, March 05, 2024 at 9:20 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 3/5/2024 at 9:20 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	1001 W GREENFIELD AVE	MILWAUKEE, WI 53204-2863
CURRENT OCCUPANT	1001 W GREENFIELD AVE# A	MILWAUKEE, WI 53204-2863
CURRENT OCCUPANT	1311 S 9TH ST	MILWAUKEE, WI 53204-2814
CURRENT OCCUPANT	1316 S 9TH ST	MILWAUKEE, WI 53204-2813
CURRENT OCCUPANT	1316A S 9TH ST	MILWAUKEE, WI 53204-2813
CURRENT OCCUPANT	1322 S 9TH ST	MILWAUKEE, WI 53204-2813
CURRENT OCCUPANT	1322A S 9TH ST	MILWAUKEE, WI 53204-2813
CURRENT OCCUPANT	1323 S 9TH ST	MILWAUKEE, WI 53204-2814
CURRENT OCCUPANT	1326 S 9TH ST	MILWAUKEE, WI 53204-2813
CURRENT OCCUPANT	1327 S 9TH ST	MILWAUKEE, WI 53204-2814
CURRENT OCCUPANT	1328 S 9TH ST	MILWAUKEE, WI 53204-2813
CURRENT OCCUPANT	1334 S 9TH ST	MILWAUKEE, WI 53204-2813
CURRENT OCCUPANT	1334A S 9TH ST	MILWAUKEE, WI 53204-2813
CURRENT OCCUPANT	1336 S 9TH ST	MILWAUKEE, WI 53204-2813
CURRENT OCCUPANT	1338 S 9TH ST	MILWAUKEE, WI 53204-2813
CURRENT OCCUPANT	1404 S 10TH ST	MILWAUKEE, WI 53204-2854
CURRENT OCCUPANT	1413 S 10TH ST	MILWAUKEE, WI 53204-2855
CURRENT OCCUPANT	1414 S 10TH ST	MILWAUKEE, WI 53204-2854
CURRENT OCCUPANT	1415 S 10TH ST	MILWAUKEE, WI 53204-2855
CURRENT OCCUPANT	1416 S 10TH ST	MILWAUKEE, WI 53204-2854
CURRENT OCCUPANT	1418 S 10TH ST	MILWAUKEE, WI 53204-2854
CURRENT OCCUPANT	1419 S 10TH ST	MILWAUKEE, WI 53204-2855
CURRENT OCCUPANT	1420 S 10TH ST	MILWAUKEE, WI 53204-2854
CURRENT OCCUPANT	1421 S 10TH ST	MILWAUKEE, WI 53204-2855
CURRENT OCCUPANT	1421A S 10TH ST	MILWAUKEE, WI 53204-2855
CURRENT OCCUPANT	1422 S 10TH ST	MILWAUKEE, WI 53204-2854
CURRENT OCCUPANT	1422 S 9TH ST	MILWAUKEE, WI 53204-2833
CURRENT OCCUPANT	1423 S 9TH ST	MILWAUKEE, WI 53204-2834
CURRENT OCCUPANT	1424 S 10TH ST	MILWAUKEE, WI 53204-2854
CURRENT OCCUPANT	1425 S 10TH ST	MILWAUKEE, WI 53204-2855
CURRENT OCCUPANT	1426 S 10TH ST	MILWAUKEE, WI 53204-2854
CURRENT OCCUPANT	1426 S 9TH ST	MILWAUKEE, WI 53204-2833
CURRENT OCCUPANT	1427 S 10TH ST	MILWAUKEE, WI 53204-2855
CURRENT OCCUPANT	1427 S 9TH ST	MILWAUKEE, WI 53204-2834
CURRENT OCCUPANT	1427A S 9TH ST	MILWAUKEE, WI 53204-2834
CURRENT OCCUPANT	1428 S 10TH ST	MILWAUKEE, WI 53204-2854
CURRENT OCCUPANT	1428 S 9TH ST	MILWAUKEE, WI 53204-2833
CURRENT OCCUPANT	1428A S 10TH ST	MILWAUKEE, WI 53204-2854
CURRENT OCCUPANT	1428A S 9TH ST	MILWAUKEE, WI 53204-2833
CURRENT OCCUPANT	1429 S 10TH ST	MILWAUKEE, WI 53204-2855
CURRENT OCCUPANT	1430 S 10TH ST	MILWAUKEE, WI 53204-2854
CURRENT OCCUPANT	1431 S 10TH ST	MILWAUKEE, WI 53204-2855
CURRENT OCCUPANT	1431 S 8TH ST	MILWAUKEE, WI 53204-2832
CURRENT OCCUPANT	1431 S 9TH ST	MILWAUKEE, WI 53204-2834
CURRENT OCCUPANT	1431A S 8TH ST	MILWAUKEE, WI 53204-2832
CURRENT OCCUPANT	1434 S 10TH ST	MILWAUKEE, WI 53204-2854

