



CITY OF MILWAUKEE
OFFICE OF THE CITY CLERK

Monday, November 02, 2015

COMMITTEE MEETING NOTICE

AD 02

KWITEK, Keith M, Agent
KMK Towing and Recovery LLC
P.O. Box 342442

Milwaukee, WI 53234

You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall on:

Tuesday, November 10, 2015 at 10:00 AM

Regarding: Your Secondhand Motor Vehicle Dealer's License Application as agent for "KMK Towing and Recovery LLC" for "KMK Towing and Recovery" at 8517 W KAUL 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 in City Hall is available at reduced rates (5 hour limit) at the Milwaukee Center on the southwest corner of East Kilbourn and North Water Street. Parking tickets must be validated in the first floor information booth in City Hall.

PLEASE NOTE: Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through sign language interpreters or other auxiliary aids. For additional information or to request this service, contact the Council Services Division ADA Coordinator at (414) 286-2998, Fax - (414) 286-3456, TDD - (414) 286-2025.

JIM OW CZARSKI, CITY CLERK

BY:

Jason Schunk
License Division Manager

If you have questions regarding this notice, please contact the License Division at (414) 286-2238.

200 E. Wells Street, Room 105, City Hall, Milwaukee, WI 53202. www.milwaukee.gov/license
Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: License@milwaukee.gov

MILWAUKEE POLICE DEPARTMENT
LICENSING

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS
SYNOPSIS

DATE: 10/05/2015

LICENSE TYPE: SECONDHAND MOTOR VEHICLE

No. 218495

NEW: ☒

Application Date: 10/02/2015

RENEWAL: ☐

License Location: 8517 W Kaul St

Business Name: KMK Towing and Recovery LLC

Licensee/Applicant: KWITEK, Keith M
(Last Name, First Name, MI)

Date of Birth: 08/03/1979

Home Address: 1119 S 37th St

City: Milwaukee

State: WI **Zip Code:** 53215

Home Phone:

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

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

1. The applicant is on probation for Armed Robbery and Possession of Firearm by Felon from 2001. Email notification sent to the Wisconsin Department of Correction on 10/05/2015 requesting they provide information to the License Division regarding the probation/parole status and the end date of the status.



Monday, November 02, 2015



Notice of Public Hearing

KWITEK, Keith M, Agent
KMK Towing and Recovery at 8517 W KAUL Av
Secondhand Motor Vehicle Dealer's License Application

Tuesday, November 10, 2015 at 10:00 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 11/10/2015 at 10:00 AM, in Room 301-B, Third Floor, City Hall. If you wish, you may provide testimony at the hearing regarding the request; see below for further information. You are not required to attend the hearing. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing. Please review the information below and if you have further questions regarding this process, please contact the License Division at (414) 286-2238.

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.

RESIDENT	MAIL ADDRESS	CITY AND ZIP CODE
CURRENT RESIDENT	8600 W KAUL AVE	MILWAUKEE, WI 53225-2024
CURRENT RESIDENT	8601 W KAUL AVE	MILWAUKEE, WI 53225-2023
CURRENT RESIDENT	8611 W KAUL AVE	MILWAUKEE, WI 53225-2023

Total Records: 4

Radius: 250.0 feet and Center of Circle: 8517 W Kaul AV



BUSINESS LICENSE PLAN OF OPERATION

Office of the City Clerk License Division

200 E. Wells St. Room 105, Milwaukee, WI 53202

(414) 286-2238 www.milwaukee.gov/license e-mail address: license@milwaukee.gov

ccl-busplan 9/15/15

1. Type of Business

Applying for: ☐ Extended Hours Establishment ☐ Filling Station ☐ Waste Tire Transporter ☐ Waste Tire Generator
☐ Self Service Laundry ☐ Rooming House: Number of Units: _____ ☐ Hotel/Motel: Number of Units: _____
☐ Massage Establishment ☒ Other (supplemental application for specific license also required)

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

USED CAR Lot, selling used cars to the Public at an affordable Price

Do you have any experience operating this type of business? ☐ No ☒ Yes If yes, explain: worked at/operated for one year a Friends used car Lot

2. Business Operations

- a. Proposed Opening Date: 01/02/2016
- 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: Junk license
- 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: Auto wrecker
- 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 ☐ Hired Maintenance
☐ Building Owner Responsibility ☒ Garbage Cans Outside ☐ 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

