

CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Tuesday, March 12, 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 26, 2024 at 09:05 AM

The access code is https://meet.goto.com/913368045. If you wish to call in: +1 (408) 650-3123 and use Access Code: 913-368-045

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" a W Greenfield 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

Tuesday, March 12, 2024

COMMITTEE MEETING NOTICE

AD 12

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

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Regarding:

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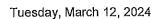
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JIM OWCZARSKI, CITY CLERK

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

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

Tuesday, March 26, 2024 at 9:05 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 3/26/2024 at 9:05 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
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CURRENT OCCUPANT	1422 S 10TH ST	MILWAUKEE, WI 53204-2854
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CURRENT OCCUPANT	1426 S 10TH ST	MILWAUKEE, WI 53204-2854
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CURRENT OCCUPANT	1431 S 9TH ST	MILWAUKEE, WI 53204-2832
CURRENT OCCUPANT	1431A S 8TH ST	MILWAUKEE, WI 53204-2854
CURRENT OCCUPANT	1434 S 10TH ST	WIILVVAUNEE, WI 332U4-2834

CURRENT OCCUPANT	1434 S 9TH ST
CURRENT OCCUPANT	1434 S 9TH ST# A
CURRENT OCCUPANT	1434 S 9TH ST# B
CURRENT OCCUPANT	1434A S 10TH ST
CURRENT OCCUPANT	1435 S 9TH ST
CURRENT OCCUPANT	1435A S 9TH ST
CURRENT OCCUPANT	1436 S 9TH ST
CURRENT OCCUPANT	1436A S 9TH ST
CURRENT OCCUPANT	1438 S 10TH ST
CURRENT OCCUPANT	1440 S 10TH ST
CURRENT OCCUPANT	1440A S 10TH ST
CURRENT OCCUPANT	1443 S 9TH ST
CURRENT OCCUPANT	1444 S 10TH ST
CURRENT OCCUPANT	1500 S 10TH ST
CURRENT OCCUPANT	1502 S 10TH ST
CURRENT OCCUPANT	1502 S 9TH ST
CURRENT OCCUPANT	1503 S 9TH ST
CURRENT OCCUPANT	1505 S 9TH ST
CURRENT OCCUPANT	1507 S 9TH ST
CURRENT OCCUPANT	816 W GREENFIELD AVE#
CURRENT OCCUPANT	816 W GREENFIELD AVE#
CURRENT OCCUPANT	816 W GREENFIELD AVE#
CURRENT OCCUPANT	816 W GREENFIELD AVE#
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CURRENT OCCUPANT	816 W GREENFIELD AVE#
CURRENT OCCUPANT	816 W GREENFIELD AVE#
CURRENT OCCUPANT	816 W GREENFIELD AVE#
CURRENT OCCUPANT	828 W ORCHARD ST
CURRENT OCCUPANT	832 W GREENFIELD AVE
CURRENT OCCUPANT	904 W GREENFIELD AVE
CURRENT OCCUPANT	908 W GREENFIELD AVE
CURRENT OCCUPANT	910 W GREENFIELD AVE
CURRENT OCCUPANT	912 W GREENFIELD AVE
CURRENT OCCUPANT	914 W GREENFIELD AVE
CURRENT OCCUPANT	915 W MADISON ST
CURRENT OCCUPANT	916 W GREENFIELD AVE
CURRENT OCCUPANT	917 W MADISON ST

FIELD AVE# 101 FIELD AVE# 102 FIELD AVE# 103 FIELD AVE# 104 FIELD AVE# 105 FIELD AVE# 106 FIELD AVE# 201 IFIELD AVE# 202 IFIELD AVE# 203 IFIELD AVE# 204 IFIELD AVE# 205 IFIELD AVE# 206 IFIELD AVE# 301 IFIELD AVE# 302 IFIELD AVE# 303 IFIELD AVE# 304 IFIELD AVE# 305 FIELD AVE# 306