CURRENT OCCUPANT	1434 S 9TH ST	MILWAUKEE, WI 53204-2833
CURRENT OCCUPANT	1434 S 9TH ST# A	MILWAUKEE, WI 53204-2833
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CURRENT OCCUPANT	1434 S 9TH ST# B	MILWAUKEE, WI 53204-2833
CURRENT OCCUPANT	1434A S 10TH ST	MILWAUKEE, WI 53204-2854
CURRENT OCCUPANT	1435 S 9TH ST	MILWAUKEE, WI 53204-2834
CURRENT OCCUPANT	1435A S 9TH ST	MILWAUKEE, WI 53204-2834
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CURRENT OCCUPANT	1436 S 9TH ST	MILWAUKEE, WI 53204-2833
CURRENT OCCUPANT	1436A S 9TH ST	MILWAUKEE, WI 53204-2833
CURRENT OCCUPANT	1438 S 10TH ST	MILWAUKEE, WI 53204-2854
CURRENT OCCUPANT	1440 S 10TH ST	MILWAUKEE, WI 53204-2854
CURRENT OCCUPANT	1440A S 10TH ST	MILWAUKEE, WI 53204-2854
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CURRENT OCCUPANT	1443 S 9TH ST	MILWAUKEE, WI 53204-2834
CURRENT OCCUPANT	1444 S 10TH ST	MILWAUKEE, WI 53204-2854
CURRENT OCCUPANT	1500 S 10TH ST	MILWAUKEE, WI 53204-2856
CURRENT OCCUPANT	1502 S 10TH ST	MILWAUKEE, WI 53204-2856
CURRENT OCCUPANT	1502 S 9TH ST	MILWAUKEE, WI 53204-2835
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CURRENT OCCUPANT	1503 S 9TH ST	MILWAUKEE, WI 53204-2836
CURRENT OCCUPANT	1505 S 9TH ST	MILWAUKEE, WI 53204-2836
CURRENT OCCUPANT	1507 S 9TH ST	MILWAUKEE, WI 53204-2836
CURRENT OCCUPANT	816 W GREENFIELD AVE# 101	MILWAUKEE, WI 53204-2819
CURRENT OCCUPANT	816 W GREENFIELD AVE# 102	MILWAUKEE, WI 53204-2819
CURRENT OCCUPANT	816 W GREENFIELD AVE# 103	MILWAUKEE, WI 53204-2819
CURRENT OCCUPANT	816 W GREENFIELD AVE# 104	MILWAUKEE, WI 53204-2819
CURRENT OCCUPANT	816 W GREENFIELD AVE# 105	MILWAUKEE, WI 53204-2819
CURRENT OCCUPANT	816 W GREENFIELD AVE# 106	MILWAUKEE, WI 53204-2819
CURRENT OCCUPANT	816 W GREENFIELD AVE# 201	MILWAUKEE, WI 53204-2819
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CURRENT OCCUPANT	816 W GREENFIELD AVE# 202	MILWAUKEE, WI 53204-2819
CURRENT OCCUPANT	816 W GREENFIELD AVE# 203	MILWAUKEE, WI 53204-2819
CURRENT OCCUPANT	816 W GREENFIELD AVE# 204	MILWAUKEE, WI 53204-2819
CURRENT OCCUPANT	816 W GREENFIELD AVE# 205	MILWAUKEE, WI 53204-2819
CURRENT OCCUPANT	816 W GREENFIELD AVE# 206	MILWAUKEE, WI 53204-2819
CURRENT OCCUPANT	816 W GREENFIELD AVE# 301	MILWAUKEE, WI 53204-2819
CURRENT OCCUPANT	816 W GREENFIELD AVE# 302	MILWAUKEE, WI 53204-2819
CURRENT OCCUPANT	816 W GREENFIELD AVE# 303	MILWAUKEE, WI 53204-2819
CURRENT OCCUPANT	816 W GREENFIELD AVE# 304	MILWAUKEE, WI 53204-2819
CURRENT OCCUPANT	816 W GREENFIELD AVE# 305	MILWAUKEE, WI 53204-2819
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CURRENT OCCUPANT	816 W GREENFIELD AVE# 306	MILWAUKEE, WI 53204-2819
CURRENT OCCUPANT	828 W ORCHARD ST	MILWAUKEE, WI 53204-2840
CURRENT OCCUPANT	832 W GREENFIELD AVE	MILWAUKEE, WI 53204-2819
CURRENT OCCUPANT	904 W GREENFIELD AVE	MILWAUKEE, WI 53204-2822
CURRENT OCCUPANT	908 W GREENFIELD AVE	MILWAUKEE, WI 53204-2822
		<b>'</b>
CURRENT OCCUPANT	910 W GREENFIELD AVE	MILWAUKEE, WI 53204-2822
CURRENT OCCUPANT	912 W GREENFIELD AVE	MILWAUKEE, WI 53204-2822
<b>CURRENT OCCUPANT</b>	914 W GREENFIELD AVE	MILWAUKEE, WI 53204-2822
CURRENT OCCUPANT	915 W MADISON ST	MILWAUKEE, WI 53204-2321
CURRENT OCCUPANT	916 W GREENFIELD AVE	MILWAUKEE, WI 53204-2822
CURRENT OCCUPANT	917 W MADISON ST	MILWAUKEE, WI 53204-2321