- f. Are there designated outdoor smoking areas? ☒ No ☐ Yes If yes, describe: _____
- g. Number of Garbage Cans: Inside: 3 Locations: Office, Bath room, Shop Area
Outside: 1 Locations: Rear of building
- h. Is a crowd control barrier used? ☒ No ☐ Yes If yes, describe: _____
- i. Describe sanitation facilities (restrooms): one bathroom within building
Name of solid waste contractor: ☐ Advanced Disposal ☒ Waste Management ☐ Other: _____

5. Security

- a. Are there onsite parking spaces? ☐ No ☒ Yes If yes, how many? 30
Describe parking security plan: Gated/Fenced Area with surveillance (24 HR)
- b. Is there a loading zone? ☒ No ☐ Yes If yes, describe loading area security plan _____
- c. Will you have security personnel on premise? ☒ No ☐ Yes If yes, how many? _____
What are their responsibilities? _____
- Is security equipment used? ☐ No ☒ Yes If yes, describe 8 cameras (4) inside (4) outside
- List their licensing, certification, or training credentials _____
- Will there be security cameras? ☐ No ☒ Yes If yes, where? (4) within
- Will searches/identification verification be conducted 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 _____% Describe: _____

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"/> Hotel/Motel – Number of Rooms: _____ | | <input type="checkbox"/> Rooming House – 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 checked="" type="checkbox"/> Auto Wrecker | |
| <input checked="" type="checkbox"/> Used Car Dealer | <input checked="" type="checkbox"/> Used Auto Parts | <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)

- ☒ Occupancy Permit ☐ Cigarette & Tobacco ☐ Gas Station ☐ Extended Hours ☐ Class "B" Tavern ☐ Weights & Measures
☐ Secondhand Dealer ☐ Precious Metal & Gem ☐ Other: _____

8. Legal Capacity (only if a Type 1 premises in #6 above)

Capacity _____ (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)

9. Premises Description

d. 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: Pear Fenced in Area

e. Describe Location: ☐ Major Thoroughfare ☐ Secondary Street ☐ Other: _____

f. Nearest Major Cross Street: N. 84th Street

g. Describe Building: ☒ Free Standing Building ☐ Strip Mall ☐ Other: _____

h. Describe Premises Structure: ☒ Single Story ☐ Multi-Story - # of Stories _____ ☐ Other: _____

i. Describe Surrounding Area: ☒ Commercial ☐ Residential ☐ Industrial ☐ Other: _____

j. Building Owner Name: Jerome Randall Phone Number: 414-258-9515

Business Owner Address: 10131 W. NASH Street Milwaukee, WI 53222

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 Applicants: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday					
Monday	8:00 A.M.	5:00 P.M.	5	18-100	NONE
Tuesday	8:00 A.M.	5:00 P.M.	5	18-100	NONE
Wednesday	8:00 A.M.	5:00 P.M.	5	18-100	NONE
Thursday	8:00 A.M.	5:00 P.M.	5	18-100	NONE
Friday	8:00 A.M.	5:00 P.M.	5	18-100	NONE
Saturday	8:00 A.M.	12:00 P.M.	5	18-100	NONE

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 a.m. and 5 a.m.

Entertainment Indoor Closing Hours - If alcohol beverage establishment, same as alcohol license hours.
If non-alcohol establishment 1:00 am Sunday to Thursday; 1:30 am Friday and Saturday.

Entertainment Outdoor Closing Hours - 10:00 pm Sunday - Thursday; 12:00 am Friday and Saturday,
unless otherwise approved by Common Council in licensee's plan of operation.

11. Signature(s)

Keith Kuitort
Sole Proprietor, Partner, Agent, or 20% or more Shareholder

Signature of additional partner or 20% or more Shareholder

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



**SECONDHAND MOTOR VEHICLE DEALER,
USED MOTOR VEHICLE DEALER-PARTS ONLY &
USED BIKE, TIRE & BATTERY 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 www.milwaukee.gov/license

Legal Entity Name: KMK Towing & Recovery LLC

Premise Address:

Type of License applied for (check one):

- | | |
|--|---|
| <input checked="" type="checkbox"/> Secondhand Motor Vehicle Retail Dealer | <input type="checkbox"/> Used Bike, Tire & Battery Retail Dealer |
| <input type="checkbox"/> Secondhand Motor Vehicle Wholesale Dealer | <input type="checkbox"/> Used Bike, Tire & Battery Wholesale Dealer |
| <input type="checkbox"/> Used Motor Vehicle Retail Dealer – Parts Only | |
| <input type="checkbox"/> Used Motor Vehicle Wholesale Dealer – Parts Only | |

