



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

Friday, December 11, 2015

COMMITTEE MEETING NOTICE

AD 06

Ghaleb J Chehayeb, Nada Radwan, Partners

4416 N Sheffield Av

Shorewood, WI 53211

You are requested to attend a hearing which is to be held in Common Council chambers, Third Floor, City Hall on:

Tuesday, December 15, 2015 at 08:45 AM

Regarding: Your Precious Metal and Gem Dealer's License Application partnership as agent for "" for "Holton Jewelry"
at 2901 N Holton St.

There is a possibility that your application may be denied for one or more of the following reasons: Neighborhood Objections to the granting of the license based on the type of business conducted at the premises, thefts, purchase of stolen goods, excessive littering, loud noise, traffic violations and other factors which relate to the health, safety and welfare of the neighborhood and generate undesirable secondary effects. See attached police report and/or written correspondence regarding this application. Please be advised the public will be able to provide information to the committee in person or in writing. The committee will receive and consider evidence regarding the above mentioned criteria.

**Notice for applicants with
warrants or unpaid fines:**

Proof of warrant satisfaction or payment of fines must be submitted at the hearing on the above date and time. Failure to comply with this requirement may result in a delay of the granting/denial of your application.

Failure to appear at this meeting may result in the denial of your license. Individual applicants must appear only in person or by an attorney. Corporate or Limited Liability applicants must appear only by the agent designated on the application or by an attorney. Partnership applicants must appear by a partner listed on the application or by an attorney. If you wish to do so and at your own expense, you may be accompanied by an attorney of your choosing to represent you at this hearing.

You will be given an opportunity to speak on behalf of the application and to respond and challenge any charges or reasons given for the denial. No petitions can be accepted by the committee, unless the people who signed the petition are present at the committee hearing and willing to testify. You may present witnesses under oath and you may also confront and cross-examine opposing witnesses under oath. If you have difficulty with the English language, you should bring an interpreter with you, at your expense, so that you can answer questions and participate in your hearing.

You may examine the application file at this office during regular business hours prior to the hearing date. Inquiries regarding this matter may be directed to the person whose signature appears below.

Limited parking for persons attending meetings in City Hall is available at reduced rates (5 hour limit) at the Milwaukee Center on the southwest corner of East Kilbourn and North Water Street. Parking tickets must be validated in the first floor information booth in City Hall.

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

JIM OWCZARSKI, CITY CLERK

BY: _____

**Jason Schunk
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: 11/13/2015

LICENSE TYPE: PMG

NEW: ☒

RENEWAL: ☐

No. 221332

Application Date: 11/11/2015

License Location: 2901 N Holton St

Business Name: Holton Jewelry

Licensee/Applicant: CHEHAYEB, Ghaleb J
(Last Name, First Name, MI)

Date of Birth: 08/25/1964

Home Address: 4416 N Sheffield Av

City: Shorewood

State: WI **Zip Code:** 53211

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. On 08/30/2009 the applicant was cited for Operating with PAC .08 or more. He was convicted on 09/25/2009 and his license was revoked for 6 months.



BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 9/15/15

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 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:

Jewelry Store

Do you have any experience operating this type of business? ☐ No ☒ Yes If yes, explain: 25 years of experience

2. Business Operations

- a. Proposed Opening Date: As soon as possible, store ready to open
- 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: _____
- 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 ☒ 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: _____ Locations: _____
Outside: 1 Locations: Aleey
- h. Is a crowd control barrier used? ☒ No ☐ Yes If yes, describe: _____
- i. Describe sanitation facilities (restrooms): 1 Restroom (Private)
Name of solid waste contractor: ☐ Advanced Disposal ☒ Waste Management ☐ Other: _____

5. Security

- a. Are there onsite parking spaces? ☒ No ☐ Yes If yes, how many? _____
Describe parking security plan: Street Parking
- 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 _____
List their licensing, certification, or training credentials _____
Will there be security cameras? ☐ No ☒ Yes If yes, where? Outdoor & indoor
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 <u>100</u> %
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 type="checkbox"/> Auto Wrecker | |
| <input type="checkbox"/> Used Car Dealer | <input 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: _____

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

f. Nearest Major Cross Street: Locust St.