CURRENT OCCUPANT

917A W MADISON ST
918 W GREENFIELD AVE
919 W MADISON ST
920 W GREENFIELD AVE
924 W GREENFIELD AVE
924A W GREENFIELD AVE
925 W GREENFIELD AVE
928 W GREENFIELD AVE
931 W GREENFIELD AVE
931 W GREENFIELD AVE# A
931 W GREENFIELD AVE# B
935A W GREENFIELD AVE

MILWAUKEE, WI 53204-2321
MILWAUKEE, WI 53204-2321
MILWAUKEE, WI 53204-2822
MILWAUKEE, WI 53204-2822
MILWAUKEE, WI 53204-2822
MILWAUKEE, WI 53204-2823

**Blank Notice** 

Total Records: 106

Radius 250.0 feet and Center of the Circle: 907 W Greenfield Av



### APPLICATION AMENDMENT,

Office of the City Clerk License Division 200 E. Wells Street, Room 105, Milwaukee, WI 53202 (414) 286-2238

Date: 01/25/2024

To the License Division of the City of Milwaukee:  Office of the City of Milwaukee:  THREE STAR PETROLEUM IWL	
I, UHKSHAW 5 UHKAK , wish to amend my answer(s) on the application for a	
Filling Station, Food, W+M license at 907 W GREENFIELD AVE MILWAUE (type of license)	<u>:EE</u> : 15320
by adding or amending the following information (complete only those sections being amended):	
1. Answer to Question(s) # should be:	
2. Agent should be (full legal name): Also complete 3, 4, 5	5 & 6
3. Date of birth should be:	
4. Home address should be (include city/state/zip):	
5. Phone number should be (include area code):	
6. Driver's License Number/State ID Number should be:	
7. Corporation/LLC name should be (full legal name):	÷
8. Business name should be:	
9. Premises address should be (include city/state/zip):	
10. Business phone number should be (include area code):	•
11. Mailing address should be (include city/state/zip):	
TI. Walling dates should be (module city) state) zip).	-
12. Email address should be:	
13. Recycling/Salvaging/Towing: Location where vehicle will be parked should be (include city/state/zip):	············
14. Class B Tavern: Age Distinction should be:	
15. Other: OPENING HOURS 5:00 AM TO 11:00 PM Sunday	to Cat.
13. Other. Office Property	10 <u>301</u> 004
(Check with the License Division before submitting "Other" amendments using this form.)	
Signature of Licensee (Individual, Partner, or Agent of Corp/LLC)	
Signature of Licensee (Individual, Partner, or Agent of Corp/LLC)	
Office Use Only: Application #: Date: 1= 26-24 Initials: TR To LC:	
Office Use Only: Application #: Date: Initials: To LC: To LC: To LC: Date: Date: Date: To LC: To LC: Date:	



# REQUEST FOR DUPLICATE LICENSE OR WITHDRAWAL OF APPLICATION AND/OR FEE REFUND

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

TYPE OF REQUEST:	☑ Application Wi	thdrawal	☐ Fee Refu		☐ Duplicate	