RETAIL DEALERS ONLY

Total Number of Parking Spaces (including customer/employee parking) 30

Number of Parking Spaces that will be used for Display/Storage of Secondhand Motor Vehicles 15

STORAGE, MAINTENANCE & REPAIR

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

List your plans to ensure this requirement is met: By Parking on Addressed Property

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

List your plans to ensure this requirement is met: Work on vehicles within with certified mechanic

DISCLOSURE

Has the applicant ever had a license relating to the activities licensed in Milwaukee Code of Ordinances Chapter 93 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:

REQUIRED SIGNATURE(S)

Karl Kunkel

Sole Proprietor, Partner, 20% or more Shareholder,
or the Agent - only if there are no 20% or more shareholders

Signature of additional partner or 20% or more shareholder

**SUBMIT THIS FORM ALONG WITH THE
BUSINESS LICENSE APPLICATION & BUSINESS LICENSE PLAN OF OPERATION**

Office Use Only:

Initials _____ Filed _____ App# _____



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

Monday, November 02, 2015

COMMITTEE MEETING NOTICE

AD 02

Guadalupe Valdez, JR

4957A N 24TH St

Milwaukee, WI 53209

You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall on:

Tuesday, November 10, 2015 at 10:00 AM

Regarding: Your Recycling, Salvaging, or Towing - Auto Wrecker, Salvaging, and Junk Collector Premises Applications for "Budget Towing" at 8517 W Kaul Av #Suite A.

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.

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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.

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JIM OWCZARSKI, CITY CLERK

BY:

Jason Schunk

License Division Manager

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Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: License@milwaukee.gov

MILWAUKEE POLICE DEPARTMENT
LICENSING

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS
SYNOPSIS

DATE: 10/05/2015

LICENSE TYPE: AUTO WRECKER

NEW: ☒

RENEWAL: ☐

No. 218498

Application Date: 10/02/2015

License Location: 8517 W Kaul Av

Business Name: Budget Towing

Licensee/Applicant: VALDEZ, Guadalupe
(Last Name, First Name, MI)

Date of Birth: 10/20/1978

Home Address: 4957A N 24th St

City: Milwaukee

Home Phone:

State: WI **Zip Code:** 53212

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

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

1. On 11/27/2011 the applicant was cited for Operating While Intoxicated. He was found guilty on 12/29/2011 and his license was revoked for 9 months.
2. The applicant is on probation for Manufacture/Deliver Cocaine from 10/11/2002. Email notification sent to the Wisconsin Department of Correction on 10/05/2015 requesting they provide information to the License Division regarding the probation/parole status and the end date of the status.



Monday, November 02, 2015



Notice of Public Hearing

VALDEZ, JR, Guadalupe
Budget Towing at 8517 W Kaul Av #Suite A
Recycling, Salvaging, or Towing - Auto Wrecker, Salvaging, and Junk Collector Premises
Applications

Tuesday, November 10, 2015 at 10:00 AM

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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.)
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 - a. Include only information relating to the above license application.
 - b. Include only information you have personally witnessed or seen.
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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.

RESIDENT	MAIL ADDRESS	CITY AND ZIP CODE
CURRENT RESIDENT	8600 W KAUL AVE	MILWAUKEE, WI 53225-2024
CURRENT RESIDENT	8601 W KAUL AVE	MILWAUKEE, WI 53225-2023
CURRENT RESIDENT	8611 W KAUL AVE	MILWAUKEE, WI 53225-2023

Total Records: 4

Radius: 250.0 feet and Center of Circle: 8517 W Kaul AV



BUSINESS LICENSE PLAN OF OPERATION

Office of the City Clerk License Division

200 E. Wells St. Room 105, Milwaukee, WI 53202

(414) 286-2238 www.milwaukee.gov/license e-mail address: license@milwaukee.gov

ccl-busplan 9/15/15

1. Type of Business

- Applying for: ☐ Extended Hours Establishment ☐ Filling Station ☐ Waste Tire Transporter ☐ Waste Tire Generator
☐ Self Service Laundry ☐ Rooming House: Number of Units: _____ ☐ Hotel/Motel: Number of Units: _____
☐ Massage Establishment ☒ Other (supplemental application for specific license also required)

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

Junk Collecting / Salvage

Junk Collector

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

Syrs.