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

h. Describe Premises Structure: ☐ Single Story ☒ Multi-Story - # of Stories 2 ☐ Other: _____

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

j. Building Owner Name: Fala 7 Investments, LLC Phone Number: 414-~~511-263~~-6787

Business Owner Address: 3351 N. Holton St. Milwaukee, WI 53212

10. Hours of Operation & Customers

Will customers be entering the premises? ☐ No ☒ Yes

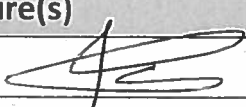
Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Applicants: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	Closed				
Monday	10 a.m.	6 p.m.	5-10	18 and over	
Tuesday	10 a.m.	6 p.m.	5-10	18 and over	
Wednesday	10 a.m.	6 p.m.	5-10	18 and over	
Thursday	10 a.m.	6 p.m.	5-10	18 and over	
Friday	10 a.m.	6 p.m.	5-10	18 and over	
Saturday	10 a.m.	6 p.m.	5-10	18 and over	

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 20% or more Shareholder

Signature of additional partner or 20% or more Shareholder

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



PRECIOUS METAL & GEM 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 www.milwaukee.gov/license

Legal Entity Name: Ghaleb Chehayeb - Nada Radwan
 Premises Address: 2901 N. Horton St., Milwaukee WI 53212

STATE OF INCORPORATION

State of incorporation is required for corporations and limited liability companies:

Wisconsin**APPLICANT**Place of birth: Aley, LebanonHas individual applicant, all partners, or agent resided in the state of Wisconsin for one year prior to filing this application? ☐ No ☒ YesPlace of Residence in last year (Address, City, State, Zip): 4416 N. Sheffield Ave.
Shorewood, WI 53211

(Per 92-2-5-c of the Milwaukee Code of Ordinances, the individual, partners, or agent must reside in the state of Wisconsin for one year prior to the filing of the application.)

MERCHANDISEList all type(s) of merchandise for sale: Silver, Gold,**LOCATION IN THE CITY WHERE ALL REQUIRED RECORDS ARE AVAILABLE FOR INSPECTION:**Milwaukee, WI.**MANAGER OF BUSINESS**Name: Nada RadwanAddress (include, city, state, zip code): 4416 N. Sheffield Ave. Shorewood, WI 53211**LIST ALL OTHER LICENSES HELD BY THE APPLICANT AND THE STATUS(ES):**☒ Occupancy Permits☒ Active ☐ Suspended☐ Other: _____☐ Wisconsin State Seller's Permit☐ Active ☐ Suspended☐ Other: _____☐ Other(s): _____☐ Active ☐ Suspended☐ Other: _____**OTHER LICENSED LOCATIONS:**

Do you hold any other Precious Metal & Gem licenses for other locations in the City of Milwaukee?

☒ No ☐ Yes If yes, provide the addresses:

SECURITY PLANS:

1. Describe your plans to provide security for the business premises:

Surveillance Cameras, Alarm system

(outdoor and indoor, active)
Now

2. Describe your plans to provide security for business records:

(Customer must be over 18 years)

(No transaction will be made without a valid I.D.)

3. Describe your plans to provide security for transactions and transportation involving Precious Metal and Gems conducted at locations other than the identified business premises:

4. Describe your plans to ensure that business is not conducted with minors:

Customer must be 18 years old with a Valid I.D.

ANNUAL SALES

What is your estimated sales volume for the calendar year in US Dollars?

\$ 30,000

What percentage of your estimated sales is comprised of gold?

65 %

I have read and understand the Summary of Precious Metals & Gems Dealers Regulations Brochure ☐ No ☒ Yes

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 & BUSINESS LICENSE PLAN OF OPERATION**

Office Use Only:

Initials _____ Filed _____ App# _____

NEW: LC _____ ☐ Requeue to LIU after LC ☐ Approval (NEWPRS acct obtained)

Granted _____ License _____



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

221647

RADKAN

Legal Entity Name:

- J Ghaleb chehzyeb - Nada R

Premise Address: 2901 N. Holton Jewelry

1. Device 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)
Liquid Measuring Devices				
<input type="checkbox"/> Retail Petroleum Meters	12 months	\$60		
<input type="checkbox"/> 0 to 30 gallons per minute	24 months	\$60		
<input type="checkbox"/> 31 to 200 gallons per minute	24 months	\$250		
<input type="checkbox"/> Over 200 gallons per minute	24 months	\$250		
Scales				
<input checked="" type="checkbox"/> 0 to 300 pounds	24 months	\$55		
<input type="checkbox"/> 301 to 5,000 pounds	24 months	\$190		
<input type="checkbox"/> 5,001 to 40,000 pounds	24 months	\$300		
<input type="checkbox"/> Over 40,000 pounds	24 months	\$400		
Scanners				
		Fee for scanners is by range	Check how many scanners you have	
<input type="checkbox"/> Up to 3 scanners	24 months	\$130 total*	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
<input type="checkbox"/> Four or more scanners	24 months	\$250 total*	<input type="checkbox"/> 4 <input type="checkbox"/> Other	
Other Devices				
<input type="checkbox"/> Length Measuring Device	24 months	\$60		
<input type="checkbox"/> Taxi Cab Meter	24 months	\$130		
<input type="checkbox"/> Timing Device	24 months	\$30		

Total Fee Due

2. Establishment Type

Provide a brief description of the establishment/business:

Other licenses may be required depending on the type of business you are operating.

Initials

Filed

11/17/15

Paid

Application #

221647

License #

3. Acknowledgements and 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.

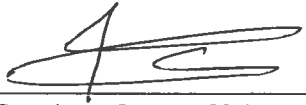
I understand that all devices must be operated within the specifications, tolerances and other technical requirements set forth in the National Institute of Standards and Technology Handbook 44.

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.



Date: 11-17-15

Signature of Sole Proprietor, Partner, 20% or more Shareholder
or Agent – if there are no 20% or more shareholders



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

Thursday, December 10, 2015

COMMITTEE MEETING NOTICE

AD 07

DHINDSA, Inderjit S, Agent
Indertip Corp
8175 S 77th St

Franklin, WI 53132

You are requested to attend a hearing which is to be held in Common Council chambers, Third Floor, City Hall on:

Tuesday, December 15, 2015 at 08:45 AM

Regarding: Your Class A Fermented Malt Beverage Retailer's and Food Dealer's License Applications as agent for "Indertip Corp" for "Vienna Mini Mart" at 3801 N 39th St.

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.

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JIM OWCZARSKI, 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
LICENSE INVESTIGATION UNIT

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS
SYNOPSIS

DATE: 06/15/2015
LICENSE TYPE: AMALT
NEW:
RENEWAL: X

No. 212999
Application Date: 06/15/2015
Expiration Date:

License Location: 3801 N. 39th St.
Business Name: Vienna Mini Mart

Aldermanic District: 07

Licensee/Applicant: John, Teddy
(Last Name, First Name, MI)
Date of Birth: 07/25/1971

Home Address: 3803 N. 39th St.
City: Milwaukee
Home Phone: (773) 875-0611

State: WI **Zip Code:** 53216

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

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

1. On 01/21/2010 at 6:45pm Milwaukee police conducted a field interview of a subject standing outside of 3801 N. 39th Street (Vienna Mini-Mart) holding a bottle of Budweiser Select brand beer. Investigation revealed this subject was 19 years old and had purchased the beer from the clerk at Vienna Mini-Mart. The clerk, Thampi Vilangattuseril, was cited for Sale of Alcohol to Underage Person.

Charge: Sale of Alcohol to Underage Person
Finding: Dismissed without Prejudice
Sentence:
Date: 08/09/2010
Case: 10022361

2. On 01/22/2010 at 2:29pm a Milwaukee police aide, working in conjunction with Milwaukee police, was able to purchase 3 loose cigarettes from the clerk, Thampi Vilangattuseril, at 3801 N. 39th Street (Vienna Mini-Mart). The clerk was cited for Sell Cigarette in Package Container without Stamp.

