



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

Thursday, October 31, 2024

COMMITTEE MEETING NOTICE


AD 15

CHABBOUH, Imed, Agent
Sky Auto Sales and Repairs LLC
1900 W NORTH Av
Milwaukee, WI 53205

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, November 12, 2024 at 02:40 PM

The access code is <https://meet.goto.com/904159581>. Please see the enclosed best practices document for further instructions.

Regarding: Your Secondhand Motor Vehicle Dealer's License Application as agent for "Sky Auto Sales and Repairs LLC" for "Sky Auto Sales and Repairs" at 1900 W NORTH Av. 

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 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**

Thursday, October 31, 2024

COMMITTEE MEETING NOTICE

AD 15

CHABBOUH, Imed, Agent
Sky Auto Sales and Repairs LLC
3211 W PARNELL AV
Milwaukee, WI 53221

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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: 07/14/23

LICENSE TYPE: UCAR

NEW: ☒

RENEWAL: ☐

No. 354379

Application Date:

License Location: 1900 w North Av

Business Name: Sky Auto Sales

Licensee/Applicant: Chabbouh, Imed
(Last Name, First Name, MI)

Date of Birth: 03/27/71

Home Address: 3211 W Parnell Av

City: Milwaukee

State: WI **Zip Code:** 53221

Home Phone:

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

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

1. On 03/11/15, the applicant was charged with OWI in Shorewood Village Municipal Court. On 11/04/15, he was convicted and his license was revoked for 6 months.
2. On 09/02/16, the applicant was charged with Injury by Negligent Use Weapon-Party to a Crime (Felony) in Milwaukee County Circuit Court.

Charge: Injury by Negligent Use of Weapon

Finding: Guilty

Sentence: 3 Year's Prison

Date: 03/10/17

Case: 2016CF003901



Thursday, October 31, 2024



Notice of Public Hearing

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CHABBOUH, Imed, Agent
Sky Auto Sales and Repairs at 1900 W NORTH Av
Secondhand Motor Vehicle Dealer's License Application

Tuesday, November 12, 2024 at 2:40 PM

To whom it may concern:

The above application has been made by the above named applicant(s). This requires approval from the Licenses Committee and the Common Council of the City of Milwaukee. The hearing before the Licenses Committee will take place on 11/12/2024 at 2:40 PM in Room 301-B, Third Floor, City Hall. This is a public hearing. Those wishing to view the proceeding are able to do so via the City Channel – Channel 25 on Spectrum Cable – or on the Internet at <http://city.milwaukee.gov/citychannel>. Those wishing to provide oral testimony via 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	1937 W MONROE ST	MILWAUKEE, WI 53205-1150
CURRENT OCCUPANT	1939 W MONROE ST	MILWAUKEE, WI 53205-1150
CURRENT OCCUPANT	2320 N 20TH ST	MILWAUKEE, WI 53206-1549
CURRENT OCCUPANT	2322 N 20TH ST	MILWAUKEE, WI 53206-1549
CURRENT OCCUPANT	2323 N 19TH ST	MILWAUKEE, WI 53206-2051
CURRENT OCCUPANT	2324 N 20TH ST	MILWAUKEE, WI 53206-1549
CURRENT OCCUPANT	2325 N 19TH ST	MILWAUKEE, WI 53206-2051
CURRENT OCCUPANT	2325 N 20TH ST	MILWAUKEE, WI 53206-1550
CURRENT OCCUPANT	2325A N 20TH ST	MILWAUKEE, WI 53206-1550
CURRENT OCCUPANT	2326 N 19TH ST	MILWAUKEE, WI 53206-2050
CURRENT OCCUPANT	2327 N 19TH ST	MILWAUKEE, WI 53206-2051
CURRENT OCCUPANT	2327A N 19TH ST	MILWAUKEE, WI 53206-2051
CURRENT OCCUPANT	2329 N 20TH ST	MILWAUKEE, WI 53206-1550
CURRENT OCCUPANT	2330 N 19TH ST	MILWAUKEE, WI 53206-2050
CURRENT OCCUPANT	2336 N 19TH ST	MILWAUKEE, WI 53206-2050
CURRENT OCCUPANT	2337 N 19TH ST	MILWAUKEE, WI 53206-2051
CURRENT OCCUPANT	2337 N 19TH ST# A	MILWAUKEE, WI 53206-2051
CURRENT OCCUPANT	2338 N 19TH ST	MILWAUKEE, WI 53206-2050
CURRENT OCCUPANT	2338 N 20TH ST	MILWAUKEE, WI 53206-1549
CURRENT OCCUPANT	2338A N 20TH ST	MILWAUKEE, WI 53206-1549
CURRENT OCCUPANT	2344 N 19TH ST	MILWAUKEE, WI 53206-2050
CURRENT OCCUPANT	2344A N 19TH ST	MILWAUKEE, WI 53206-2050
CURRENT OCCUPANT	2347 N 19TH ST	MILWAUKEE, WI 53206-2051
CURRENT OCCUPANT	2347A N 19TH ST	MILWAUKEE, WI 53206-2051
CURRENT OCCUPANT	2349 N 20TH ST	MILWAUKEE, WI 53206-1550
CURRENT OCCUPANT	2349A N 20TH ST	MILWAUKEE, WI 53206-1550
CURRENT OCCUPANT	2350 N 19TH ST	MILWAUKEE, WI 53206-2050
CURRENT OCCUPANT	2351 N 19TH ST	MILWAUKEE, WI 53206-2051
CURRENT OCCUPANT	2351A N 19TH ST	MILWAUKEE, WI 53206-2051
CURRENT OCCUPANT	2352 N 19TH ST	MILWAUKEE, WI 53206-2050
CURRENT OCCUPANT	2354 N 20TH ST	MILWAUKEE, WI 53206-1549
CURRENT OCCUPANT	2355 N 19TH ST	MILWAUKEE, WI 53206-2051
CURRENT OCCUPANT	2356 N 19TH ST	MILWAUKEE, WI 53206-2050
CURRENT OCCUPANT	2356 N 20TH ST	MILWAUKEE, WI 53206-1549