2. Business Operations

- a. Proposed Opening Date: ASAP
- 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: KMK Towing + recovery
- 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: KMK Towing + recovery

3. Litter & Noise

- a. How are grounds kept clean? ☒ Sweep ☐ Pressure Wash ☒ Pick Up Litter ☐ Hired Maintenance
☐ Building Owner Responsibility ☒ Garbage Cans Outside ☐ 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

- f. Are there designated outdoor smoking areas? ☒ No ☐ Yes If yes, describe: _____
- g. Number of Garbage Cans: Inside: 3 Locations: office, bathroom, shop area
Outside: 1 Locations: rear of building
- h. Is a crowd control barrier used? ☒ No ☐ Yes If yes, describe: _____
- i. Describe sanitation facilities (restrooms): one bathroom within building
Name of solid waste contractor: ☐ Advanced Disposal ☒ Waste Management ☐ Other: _____

5. Security

- a. Are there onsite parking spaces? ☐ No ☒ Yes If yes, how many? 30
Describe parking security plan: gated/enclosed with surveillance (24HR)
- b. Is there a loading zone? ☒ No ☐ Yes If yes, describe loading area security plan _____
- c. Will you have security personnel on premise? ☒ No ☐ Yes If yes, how many? _____
What are their responsibilities? _____
- Is security equipment used? ☐ No ☒ Yes If yes, describe 8 cameras
- List their licensing, certification, or training credentials _____
- Will there be security cameras? ☐ No ☒ Yes If yes, where? 4 inside building / 4 outside
- Will searches/identification verification be conducted 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 <u>100</u> % (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____%	Other _____% Describe: _____

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"/> Hotel/Motel – Number of Rooms: _____ | | <input type="checkbox"/> Rooming House – 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 checked="" type="checkbox"/> Auto Wrecker | |
| <input type="checkbox"/> Used Car Dealer | <input checked="" type="checkbox"/> Used Auto Parts | <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)

- ☒ Occupancy Permit ☐ Cigarette & Tobacco ☐ Gas Station ☐ Extended Hours ☐ Class "B" Tavern ☐ Weights & Measures
☐ Secondhand Dealer ☐ Precious Metal & Gem ☐ Other: _____

8. Legal Capacity (only if a Type 1 premises in #6 above)

Capacity 30 (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)

9. Premises Description

(d) 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: _____

(e) Describe Location: ☐ Major Thoroughfare ☒ Secondary Street ☐ Other: _____

f. Nearest Major Cross Street: N. 84th

g. Describe Building: ☒ Free Standing Building ☐ Strip Mall ☐ Other: _____

h. Describe Premises Structure: ☒ Single Story ☐ Multi-Story - # of Stories _____ ☐ Other: _____

i. Describe Surrounding Area: ☒ Commercial ☐ Residential ☐ Industrial ☐ Other: _____

j. Building Owner Name: Jessie Randall Phone Number: 414-258-9515

Business Owner Address: 10131 W. Wash - Milwaukee, WI 53228

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 Applicants: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
<u>Sunday</u>	<u>closed</u>	<u>closed</u>			<u>none</u>
Monday	<u>8 am</u>	<u>5 pm</u>	<u>5</u>	<u>18-100</u>	<u>none</u>
Tuesday	<u>8 am</u>	<u>5 pm</u>	<u>5</u>	<u>18-100</u>	<u>none</u>
Wednesday	<u>8 am</u>	<u>5 pm</u>	<u>5</u>	<u>18-100</u>	<u>none</u>
Thursday	<u>8 am</u>	<u>5 pm</u>	<u>5</u>	<u>18-100</u>	<u>none</u>
Friday	<u>8 am</u>	<u>5 pm</u>	<u>5</u>	<u>18-100</u>	<u>none</u>
Saturday	<u>8 am</u>	<u>5 pm</u>	<u>5</u>	<u>18-100</u>	<u>none</u>

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 a.m. and 5 a.m.

Entertainment Indoor Closing Hours - If alcohol beverage establishment, same as alcohol license hours.
If non-alcohol establishment 1:00 am Sunday to Thursday; 1:30 am Friday and Saturday.

Entertainment Outdoor Closing Hours - 10:00 pm Sunday - Thursday; 12:00 am Friday and Saturday,
unless otherwise approved by Common Council in licensee's plan of operation.