Charge: Sell Cigarette in Package Container without Stamp
Finding: Guilty
Sentence: \$171.00 fine
Date: 04/15/2010
Case: 10034357

=====
Item #1 previously reported, disposition added 05/12/2014.
Previous premise

Date: 11/20/2015
Officer: P.O.Nat Tharpe

City of Milwaukee Police Department
90-5-1.5 Crime Prevention Survey
Convenience Store/Liquor Store Inspection

Name of Premise: Vienna Mini Mart
Address: 3801 N. 39th ST.
Phone: Milwaukee, WI 53216

Owner: Inderjit S. Dhindsa
Owner address: 8175 S. 77th ST.
City State Zip: Franklin, WI 53132
Owner Phone: (414) 795-8101
Owner email: andydhindsa@sbcglobal.net

Manager: Inderjit S. Dhindsa
Home Address: 8175 S. 77th ST.
City State Zip: Franklin, WI 53132
Phone: (414) 795-8101
Email: andydhindsa@sbcglobal.net

Preferred contact: Store Phone (414 445-9402)

Location currently open: ☒ YES ☐ NO

Projected open date: current

Day's open: ☐S ☐M ☐T ☐W ☐Th ☐F ☐SA ☒ALL

Hours of Operation: Sun: 8:00 am- 9:00 pm
Mon: 8:00 am- 9:00 pm
Tue: 8:00 am- 9:00 pm
Wed: 8:00 am- 9:00 pm
Thu: 8:00 am- 9:00 pm
Fri: 8:00 am- 9:00 pm
Sat: 8:00 am- 9:00 pm
24 hours ☐Y ☐N

Premise Type: ☐Liquor Store
☒Convenience Store
☐Other:

Licenses currently held:

Alcohol:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Class:	#:
Tobacco:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	#:	221060
Food:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	#:	221059
Extended Hours:	<input type="checkbox"/> Yes <input type="checkbox"/> No	#:	
Secondhand Dealer:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type:	#:
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type:	#:
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type:	#:

Who is your alcohol distributor?

Exterior Survey:

1. Is the area around the location clean? ☒ Yes ☐ No
2. What surrounds the location? (Check all the apply)
 - a. ☐ Park
 - b. ☐ School
 - c. ☐ Youth Center
 - d. ☐ Church
 - e. ☐ Tavern(s) If so, how many
☒ Residential
 - f. ☐ Other businesses
 - g. ☐ Other:
3. Can you see from the outside of the location into the interior ☒ Yes ☐ No
4. Can you see the employees inside of the location from the outside ☐ Yes ☒ No
5. Are exterior windows free of signage ☒ Yes ☐ No
6. Is there a parking lot ☐ Yes ☒ No
7. Is the parking lot clean? ☒ Yes ☐ No
8. Is the parking lot well lit? ☒ Yes ☐ No
9. Are there areas where a person could conceal themselves ☐ Yes ☒ No
10. Is there exterior lighting? ☒ Yes ☐ No. Does it appears to be adequate ☒ Yes ☐ No
11. Exterior Payphone? ☐ Yes ☒ No
12. Are there No Loitering Signs posted? ☒ Yes ☐ No
13. Are there exterior security cameras ☒ Yes ☐ No How Many: 5
14. Are the address numbers prominently displayed and easy to see ☒ Yes ☐ No

Camera Survey:

15. Does this location have security cameras? ☒ Yes ☐ No
16. Are they in working order? ☒ Yes ☐ No
17. What format are the cameras?
 - a. Color ☐ Yes ☐ No
 - b. Digital ☒ Yes ☐ No
 - c. VCR ☐ Yes ☐ No
 - d. Recorded ☐ Yes ☐ No
18. How long is footage stored for later viewing: 3 weeks
19. Are there exterior cameras ☒ Yes ☐ No How many: 5
20. Are there interior cameras ☒ Yes ☐ No How many: 4

21. Do all employees know how to retrieve recorded digital images/footage? ☐ Yes ☒ No

Interior Survey:

22. Is the storeowner willing to be a standing complainant regarding loitering? ☒ Yes ☐ No

a. If yes have them fill out the standing complaint form and give them two of the commercial signs ☒ Yes ☐ No

23. Is the interior of the location neat and clean? ☒ Yes ☐ No

24. Does an interior camera face the entrance/exit? ☒ Yes ☐ No

25. Is there a lockable area that separates employees from customers? ☒ Yes ☐ No

26. Does the store sell single chore boy? ☐ Yes ☒ No

27. Does the store sell blunt wraps? ☒ Yes ☐ No

28. Does the store sell scales? ☐ Yes ☐ No

29. Does the store sell items that may be used as crack pipes? ☐ Yes ☒ No

a. Describe item N/A

30. Does the store have an over abundance of sandwich baggies: ☐ Yes ☒ No

31. Does the owner understand that these items are often used for drug use? ☒ Yes ☐ No

32. Do the products in the store appear to be new and rotated often? ☒ Yes ☐ No

33. Are emergency and non-emergency numbers posted near the phone? ☒ Yes ☐ No

34. Does the owner know how to contact their police district directly? ☒ Yes ☐ No

a. Did you provide a district contact guide to the owner? ☒ Yes ☐ No

Complete this section if alcohol establishment is a convenience store:

(** Read full ordinance for all details "68-55 Convenience Food Stores")

All convenience food stores not exempted under sub. 3 shall:

1. Is the cash register located in a manner so that at the time of a sales transaction, the employee and customer are both visible from the sidewalk? ☒ Yes ☐ No **

2. Are the glass entrance and exit doors clear of any signs or advertisements with the exception of a sign which states that the cash register contains \$50 or less and that the safe is no accessible to employees? ☒ Yes ☐ No

3. Does the store maintain one of the following on the licensed premise:

a. A safe that was in use at the convenience food store on August 17, 1994? ☒ Yes ☐ No

b. A drop-safe or time release safe that weighs at least 500 pounds or which is attached to or set into the floor in a manner approved by the police department? ☐ Yes ☐ No

4. Is lighting provided for the store's parking area during all hours of darkness when employees or customers are on the premises at a minimum average of 2-foot candles per square foot, unless the store is not open for business after sunset and before sunrise? ☐ Yes ☐ No ☒ N/A

5. Are at least two high-resolution surveillance security cameras installed? ☒ Yes ☐ No

6. Are the security cameras in working order? ☐ Yes ☐ No

7. Does one camera show an overall view of the counter and register area? ☒ Yes ☐ No

8. Does one camera show a clear, identifiable, full frame image of the face of each person entering and leaving the store? ☒ Yes ☐ No

9. Are the camera views obstructed by fixtures or displays? ☐ Yes ☒ No

10. Is the recorded footage stored for at least 30 days? ☐Yes ☒No
11. Do all store employees know how to record footage from the camera system to media capable of being transferred to police custody? ☐Yes ☒No
12. Are customer entrances/exits made of glass or other transparent material? ☒Yes ☐No
- a. Exception: A store that does not have such doors on August 17, 1994 shall not be required to install such doors until the holder of the store's food dealer license changes.
13. Has the owner and their employees attended the Robbery Prevention Training within 120 days of ownership or employment? ☒Yes ☐No
- a. Contact Community Outreach and Education at 935-7836 for schedule.

Sub 3. Exemptions. The requirements of this section do not apply to a convenience food store that conforms to either of the following descriptions:

- a-1. The store is located in an enclosed shopping structure, enclosed commercial building or hospital. A convenience food store is not in an enclosed structure or building if a customer can enter it directly from the outside.
Does store conform to a-1 ☐Yes ☐No
- a-2 The store physically separates employees from customers with a solid partition that bars a person from entering the employee area from the customer area, has a secure lock on the employee side of any door between the employee area and the customer, and conducts all transaction through a service window or similar arrangement.
Does store conform to a-2 ☒Yes ☐No
- a. At the commissioner's discretion, a convenience store may be exempted from any or all of the regulations specified in sub 2.
Does this location hold an exemption from the commissioner regarding any of the requirements of Sub 2? ☐Yes ☐No

ADDITIONAL COMMENTS/RECOMMENDATIONS:

- 1: Owner states he will be adding additional exterior lighting.
- 2: Address for store location can be made larger.
- 3: Once under new ownership will add three additional cameras to exterior and four additional cameras to interior. Owner will also will convert to 45 days storage for video cameras.