MILWAUKEE, WI 53204-2833 MILWAUKEE, WI 53204-2833 MILWAUKEE, WI 53204-2833 MILWAUKEE, WI 53204-2854 MILWAUKEE, WI 53204-2834 MILWAUKEE, WI 53204-2834 MILWAUKEE, WI 53204-2833 MILWAUKEE, WI 53204-2833 MILWAUKEE, WI 53204-2854 MILWAUKEE, WI 53204-2854 MILWAUKEE, WI 53204-2854 MILWAUKEE, WI 53204-2834 MILWAUKEE, WI 53204-2854 MILWAUKEE, WI 53204-2856 MILWAUKEE, WI 53204-2856 MILWAUKEE, WI 53204-2835 MILWAUKEE, WI 53204-2836 MILWAUKEE, WI 53204-2836 MILWAUKEE, WI 53204-2836 MILWAUKEE, WI 53204-2819 MILWAUKEE, WI 53204-2840 MILWAUKEE, WI 53204-2819 MILWAUKEE, WI 53204-2822 MILWAUKEE, WI 53204-2321 MILWAUKEE, WI 53204-2822 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
931 W GREENFIELD AVE
931 W GREENFIELD AVE
931 W GREENFIELD AVE# A
931 W GREENFIELD AVE# B
935A W GREENFIELD AVE
939 W GREENFIELD AVE

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

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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: 02/20/2024

To t	he License Division of the City of Milwaukee: The Control of Contr
1,	he License Division of the City of Milwaukee: \overrightarrow{IHREE} $\overrightarrow{STA/2}$ $\overrightarrow{PETROLEUM}$ \overrightarrow{IWC} $\overrightarrow{DARSHAW}$ $\overrightarrow{SDARA/2}$ \overrightarrow{IHREE} $\overrightarrow{STA/2}$ $\overrightarrow{PETROLEUM}$ \overrightarrow{IWC} , wish to amend my answer(s) on the application for a
2	ROCESSING FOOD license at 907 W CAREENFIELD AVE MILWAUKE
	(type of license) (premises address, if applicable) WI 5 3 2-of dding or amending the following information (complete only those sections being amended):
Буа	duling of afficienting the following information (complete only those sections being afficience).
1,	Answer to Question(s) # should be:
2.	Agent should be (full legal name): Also complete 3, 4, 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):
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: I want food Processing licence Cappilicino Machine,
	(Check with the License Division before submitting "Other" amendments using this form.)
	Signature of Licensee (Individual, Partner, or Agent of Corp/LLC)
Off	ice Use Only: Application #: 960507 Date: 10 days 12 Initials: TR To LC:
	LC Email: MPD NS HD Initials:



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

To th	ne License Division of the City of Milwaukee:
I,	ARSHAN S-DARAR THREE STAR PETROLEIOM TO ARSHAN S-DARAR THREE STAR PETROLEIOM TO A (full legal name)
	(type of license) (The separation of the separa
by a	dding 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 & 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):
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: 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)
Of	fice Use Only: Application #: 360505 Date: 1. 23. 24 Initials: TR To LC:

ccl-busplan 5/12/2020

MILWAUKEE

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? No These If yes, explain: 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? \(\subseteq No \(\subseteq \subseteq \) No \(\subseteq \subseteq \subseteq \) (Is type of license: \(\frac{ToBAcco, Occupancy, Weight \(\subseteq \) Mesers
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? XNO 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? XNo Yes If yes, describe:
3. Li	itter & Noise
a.	How are grounds kept clean? Sweep Pressure Wash Pick Up Litter Other: Clean Guey 4 HOURS
b.	How often will grounds be cleaned? Daily Weekly As Needed Monthly Other:
c.	Grounds cleaned by: Licensee Building Owner L'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 5	moking & Sanitation
a,	Are there designated outdoor smoking areas? No New Yes If yes, describe: NO-SMOKING 10++ from Buil
b.	Number of Garbage Cans: Inside: 4 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:
l .	How many restrooms are on the premises? 2
d.	
e.	Name of solid waste contractor: Advanced Disposal Waste Management Other:

a. Are there onsite parking spaces? No less if yes, how many? and describe the parking security plan: Description Comence	5. Security	· . ·						
b. Is there a loading zone? No ves If yes, describe the loading area security plant: c. Will you have security personnel on premise? No ves If yes, how many? and answer the following: What are their responsibilities? Is security equipment used? No ves If yes, describe List their licensing, certification, or training credentials d. Will there be security cameras? No ves If yes, how many? and and list locations: List their licensing, certification, or training credentials d. Will searches/Identification checks be done upon entry? No ves If yes, describe e. Will searches/Identification checks be done upon entry? No ves If yes, describe 6. Percentage of Sales (must total 100%) Alcohol Note: No	a. Are there onsite parking	spaces? No Thes	If ves. how	many? 1'2_ ar	ıd describe	the parking security		
b. Is there a loading zone?								
What are their responsibilities? Is security equipment used? No	•	. •						
Is security equipment used? No	c. Will you have security p	c. Will you have security personnel on premise? No Yes If yes, how many? and answer the following:						
List their licensing, certification, or training credentials d. Will there be security cameras? No Personal Service Station A Buildies And Bist locations: All Annusement/Phonograph Distributor e. Will searches/identification checks be done upon entry? No Yes If yes, describe 6. Percentage of Sales (must total 100%) Alcohol No Personal Services (such as tattoo, body piercing, salon, tailor, taming, etc.) Pawnbroker Activity (such as scrap metal) 7. Businesses/Licenses on the Premises (check all that apply): Type 1 Gafe/Coffee Shop Deli or Fast Food Restaurant Private/Fraternal/Veterans Club Deli or Fast Food Restaurant Deli or F	What are their re	sponsibilities?						
d. Will there be security cameras?	Is security equipn	nent used? XNo 🔲 🛚	Yes If yes, de	escribe				
e. Will searches/identification checks be done upon entry? No Yes If yes, describe 6. Percentage of Sales (must total 100%) Alcohol No	List their licensing	g, certification, or trainin	ng credentials					
e. Will searches/identification checks be done upon entry? No Yes If yes, describe 6. Percentage of Sales (must total 100%) Alcohol	d. Will there be security ca	meras? 🗌 No 🗓 Yes	If yes, how	many? <u>16</u> and list	locations:	All		
e. Will searches/identification checks be done upon entry? No Yes If yes, describe 6. Percentage of Sales (must total 100%) Alcohol	around Pu	unhs Q Bu	eildig	e and 6	Insie	de		
Alcohol Alcoholol Alcoholololololololololololololololololol			•	No 🗌 Yes If yes, descri	be			
Secondhand Merchandise	A RESIDENCE OF THE STREET, AND ADDRESS OF THE ST		3 3 4 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4					
Pawnbroker Activity	Alcohol NA%	Food 4	O_%		е			
Pawnbroker Activity	Entertainment <u>MM</u> %	Cigarettes <u>3</u>	<u>フ</u> %	%		<u></u> %		
Full Service Restaurant	Pawnbroker Activity / such as seran metall body piercing, salon, tailor,							
Full Service Restaurant	7. Businesses/License	s on the Premise	s (check a	all that apply):				
Banquet Hall Sports Facility Bowling Alley Hotel/Motel: Number of Floors: Rooming House: Number of Floors: Number of Rooms: Number of	Type 1 Full Service Restaurant	Cafe/Coffee Shop	Deli or F	ast Food Restaurant	☐ Private	/Fraternal/Veterans Club		
Hotel/Motel: Number of Floors: Rooming House: Number of Floors: Number of Rooms: Number of Floors: Number of	Night Club	☐ Tavern	Cocktail	Lounge Teen C		llub		
Number of Rooms:	Banquet Hall	Sports Facility	Bowling	Alley				
Type 2 Liquor Store			Roomin		,			
Liquor Store Corner Store Supermarket Convenience Store Liquor Store Corner Store Supermarket Convenience Store Liquor Store Convenience Store Supermarket Convenience Store Liquor Store Convenience Store Liquor Store Convenience Store Liquor Store Convenience Store Liquor Store Convenience Store Recycling, Salvage or Towing Recording Studio (such as tattoo business, hair salon, tailor, etc.) What other licenses/permits will you hold at this location? (check all that apply) Coccupancy Permit Cigarette & Tobacco Convenience Store Recycling, Salvage or Towing Recording Studio (such as tattoo business, hair salon, tailor, etc.) Liquor Store Convenience Store Recycling, Salvage or Towing Recording Studio (such as tattoo business, hair salon, tailor, etc.) Liquor Store Recycling, Salvage or Towing Recording Studio (such as tattoo business, hair salon, tailor, etc.) Liquor Store Recycling, Salvage or Towing Recycling Studio (such as tattoo business, hair salon, tailor, etc.) Liquor Store Recycling Studio (such as tattoo business, hair salon, tailor, etc.) Liquor Store Recycling Studio (such as tattoo business, hair salon, tailor, etc.) Liquor Store Recycling Studio (such as tattoo business, hair salon, tailor, etc.) Liquor Store Recycling Studio (such as tattoo business, hair salon, tailor, etc.) Liquor Store Recycling Studio (such as tattoo business, hair salon, tailor, etc.) Liquor Store Recycling Studio (such as tattoo business, hair salon, tailor, etc.) Liquor Store Liquor Store Liquor Store Recycling Studio (such as tattoo business, hair salon, tailor, etc.) Liquor Store Liquor Store Liquor Store Liquor Store Recycling Studio (such as tattoo business, hair salon, tailor, etc.) Liquor Store L		(00)(15:		Number of Roc	1112.			
Used Car Dealer Personal Service Establishment Recording Studio (such as tattoo business, hair salon, tailor, etc.) What other licenses/permits will you hold at this location? (check all that apply) Coccupancy Permit Cigarette & Tobacco Cigas Station Ciextended Hours Class "B" Tavern Weights & Measures Secondhand Dealer Precious Metal & Gem Other: 8. Legal Capacity (only if a Type 1 premises in #7 above)	<u> </u>	Corner Store	Superma	arket	Deonven	ilence Store		
(such as tattoo business, hair salon, tailor, etc.) What other licenses/permits will you hold at this location? (check all that apply) Occupancy Permit	U Gas Station	Amusement/Phono	graph Distribu	tor	Recycli	ng, Salvage or Towing		
□ Cccupancy 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)	Used Car Dealer Personal Service Establishment Recording Studio							
Secondhand Dealer Precious Metal & Gem Other: 8. Legal Capacity (only if a Type 1 premises in #7 above)	What other licenses/permits wil	I you hold at this location?	(check all that	apply)		<i></i>		
8. Legal Capacity (only if a Type 1 premises in #7 above)	Occupancy Permit	Cigarette & Tobacco	as Station	Extended Hours	B" Tavern [Weights & Measures		
8. Legal Capacity (only if a Type 1 premises in #7 above)	Secondhand Dealer	Precious Metal & Gem	Other:					
			 	‡7 above)				
Capacity (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)					estions.)			