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Total Records: 34

Radius 250 feet and Center of the Circle: 1900 W North Av



BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 5/12/2020

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

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:

Car Dealer, oil change shop

Do you have any experience operating this type of business? ☐ No ☒ Yes If yes, explain: I was a car dealer in the past

2. Business Operations

- a. Proposed Opening Date: 06/1/2023
- 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: occupancy
- e. Is the current licensee operating? ☐ No ☒ Yes If no, list date closed: _____
- f. Do you have future plans for other businesses, licenses or permits at this location? ☒ No ☐ Yes
If yes, explain: _____
- g. Have you previously held an Extended Hours License in Milwaukee? ☒ No ☐ Yes
If yes, list address(es): _____
- h. Are other businesses operating in the same building? ☒ No ☐ Yes If yes, describe: _____

3. Litter & Noise

- a. How are grounds kept clean? ☒ Sweep ☐ Pressure Wash ☒ Pick Up Litter ☐ Other: _____
- b. How often will grounds be cleaned? ☒ Daily ☐ Weekly ☒ As Needed ☐ Monthly ☐ Other: _____
- c. Grounds cleaned by: ☒ Licensee ☐ Building Owner ☒ Employees ☐ Hired Maintenance ☐ Other: _____
- d. How are noise issues prevented and/or addressed? ☐ Security ☒ Manager approaches customer(s) ☐ Call Police
☐ Signs Posted ☐ Other: _____
- e. Will a sound amplification system be used? ☒ No ☐ Yes If yes, describe: _____

4. Smoking & Sanitation

- a. Are there designated outdoor smoking areas? ☒ No ☐ Yes If yes, describe: _____
- b. Number of Garbage Cans: Inside: 1 Locations: Front
Outside: 1 Locations: In the Back
- c. Is a crowd control barrier used? ☒ No ☐ Yes If yes, describe: _____
- d. How many restrooms are on the premises? 1
- e. Name of solid waste contractor: ☐ Advanced Disposal ☐ Waste Management ☒ Other: Eagle Disposal

5. Security

- a. Are there onsite parking spaces? ☐ No ☒ Yes If yes, how many? 8 and describe the parking security plan: Camera's
- b. Is there a loading zone? ☒ No ☐ Yes If yes, describe the loading area security plan: _____
- c. Will you have security personnel on premise? ☒ No ☐ Yes If yes, how many? _____ and answer the following:
What are their responsibilities? _____
Is security equipment used? ☐ No ☒ Yes If yes, describe Cameras
List their licensing, certification, or training credentials _____
- d. Will there be security cameras? ☐ No ☒ Yes If yes, how many? 10 and list locations: outside, parking, office, backdoor
- e. Will searches/identification checks be done upon entry? ☒ No ☐ Yes If yes, describe _____