11. Signature(s)

Sole Proprietor, Partner, Agent, or 10% or more Shareholder

Signature of additional partner or 20% or more Shareholder

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



AUTO WRECKER LICENSE SUPPLEMENTAL APPLICATION

ccl-awapp 10/27/14

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

Legal Entity Name: _____

Premises Address: _____

Guadalupe Valdes JR
8517 W Karl Milwaukee, WI 53225

PLAN OF OPERATION & LICENSE HISTORY

- 1) Describe your plans to ensure that all vehicles associated with the business will be stored on the licensed premise:
vehicles will be under surveillance and secure in gated/locked area.
- 2) Describe your plans to ensure that all maintenance and repair work related to the vehicles will be done on the licensed premise:
Shop has all the tools and permits to do maintenance there.
- 3) Describe your plans to ensure that no code provisions relating to the littering of public right of way will be violated:
clean up after repairs
- 4) Have you ever had an Auto Wrecker license denied, not renewed, suspended, or revoked? ☒ No ☐ Yes
If yes, explain circumstances and provide jurisdiction: _____

ADDITIONAL STORAGE YARDS

Do you have additional storage yards? ☒ No ☐ Yes If yes, how many? _____ (additional \$50 fee must be paid for each)

List Additional Storage Yard Address(es) - include city, state and zip code:

Address of Additional Yard:

Hours of Operation

☐ Same as main yard

☐ As follows:

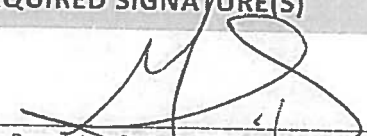
☐ Same as main yard

☐ As follows:

☐ Same as main yard

☐ As follows:

REQUIRED SIGNATURE(S)


Sole Proprietor, Partner, 20% or more Shareholder,
or the Agent - only if there are no 20% or more shareholders

Signature of additional partner or 20% or more shareholder

SUBMIT THIS FORM ALONG WITH THE "BUSINESS LICENSE APPLICATION"

Office Use Only:

Initials _____ Filed _____

AW Application # _____ ☐ DNS Approval ☐ HD Approval

** Enter each addtl yard as AW-YD app

AW-YD #(s) _____

Granted _____ ☐ Mayor's Signature on License(s) License #(s) _____



RECYCLING, SALVAGING OR TOWING PREMISES LICENSE SUPPLEMENTAL APPLICATION

ccl-rstprem 10/8/15

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:

Guadalupe Valdez JR

Business Address:

Budget Towing

Do you currently hold any licenses in the City of Milwaukee? ☐ No ☒ Yes If yes, list:

JunkCollector

Has any person on the application ever had a license relating to the activities licensed in Milwaukee Code of Ordinances Chapter 93 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):

Do you understand that you must follow all recordkeeping, reporting and operating regulations in MCO 93-43-49? ☐ No ☒ Yes
Do you understand that all records and reports must be available to the police department upon request? ☐ No ☒ Yes

Business Operations

Check all activities that apply:

☐ Non-Consensual Towing: Provide the address within the City of Milwaukee where vehicles will be towed:

Junk/Valuable Metal: ☒ Dealing/Storing/Transporting ☒ Removing/Recycling

Waste Tires: ☒ Dealing/Storing/Transporting ☒ Removing/Recycling

Used Motor Vehicle Parts: ☒ Dealing/Storing/Transporting ☒ Removing/Recycling

Do you have an additional yard(s) used for storage? ☒ No ☐ Yes
If yes, provide the address(es) below and submit an additional \$50 per yard:

How many motor vehicles will be used in the business operations? 1 Provide information for each vehicle on page 2.

Required Signature(s)

Sole Proprietor, Partner, 20% or more Shareholder,
or the Agent - only if there are no 20% or more shareholders

Signature of additional partner or 20% or more shareholder

Office Use Only:

App#	YD#	Permit #s	Initials	Filed
DNS	LC	CC	Paid	MPD
			Issued	License #

Vehicle Information for Recycling, Salvaging or Towing Premises
(attach additional pages as needed)

Vehicle Make: Chevy	Model: 3500HD	Year: 2007	Plate #: EC46879
VIN #: 1GBJK39K27E572726		US DOT # or WI DOT operating authority: US DOT 2086764	

Vehicle Make:	Model:	Year:	Plate #:
VIN #:		US DOT # or WI DOT operating authority:	

Vehicle Make:	Model:	Year:	Plate #:
VIN #:		US DOT # or WI DOT operating authority:	

Vehicle Make:	Model:	Year:	Plate #:
VIN #:		US DOT # or WI DOT operating authority:	

Vehicle Make:	Model:	Year:	Plate #:
VIN #:		US DOT # or WI DOT operating authority:	

Vehicle Make:	Model:	Year:	Plate #:
VIN #:		US DOT # or WI DOT operating authority:	

Vehicle Make:	Model:	Year:	Plate #:
VIN #:		US DOT # or WI DOT operating authority:	

Vehicle Make:	Model:	Year:	Plate #:
VIN #:		US DOT # or WI DOT operating authority:	