9. Premises De	escription						
a. Identify all area(☑1 st Floor □2	(s) of the premises that will be not a second with the notation of the premises that will be not be not a second with the notation of the not	e used in operating this bus ge □Patio □Beer Garder	iness (include areas used n □Sidewalk Café □D	only for storage) eck □Rooftop	:		
☐Other: Descri	be:				İ		
b. Describe Location	on: Major Thoroughfare	Secondary Street Ot	her:				
c. Nearest Major (Cross Street: <u>Qth</u> a	<u>ma greenkie</u>	del ave				
d. Describe Buildin	ng: Lifree Standing Buildin	g Strip Mall Other:			· · · · · · · · · · · · · · · · · · ·		
	ses Structure: Single Stor			h	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
f. Describe Surrou	ınding Area: Commercia	Residential Industr	ial Other:	2~8060	6813		
g. Building Owner	Name: <u>SEL 7</u> Address: <u>907</u> W	C D C CO Fich	Phone Number:	AVEC W	115'2000		
Building Owner	Address: TO W	UKEEN FIEL	ט אין דיין דיי	11 K-C			
10. Hours of O	peration & Custor	ners					
Will customers be ente	ering the premises? No	i Yes					
Day of the Week	Proposed Hour	s of Operation:	Estimated Number of Customers	Potential Age Range	Class B Tavern Applicant Only:		
Day of the week	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)	expected each day Custome		Age Restriction (If none, write 'None')		
Sunday	12:00 AM	11:59 PM	500	0-100			
Monday	1200 AM	11:57 PM	500	0-100			
Tuesday	12:00 AM	11:59 PM	500	0-100			
Wednesday	12:00 AM	11:59 PM	500	0-100			
Thursday	12:00 AM	11:59 PM	600	0-100			
Friday	12:00 AM	11:59 PM	700	0-100			
Saturday	12:00 AM	11:59 PM	500	0-100			
An Extended Hours Es	tablishment License is requir tanning, etc.), recording stu	red for any convenience stor dio or restaurant which is op	re, filling station, persona en between the hours of	l service establish f 12:00 a.m. and 5	ament (such as tattoo, body i:00 a.m.		
Alcohol Establishmen Permitted Hours of O	ts Class A: 8:00	am to 9:00 pm Sunday thru am to 2:00 am Sunday thru	Saturday				
Entertainment Outdo	or Closing Hours: 10:0	Opm Sunday-Thursday; 12:0 tablished by the Common C	Oam Friday & Saturday; u	inless a different he licensee's plan	time, either earlier or later, of operation.		
11. Signature	randa da d	Entransie of the second					
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) Howard Signature of additional partner or 20% or 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: THP	& STAR P	ET ROLEUM		
Premise Address: 907	w ag green	held Ave	Milwa	ubeo Ni 58204
Filling Station License Fee		\$	275	
Weights & Measures License Number of Retail Petroleum	: Fee Meters* り×	\$60 per meter = \$_	2400	
*For each nozzle, count the and that is your number of r			nixed in the pu	mp), add the number of all grades together
Will electronic scanners be u Will scales be used to price i If yes to either or both ques	items based on their we	eight?	☐ No ズ No Application m	Yes Yes ves ust be submitted for these devices.
Acknowledgements an	d Signature			
to the City Clerk License Div	ision within 10 days. 1 h	nave knowledge of the es may be subject to su	City of Milwau uspension, non oprietor, Partn	reaction in this application must be reported likee ordinances currently regulating the renewal, or revocation if I violate these er, or 20% or more Shareholder orporate Officer must sign and provide title)
		Harwinda Signature of Addition	nal Partner or	Roles 20 % or more Shareholder
Submit this form with the fo Business License Application Business Plan of Operation Floor plan	cation	Signatur Service		
License fees Forms can be obtained onli	ne at <u>www.milwaukee.</u>	gov/licenses		
Office Use Only:	e:1	ŀ	nitials	
App#	1400		CC	
Paid	DMC		.ic#	
HU .	DNO			