Type of License(s):	tended Howa	Estali	shment	App 2	HRS 360	505
Premises Address (if applica		_				W153204-28>
Name of Legal Entity that ar				ip, Corpo	ration, LLC o	r Nonprofit):
THREE STAR	•	OZEJN	INL			
Refund checks are made paya			······································	-		
Agent of Corporation, LLC,	or Nonprofit (if applica					
Darshan Mailing Address:		war				
Mailing Address.	CALETEIN	AVE	Milain	ulef r	W1 5	- 3 7 . W
907 W GRE City MILWAUF	E1V1, [61)	State		Zip Co	de	
MILWAUK	16E	<u> </u>	<u> </u>	5	3204	
If eligible for a refund,     If requesting a duplication.	n retained for application the applicant should related license, the understand license were to be	receive the r igned affirm found in the	efund check by noted that the original future, it will be	al license discarded	has been losi	
	·	Signature of	Individual, Parti	ner, Agen	it, or 20% or r	nore Shareholder
Office Use Only:		•				
Date 1.13.14	Initials	_ Duplicat	e: License #			-
Withdrawal/Refund:	i					
App#(s)		_	pp			
Withdrawal Letter:  Sent						
LC Queued to: MPD			Initials	S:		
Refund Amount \$						
(If multiple apps are being refund	ed, list the refund amount fo	r each license	type)			



### **APPLICATION AMENDMENT**

Office of the City Clerk License Division 200 E. Wells Street, Room 105, Milwaukee, WI 53202 (414) 286-2238

Date: 01 22 24

e License Division of the City of Milwaukee:  ARSUAN S-DARAR THREE STAR PETROLEIOM TN-  (full legal name)  AU HRS Apott 360 505 license at 907 W GREEN FIELD AVE MILAN ANKE  (type of license)  (premises address, If applicable)  WI 53204
Iding or amending the following information (complete only those sections being amended):
Answer to Question(s) # should be:
Agent should be (full legal name): Also complete 3, 4, 5 & 6
Date of birth should be:
Home address should be (include city/state/zip):
Phone number should be (include area code):
Driver's License Number/State ID Number should be:
Corporation/LLC name should be (full legal name):
Business name should be:
Premises address should be (include city/state/zip):
Business phone number should be (include area code):
Mailing address should be (include city/state/zip):
Email address should be:
Recycling/Salvaging/Towing: Location where vehicle will be parked should be (include city/state/zip):
Class B Tavern: Age Distinction should be:
other: Withdraw 24 Hows Application Extended
(Check with the License Division before submitting "Other" amendments using this form.)
Signature of Licensee (Individual, Partner, or Agent of Corp/LLC)