Alcohol Concentration for 3801 N. 39th Street

City of Milwaukee, Wisconsin

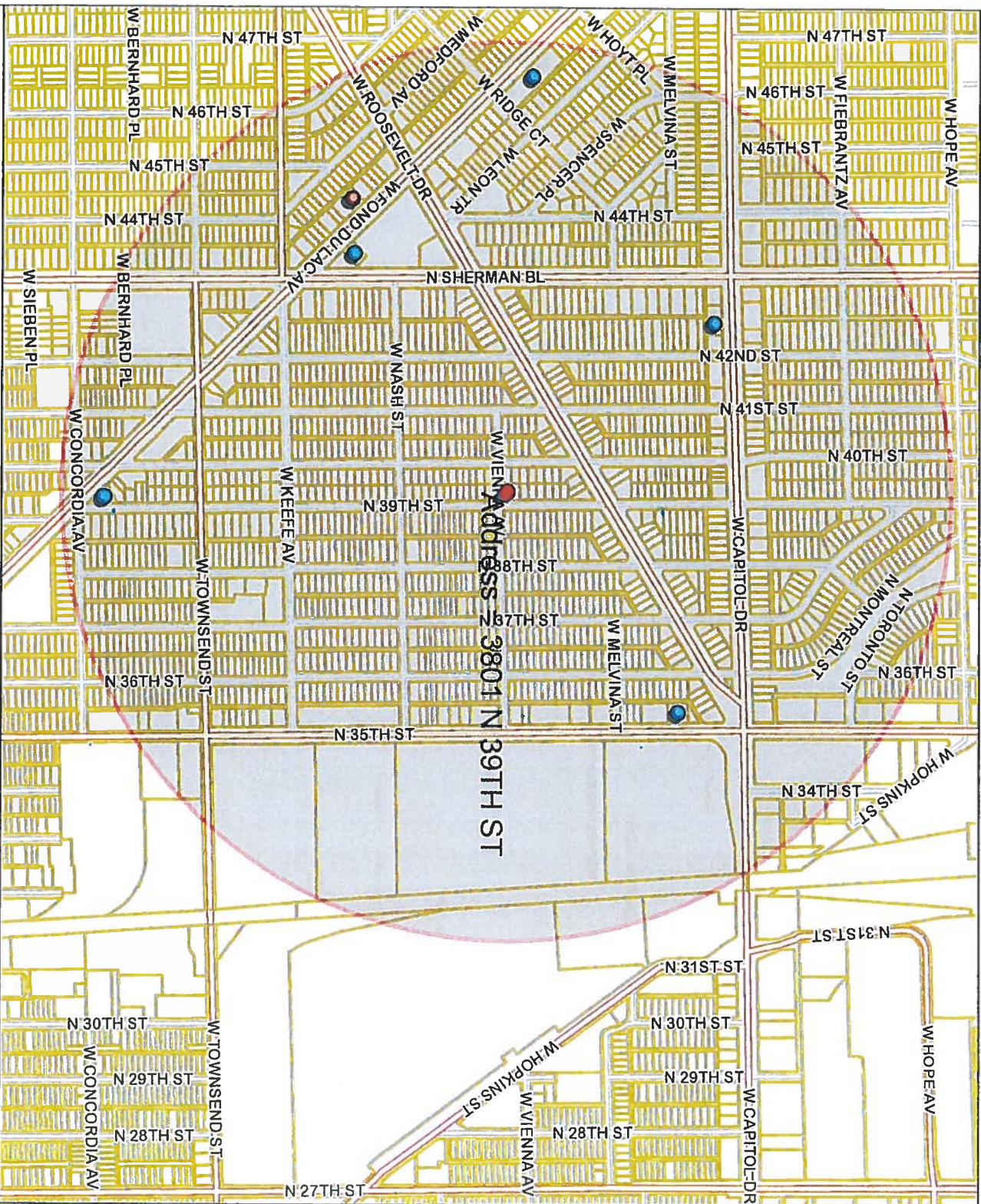


- Legend -

- City limits
- Parcels
- Freeways
- Freeways
- Exit ramps
- Entry ramps
- Ramps
- Major streets
- Streets
- Waterways
- Alcohol licenses
 - Class A intoxicating liquor
 - Class A fermented malt beverage
 - Class A liquor and malt
 - Class B fermented malt beverage
 - Class B tavern
 - Class C wine retailer

- Notes -

Alcohol establishments within a .5 mile radius centered on 3801 N. 39th Street on 11/4/15