6. Percentage of Sales (must total 100%)

Alcohol _____%	Food _____%	Secondhand Merchandise _____%	Precious Metals & Gems _____%
Entertainment _____%	Cigarettes _____%		
Pawnbroker Activity: _____%	Salvaged Materials _____% (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____%	Other <u>100</u> % Describe: <u>Auto Vehicle repairs</u>

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

Type 1

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

Type 2

- | | | | |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Liquor Store | <input type="checkbox"/> Corner Store | <input type="checkbox"/> Supermarket | <input type="checkbox"/> Convenience Store |
| <input type="checkbox"/> Gas Station | <input type="checkbox"/> Amusement/Phonograph Distributor | <input type="checkbox"/> Recycling, Salvage or Towing | |
| <input checked="" type="checkbox"/> Used Car Dealer | <input type="checkbox"/> Personal Service Establishment
(such as tattoo business, hair salon, tailor, etc.) | <input type="checkbox"/> Recording Studio | |

What other licenses/permits will you hold at this location? (check all that apply)

- | | | | | | |
|-------------------------------------------------------|-----------------------------------------------|---------------------------------------|-----------------------------------------|-------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Occupancy Permit | <input type="checkbox"/> Cigarette & Tobacco | <input type="checkbox"/> Gas Station | <input type="checkbox"/> Extended Hours | <input type="checkbox"/> Class "B" Tavern | <input type="checkbox"/> Weights & Measures |
| <input checked="" type="checkbox"/> Secondhand Dealer | <input type="checkbox"/> Precious Metal & Gem | <input type="checkbox"/> Other: _____ | | | |

8. Legal Capacity (only if a Type 1 premises in #7 above)

Capacity 50 (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: _____
- b. Describe Location: ☒ Major Thoroughfare ☐ Secondary Street ☐ Other: _____
- c. Nearest Major Cross Street: W North Ave
- d. Describe Building: ☐ Free Standing Building ☒ Strip Mall ☐ Other: _____
- e. Describe Premises Structure: ☒ Single Story ☐ Multi-Story - # of Stories _____ ☐ Other: _____
- f. Describe Surrounding Area: ☒ Commercial ☒ Residential ☐ Industrial ☐ Other: _____
- g. Building Owner Name: Motlani Enterprises LLC Phone Number: 414-736-8867
 Building Owner Address: 2348 Ramshead Court N. Waukesha WI 53188

10. Hours of Operation & Customers

Will customers be entering the premises? ☐ No ☒ Yes

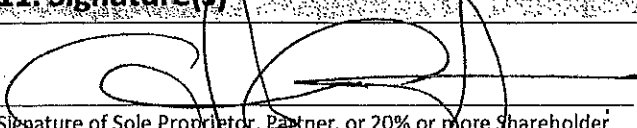
Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	Closed	Closed	0	16-70	N/A
Monday	8:00 Am	5:00 pm	100	16-70	N/A
Tuesday	8:00 Am	5:00 pm	100	16-70	N/A
Wednesday	8:00 Am	5:00 pm	100	16-70	N/A
Thursday	8:00 Am	5:00 pm	100	16-70	N/A
Friday	8:00 Am	5:00 pm	100	16-70	N/A
Saturday	9:00 Am	3:00 pm	50	16-70	N/A

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 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: Sky Auto Sales and Repairs LLC

Premises Address: 1900 W North Ave Milwaukee WI 53205

SECTION 1 LICENSE TYPE

What type of license are you applying for? (check one) ☒ Retail ☐ Wholesale

SECTION 2

Will you also be dealing in secondhand vehicle parts? ☒ Yes ☐ No

If wholesale, is the premises address a residential (home) address? ☐ Yes ☒ 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 8

Number of parking spaces that will be used for display/storage of Secondhand Motor Vehicles 10

Do you understand that all vehicles associated with the business must be stored on the licensed premise? ☒ Yes ☐ No

What are your plans to ensure this requirement is met (check all that apply)? ☒ Employee Training

☒ Supervisor Monitoring ☐ Fenced Lot ☒ Keys Kept In Locked Box ☐ Other: _____

Do you understand all maintenance/repair work to these vehicles must be confined to the licensed premise? ☒ Yes ☐ No

What are your plans to ensure this requirement is met (check all that apply)? ☒ Employee Training

☒ Supervisor Monitoring ☒ Designated Repair Area ☐ 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? ☒ Yes ☐ No

What are your plans to ensure this requirement is met (check all that apply)? ☒ Employee Training

☒ Supervisor Monitoring ☐ 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? ☒ No ☐ 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):

SECTION 4 SIGNATURES

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