ccl-busplan 5/12/2020



### **BUSINESS LICENSE PLAN OF OPERATION**

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

1. T	ype of Business	
Applyii	ng 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)	
Provid	le a detailed description of the type of business you plan on operating:	
	GAS-STATION / C-STORE	
Do you	u have any experience operating this type of business? \( \subseteq No \subseteq Yes, explain: \( \text{Ne operate over 40 Stores in } \)	
2. B	Business Operations Other States.	
a.	Proposed Opening Date: JAN 23 2024	
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 Thes If yes, list type of license: Tobacco, Occupancy, Weight & Mese	UW
e.	Is the current licensee operating?	
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. Li	itter & Noise	
a.	How are grounds kept clean? Sweep Pressure Wash Pick Up Litter Other: Oean Evey 4 HOURS	۵
b.	How often will grounds be cleaned? Daily Weekly As Needed Monthly Other:	
c.	Grounds cleaned by: Licensee Building Owner LEmployees 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. S	moking & Sanitation	
a.	Are there designated outdoor smoking areas? No New New No.	ld
b.	Number of Garbage Cans: Inside: H Locations: Every Cornel	
	Outside: 6 Locations: 4 By the Pumps, 2 in Front	
c.	Is a crowd control barrier used? X No Yes If yes, describe:	
d.	How many restrooms are on the premises?	
e,	Name of solid waste contractor: Advanced Disposal Waste Management Other:	

5. Security		A				
a. Are there onsite parking	spaces? No Ves	If yes, how	many? ar	nd describe	e the parking security	
plan: BY Secce	rity comer	ZS.				
b. Is there a loading zone?	No Yes If yes, o	lescribe the l	oading area security pla	n:		
c. Will you have security p	ersonnel on premise?	No Ye	s If yes, how many?	aı	nd answer the following:	
	sponsibilities?					
Is security equipr	nent used? 🔀 No 🔲 🛚	Yes If yes, de	escribe			
	g, certification, or trainin					
d. Will there be security ca	meras? 🗌 No 🗓 Yes	If yes, how	many? $16$ and list	locations:	All	
around Pi	umps & Bu	eildig	g and 6	Insi	de	
e. Will searches/identifica	tion checks be done upo	n entry? 🔀	No 🗌 Yes If yes, descri	ibe		
6. Percentage of Sale	s (must total 100	%)				
Alcohol N/A %	Food 4	<u>O_</u> %	Secondhand Merchandis	se	Precious Metals & Gems	
Entertainment <u>NH</u> %	Cigarettes <u>3</u>	<u>2</u> %	%		%	
Pawnbroker Activity%	Salvaged Materials (such as scrap metal)	%	Personal Services (such a body piercing, salon, tail tanning, etc.)	or,	Other 30 % Describe: Gaseline	
7. Businesses/License	es on the Premise	s (check	all that apply):			
Type 1		23)				
Full Service Restaurant	Cafe/Coffee Shop	Deli or F	ast Food Restaurant		e/Fraternal/Veterans Club	
☐ Night Club	Tavern	Cocktail	Lounge	Teen C	Club	
Banquet Hall	Sports Facility	Bowling	Alley			
☐ Hotel/Motel : Number of I Number of I	loors:	Roomin	g House: Number of Floo Number of Roo			
Type 2						
Liquor Store	Corner Store	Superma	arket	Leonvenience Store		
(U-Gas Station	Amusement/Phono	graph Distribu	tor	Recycling, Salvage or Towing		
Used Car Dealer	<del></del>	Personal Service Establishment Recording Studio (such as tattoo business, hair salon, tailor, etc.)			ling Studio	
What other licenses/permits wi						
Occupancy Permit	Cigarette & Tobacco	as Station	Extended Hours Class "	B" Tavern	Weights & Measures	
Secondhand Dealer	Precious Metal & Gem	Other:		·		
8. Legal Capacity (or	lly if a Type 1 pre	mises in ‡	‡7 above)			
Capacity {Call t	he Milwaukee Developmer	nt Center at 41	4-286-8211 if you have que	estions.)		