ccl-wmplan 1/9/18



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: THREE STAR PETROLEUM JNC
Premise Address: 907 w Greenfield Ave, Milwauber WI 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 HOU
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
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) Hawkinde S Bolo Signature of additional partner or 20% or more shareholder
This form must be submitted with the Business License Application, Weights & Measures License Supplemental Application, and appropriate fee. Forms can be obtained online at www.milwaukee.gov/licenses .



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:	THE				STROLE				
Premises Address: (907 n	J GR	EEN	FIELD	AVE	MIL	NAKIKEE	WI	5320
SECTION 1	TYPE OF BU								
What will be the ma	ajority of you	r food sal	es? (chec	ck one)					
	, but are not ese and mea						toes, hot dogs, bra neese curds, corn d		200
tea, fruit juice, fritters, tortilla Will it be a A convenie	nclude, but a , smoothies, a chips w/ ch convenience ence store c pod items ar	re not lim candy, dis eese. e store? ontains le	yes Yes ess than 5	oda, fruit cups No 5,000 square	s, bakery, cookie feet of retail sp	s, kettle corn, e	coffee, espresso, c cotton candy, funn as its primary bus that sells basic fo	el cakes, iness, the	səle
Bed & Breakfas Micro Market All Applicants: Sub		or a list of	food iten	ns that will be	sold.				
	25% ore AND: estaurant ite	ms (meals	s) will be s	sold – Comple	te this application	on and also cor	s will be wholesale ntact DATCP. Contact DATCP on		
SECTION 2	FOOD PRO			be sold - Do r	voi compiete ti	пѕ аррисацов.	Contact DATCP on	ranging	
Will any food processing is define extracting, fermen	essing be dor	ne?	No [s, bottling, grilling,	canning,	
SECTION 3	FOOD REC	UIRING	TEMPER	ATURE CON	TROL				
Will any food that (includes dairy pro If yes, list the type:	ducts such a	s milk, che	eese, and	ice cream, fis	h, shellfish, mea		e BOTTE	R	