Licensed Alcohol Beverage Establishments within a .5 Mile Radius Centered on 11/4/15 on 3801 N. 39th Street, 11/4/15									
License Summary		Total							
Class A Fermented Malt Beverage Retailer's License		1							
Class A Malt & Class A Liquor License		1							
Class B Tavern License		5							
Grand Total		7							
Legal entity	Trade name	Licensee	Address	License type name	Total capacity	Room capacity	Expiration date		
NIKKI LLC	VIENNA MINI MART	TEDDY JOHN, Agt	3801 N 39TH ST	Class A Fermented Malt Beverage Retailer's License			7/25/2016		
PARMSAT, INC	NORTHEND BEVERAGE II	SATNAM S KHERA, Agt	4409 W FOND DU LAC AV	Class A Malt & Class A Liquor License			3/4/2016		
AR Jones, LLC	Mr J's Lounge	ARLIS R JONES, Agt	4610 W FOND DU LAC AV F	Class B Tavern License			1/21/2016		
IN AETERNUM, INC	GENE BAR & GRILL	EUGENE F SMITH, Agt	3910 W FOND DU LAC AV	Class B Tavern License	120		6/2/2016		
M & J LOUNGE, INC	M & J CAP TAP	JANE M POINTER, Agt	4221 W CAPITOL DR	Class B Tavern License	47		10/10/2016		
Tatou Amusement, LLC	Tatou	Juan J Navarro, Agt	3945 N 35th ST	Class B Tavern License			3/20/2016		
THE GALLERY	THE GALLERY	STEPHANIE POWELL-EMONS, SP	4322 W FOND DU LAC AV	Class B Tavern License	70		7/5/2016		



Thursday, December 10, 2015

Licenses Committee Notice of Hearing

Teddy John
3801 N 39th St

Milwaukee, WI 53216

Date: 12/15/2015

Time: 08:45 AM

Location: Common Council chambers, Third Floor, City Hall

The Licenses Committee will consider the following license application:

Class A Fermented Malt Beverage Retailer's and Food Dealer's License
Applications

DHINDSA, Inderjit S, Agent

Vienna Mini Mart at 3801 N 39th St

Please note this application may be recommended for denial based on fitness of the location due to concentration of alcohol beverage outlets in the area. If the application is denied for this reason, no other application for an alcohol beverage license for this location shall be recommended for approval by the Licenses Committee within three years of the date of denial unless the applicant has demonstrated a change of circumstances since the prior denial.

If you have any questions, please call (414) 286-2238.





Thursday, December 10, 2015

Licenses Committee Notice of Hearing

Inderjit S Dhindsa
8175 S 77th St

Franklin, WI 53132

Date: 12/15/2015

Time: 08:45 AM

Location: Common Council chambers, Third Floor, City Hall

The Licenses Committee will consider the following license application:

**Class A Fermented Malt Beverage Retailer's and Food Dealer's License
Applications**

DHINDSA, Inderjit S, Agent

Vienna Mini Mart at 3801 N 39th St

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If you have any questions, please call (414) 286-2238.





BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 9/15/15

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 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:

BEER AND GROCERY STORE

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

2. Business Operations

- a. Proposed Opening Date: 12/17/15
- 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: CLASS A MALT + FOOD
- 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: EBT, LOTTERY, WIC
- 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: 2 Locations: BY COUNTER, BY ENTRANCE
Outside: 2 Locations: BOTH SIDE OF STORE
- h. Is a crowd control barrier used? ☒ No ☐ Yes If yes, describe: _____
- i. Describe sanitation facilities (restrooms): ONE IN BASEMENT Waste Management
Name of solid waste contractor: ☐ Advanced Disposal ☐ Waste Management ☐ Other: WASTE DISPOSAL

5. Security

- a. Are there onsite parking spaces? ☒ No ☐ Yes If yes, how many? _____

Describe parking security plan: _____

- 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 _____

List their licensing, certification, or training credentials _____

Will there be security cameras? ☐ No ☒ Yes If yes, where? SIDE OF BUILDING, BEHIND COUNTER, ENTRANCE

Will searches/identification verification be conducted upon entry? ☒ No ☐ Yes If yes, describe _____

6. Percentage of Sales (must total 100%)

Alcohol <u>Beer</u> <u>20</u> %	Food <u>50</u> %	Secondhand Merchandise _____ %	Precious Metals & Gems _____ %
Entertainment _____ %	Cigarettes <u>10</u> %	_____ %	_____ %
Pawnbroker Activity _____ %	Salvaged Materials _____ % (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____ %	Other <u>20</u> % Describe: <u>Grocery, Lotto</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"/> Hotel/Motel – Number of Rooms: _____ | | <input type="checkbox"/> Rooming House – Number of Rooms: _____ | |