a. Identify all area(s) of the premises that will be used in operating this business (include areas used only of Floor	□Rooftop		
b. Describe Location: Major Thoroughfare Secondary Street Other:  c. Nearest Major Cross Street:   d. Describe Building: Free Standing Building Strip Mall Other:  e. Describe Premises Structure: Stringle Story Multi-Story - # of Stories Other:  f. Describe Surrounding Area: Commercial Residential Industrial Other:			
c. Nearest Major Cross Street:			
d. Describe Building: La Free Standing Building Strip Mall Other:  e. Describe Premises Structure: Langle Story Multi-Story - # of Stories Other:  f. Describe Surrounding Area: Commercial Residential Industrial Other:			
d. Describe Building: La Free Standing Building Strip Mall Other:  e. Describe Premises Structure: Langle Story Multi-Story - # of Stories Other:  f. Describe Surrounding Area: Commercial Residential Industrial Other:			
f. Describe Surrounding Area:   Commercial   Residential   Industrial   Other:			
f. Describe Surrounding Area: Commercial Residential Industrial Other:			
	~ C -	/S 10	
g. Building Owner Name: SEI TII Phone Number: 513	-800 ~	08 / Z	
Building Owner Address: 907 W GREEN FIELD AV MILWITE	cee n	100000	
10. Hours of Operation & Customers			
Will customers be entering the premises? No Lives			
Proposed Hours of Operation: Estimated Number A	otential ge Range	Class B Tavern Applicant Only:	
Open Time Close Time evpected each day	of ustomers	Age Restriction (If none, write 'None')	
Sunday 12:00 HM 11:59 PM 500 C	3 100		
Monday 1200 AM 11:59 AM 500 0	-100		
Tuesday 12:00 AM 11:59 PM 500 0	-100		
Wednesday 12:00 AM 11:59 PM 600 0	-100		
Thursday 12:00 AM (1:59 PM 600 0	-100		
Friday 12:00 HM 11:59 PM 700 0	-100		
	-[00		
An Extended Hours Establishment License is required for any convenience store, filling station, personal serving, salon, tailor, tanning, etc.), recording studio or restaurant which is open between the hours of 12:0	vice establish 30 a.m. and 5	nment (such as tattoo, body 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			
Entertainment Outdoor Closing Hours: 10:00pm Sunday-Thursday; 12:00am Friday & Saturday; unless is established by the Common Council in its approval of the lic	s a different i ensee's plan	time, either earlier or later, of operation.	
11. Signature(s)			
Signature of Sole Proprietor, Partner, or 20% or more Shareholder (If there are no 20% or more shareholders, Corporate Officer-print name/title and sign)	S S oner or 20% or	Au, more shareholder	