ccl-foodpian 2/28/19

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Will you have seating on site for dining? V No Yes	
Will you be doing any catering? Yes	
Will you be doing any delivery? Yes	
Will you have outdoor activities? ☐ Yes - Check all that apply: ☐ Bar ☐ Cooking/Grilling ☐ Dinin	g
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 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 7	
Yes If Yes, check all that apply: New construction of a building Renovation or remodeling	
Construction changes to existing building Lequipment changes only	
Provide a brief description of the changes:	
Start date:	
Name, Address & Phone Number of Architect: THOMAS	
Name, Address & Phone Number of Contractor: THOM #S 513 - 806 - 68 12_	
907W green field Ave Mil kwauber	ڒڽ
SECTION 7 ALCOHOL BEVERAGES 907W green Field Ave Mil kwauber 1	زن
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SECTION 7 ALCOHOL BEVERAGES 907W green Field Ave Mil burnhause	زد
SECTION 7 ALCOHOL BEVERAGES Are you applying for an alcohol beverage license?	زدر
SECTION 7 ALCOHOL BEVERAGES Are you applying for an alcohol beverage license? YNO If No, SKIP to Section 8	زد/
SECTION 7 ALCOHOL BEVERAGES Are you applying for an alcohol beverage license? Yes If YES, if your food license is approved prior to the alcohol license, when do you want the food license issued?	زد
SECTION 7 ALCOHOL BEVERAGES Are you applying for an alcohol beverage license? No	⊘ į
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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: I understand the Health Department must conduct an inspection and advise the License Division of their approva	
SECTION 7 ALCOHOL BEVERAGES Are you applying for an alcohol beverage license? You 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: I understand the Health Department must conduct an inspection and advise the License Division of their approva before the license may be issued. I understand I must obtain an occupancy permit from the Department of Neighborhood Services and an inspection.	l on
SECTION 7 ALCOHOL BEVERAGES Are you applying for an alcohol beverage license? 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: I understand the Health Department must conduct an inspection and advise the License Division of their approvable 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	l on
SECTION 7 ALCOHOL BEVERAGES Are you applying for an alcohol beverage license? No	I on ay
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SECTION 7 ALCOHOL BEVERAGES Are you applying for an alcohol beverage license? No	l on ay
SECTION 7 ALCOHOL BEVERAGES Are you applying for an alcohol beverage license? No	l on ay
SECTION 7 ALCOHOL BEVERAGES Are you applying for an alcohol beverage license? No	l on ay

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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:
Filed	
Initials	
Paid	
Lic#	

		STAR PET					
Premise Address:	907 W	Greanfield	ave iv	Munchee	, W1	53204	
Davice Type(s)					r		

evice 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)
Liqui	d 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		
Scale	is ,				
	Measuring any weight amount	24 months	\$55		
Scanners			Fee for scanners is by range	Check how many scanners you have	j
1	Up to 3 scanners	24 months	\$130 total*	□1 <u>19</u> 12 □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		
				Total Fee Due	130.00

Signature

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

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

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

Sole Proprietor, 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 Plan of Operation, and appropriate fee. Forms can be obtained online at www.milwaukee.gov/licenses.

907WGREENFED AVE Agent. Dawkon S Danan THREE STAR PETROLEUM IN THREE STAR FOODS MILW#UKEE WI 53204 DOMESTER DATE : JAN 16, 2024 1 1759 B 665 Bool Bod Sheller Shellaveo COOLER Shelves 2 power ama) 逐 Can's tered (POWP) 138個 Foundain P. W. THE STATE OF THE S 图 ATM! Shellin ab bad 612

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