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



# 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: THREE STAR PETROLEUM INC
Premise Address: 907 w @g greenfield the Milmanbee Wi 58204
Filling Station License Fee \$ 275
Weights & Measures License Fee  Number of Retail Petroleum Meters* LIO _x \$60 per meter = \$_2400
*For each nozzle, count the number of grades (not including midgrade if mixed in the pump), add the number of all grades together and that is your number of retail petroleum meters.
Will electronic scanners be used to determine/record the price of items?  Will scales be used to price items based on their weight?  No Yes  No Yes  No Yes  If yes to either or both questions, a separate Weights & Measures License Application must be submitted for these devices.
Acknowledgements and Signature
I confirm that all information is true and correct. I understand any changes to the information in this application must be reported to the City Clerk License Division within 10 days. I have knowledge of the City of Milwaukee ordinances currently regulating the licenses applied for and understand that the licenses may be subject to suspension, non-renewal, or revocation if I violate these regulations.  Signature of Sole Proprietor, Partner, or 20% or more Shareholder (If no 20% or more Shareholder, Corporate Officer must sign and provide title)
Hawinder S Roles Signature of Additional Partner or 20% or more Shareholder
Submit this form with the following:  Business License Application  Business Plan of Operation  Floor plan  License fees  Forms can be obtained online at <a href="https://www.milwaukee.gov/licenses">www.milwaukee.gov/licenses</a>
Office Use Only:
App# Filed Initials
Paid MPD CC
HD DNS Lic#

ccl-wmplan 1/9/18

# MILWAUKEE

#### **WEIGHTS & MEASURES 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 license@milwaukee.gov

Legal Entity Name: THPCC STAR DETROI FOM INC
Premise Address: 907 W Greenfield Ave, Milwaubee W1 53204
Type of Business
Provide a brief description of the establishment/business:
GAS/STATION
Other licenses may be required depending on the type of business you are operating.
Litter & Noise
a. How are grounds kept clean? Usweep Pressure Wash Pick Up Litter Other: 4 TIMES EVERY HOUF
b. How often will grounds be cleaned?
c. Grounds cleaned by: Licensee Building Owner Employees Hired Maintenance Other:
d. How are noise issues prevented and/or addressed? Security Manager approaches customer(s) Call Police
Signs Posted Other:
Signature
Hourade S Dola
Signature of Sple Proprietor, Partner, or 20% or more Shareholder  Signature of additional partner or 20% or more shareholder
(If there are no 20% or more shareholders, Corporate Officer-print name/title and sign)
This form must be submitted with the Business License Application, Weights & Measures License Supplemental
Application, and appropriate fee. Forms can be obtained online at <u>www.milwaukee.gov/licenses</u> .



### 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	THREE	STAR	PETR	OLEU	M :	INC			
Premises Address:	907 W 96	EN FIE	LD A	VE	MIL	WAKKEE	WI	53	204
SECTION 1	TYPE OF BUSINESS								
What will be the n	najority of your food sa	les? (check one)							
	e, but are not limited to eese and meat, French				•				
RETAIL items tea, fruit juice fritters, tortil Will it be A conver of basic	inacks and beverages): include, but are not line, smoothies, candy, distance chips w/ cheese. a convenience store? dience store contains lefted items and in add diproducts.	Yes No	t cups, bake	ry, cookies, ko	ettle corn, and has,	cotton candy, funn as its primary bus	el cakes, iness, the	sale	
Bed & Breakfa Micro Market  All Applicants: Su		food items that v	vill be sold.					a constitution of the cons	
Will any wholesald	e business be done?	No ☐ Yes	If yes, what	percentage o	of food sale	es will be wholesale	?		
	lore AND: Restaurant items (meal NO restaurant items (m	•	-				ıly.		
SECTION 2	FOOD PROCESSING	i					in the second		
Will any food pro	cessing be done?	No Yes						***************************************	
_	ned as assembling, grin nting, distilling, pickling		_		ng, packing	g, bottling, grilling,	canning,		
SECTION 3	FOOD REQUIRING	TEMPERATURE	CONTROL						
(includes dairy pr	t requires temperature oducts such as milk, choes of food items:	eese, and ice crea	m, fish, shell	_		E BUTTE	R	- I I I I I I I I I I I I I I I I I I I	

ccl-foodplan 2/28/19

SECTION 4 DETAILS OF OPERATION	
Will you have seating on site for dining?  V No Yes	
Will you be doing any catering? Yes	
Will you be doing any delivery?   → No   Yes	
Will you have outdoor activities? Yes - Check all that apply: Bar Cooking/Grilling D	ining
Will you have a drive thru window? 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 ba  If multiple sites, attach a Food Dealer Additional Site Addendum (ccl-foodadd) for each additional site.	rs)
SECTION 6 CONSTRUCTION OR CHANGES	1,494
Are you planning any construction, remodeling or equipment changes?  No If No, SKIP to Section 7  Ses If Yes, check all that apply: New construction of a building Renovation or remodeling Construction changes to existing building Provide a brief description of the changes:  Start date:  Name, Address & Phone Number of Architect:  Name, Address & Phone Number of Contractor: THOM #S 513 - 806 - 68 12  90 W green Field Ave Mil buaulus  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 issue	<b>4</b> 5
Yes If YES, if your food license is approved prior to the alcohol license, when do you want the food license issue    Immediately	u.
	<u> </u>
SECTION 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 apprehence the license may be issued.  I understand I must obtain an occupancy permit from the Department of Neighborhood Services and an inspermay be required. Neighborhood Services must advise the License Division of their approval before the license be issued.  I understand the district alderperson will review and either support or object to my application. If he/she object may appeal and be scheduled to appear before the Licenses Committee. The Licenses Committee will then more 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 must 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:	ection e may ects, I eake a ed.
Signature of Additional Partner: Hawinde St Bala	



# 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 U	Jse Only:	<u>310</u> 051
Filed		
Initials		
Paid		
Lic#		

Legal Entity Name:	THREE	STAR	PET	POLEU	M INC			
Premise Address:	907 W	Greens	ield	ave	Milwauboe	, W)	53204	
Device Type(s)		o de la casa de la C			•	<i>"  </i>	,	

- 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)
Liqu	id Measuring Devices				
	Retail Petroleum Meters	12 months	\$60		
V	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		
Scal	es,				
	Measuring any weight amount	24 months	\$55		
Scar	nners		Fee for scanners is by range	Check how many scanners you have	
N	Up to 3 scanners	24 months	\$130 total*	□1 <b>19</b> 2 □3	
	Four or more scanners	24 months	\$250 total*	□4 □Other	
Oth	er Devices				
	Length Measuring Device	24 months	\$60		
	Timing Device	24 months	\$30		77.
				Total Fee Due	120.00

#### Signature

I hereby agree that I will comply with the applicable sections of the Wisconsin State Statutes, Administrative Code and the Milwaukee Code of Ordinances regarding the operation of weighing and measuring devices.

I understand that all devices must be operated within the specifications, tolerances and other technical requirements set forth in the National Institute of Standards and Technology Handbook 44. I understand that the license for which I am applying must be posted on the premises or in my vehicle prior to opening for business or operating the device.

I understand that these device licenses are not transferable (with the exception of scanners). If the device is replaced or needs to be resealed, I must apply for and receive a new license so that an inspection of the device can be performed prior to its use. I acknowledge that as a condition of being issued this license, I must allow the Health Department into the establishment to test the device to validate its specifications/tolerances. If my devices are found out of compliance, I may be charged inspection fees. I have read, understand, and will adhere to all the above acknowledgments.

Signature of Sole Proprietor, Partner, or 20% or more Shareholder (If there are no 20% or more shareholders,

Corporate Officer-print name/title and sign)

Signature of additional partner or 20% or more shareholder

This form must be submitted with the Business License Application, Weights & Measures Plan of Operation, and appropriate fee. Forms can be obtained online at www.milwaukee.gov/licenses.

DOMESTICA Agent: Dawlow S Darca THREE STAR PETROLEUM I THREE STAR FOODS 907WGREENFED MILW#UKEE WI 53204 DATE : JAN 16, 2024 TOTAL SQUAR 11500 333 <del>6</del>00 food 9 0 Sheller Shellaveo COOLER Shelves POND divind. 国家 POWP [38年] 2 L'oct Foundain 2000年 No. 2 ATM! pay go contays 18th Perm 618