Type 2

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Liquor Store | <input checked="" type="checkbox"/> Corner Store | <input type="checkbox"/> Supermarket | <input checked="" type="checkbox"/> Convenience Store |
| <input type="checkbox"/> Gas Station | <input type="checkbox"/> Amusement/Phonograph Distributor | | <input type="checkbox"/> Auto Wrecker |
| <input type="checkbox"/> Used Car Dealer | <input 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: SNAP, WIC, LOTTERY

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: _____

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

f. Nearest Major Cross Street: VIENNA STREET

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

h. Describe Premises Structure: ☐ Single Story ☒ Multi-Story - # of Stories 2 ☐ Other: _____

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

j. Building Owner Name: INDERJIT S DHINDRA Phone Number: 414 7958101

Business Owner Address: 8175 S 77th ST, FRANKLIN, WI 53132

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	8 AM	9 PM	400	45	
Monday	8 AM	9 PM	425	45	
Tuesday	8 AM	9 PM	435	45	
Wednesday	8 AM	9 PM	475	45	
Thursday	8 AM	9 PM	450	45	
Friday	8 AM	9 PM	500	45	
Saturday	8 AM	9 PM	489	45	

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)

Inderjit S Dhindra
Sole Proprietor, Partner, Agent, or 20% or more Shareholder

Deep K. Dhindra
Signature of additional partner or 20% or more Shareholder

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



ALCOHOL BEVERAGE & PUBLIC ENTERTAINMENT PREMISES 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:	INDERTIP CORP
Premise Address:	3801 N 39TH ST MILWAUKEE WI 53216
Proximity of Premises to Church, School, Daycare Center or Hospital	
Is there at least 300 feet between the building and any church, school, daycare center or hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
"Service Bar Only" Designation	
If applying for Class B or C license, are you applying for "Service Bar Only"? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Service Bar Only means customers cannot sit at the bar. Alcohol is served to patrons seated at tables. No stools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.	
Business Information	
a) Are you taking out this application for anyone that may not be eligible for a license? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list name and address: _____	
b) Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the business? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If no, list the name and address of the person(s) who will: _____	
Class B Applicants: If the agent, a partner or the individual licensee will not be conducting the day-to-day operations of the business, the person(s) listed above must obtain a Class B Managers license.	
c) Does anyone else have money invested or any other interest in this business? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain: _____	
d) Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list name and address: _____	
Proof of Ownership, Lease, or Offer to Purchase (new & transfer applicants only)	
Submit proof of ownership, lease, or offer to purchase the building with this application. A lease or offer to purchase must:	
a) Be in the same legal entity name as that apply for the license NO	
b) Reflect the same address as the premises address on this application YES	
c) Reflect current dates and	
d) Be signed by the lessor/seller and lessee/buyer	
Property Information (new & transfer applicants only)	
a) Do you own or lease the building? <input type="checkbox"/> Own <input checked="" type="checkbox"/> Lease	
b) Who owns the fixtures (for example, coolers, etc.)? INDERTIP & SHINDSA	
c) Are you purchasing the stock and/or fixtures? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, amount paid \$ _____	
d) Total amount paid for business \$ 279,000	
e) Total amount paid for goodwill of the business \$ 39,000	
Goodwill comprises the reputation and customer relationships of an existing business. If the price you pay for the business exceeds the fair market value of all of the rest of the assets of the business, the excess may be considered goodwill.	
f) Have you made arrangements with the seller for payment of personal property taxes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

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

Lease Information (new & transfer applicants who are leasing the premises only)

- a) Date lease begins Jan 1 2016 Ends 12/31/2020
b) Monthly rental \$ 1200.00
c) Do you have an option to renew the lease? ☐ No ☒ Yes
d) Does your lease allow for assignment to another party without the consent of the owner? ☒ No ☐ Yes
e) For what length of time have you been guaranteed occupancy (number of years)? 60 MONTHS / 5 YEARS
f) In addition to paying the monthly rental, will you have to pay anything additional to the owner of the building to guarantee performance of the lease? ☒ No ☐ Yes If yes, explain _____
g) Does the present owner or occupancy object to the granting of your license? ☒ No ☐ Yes
If yes, explain _____

Change of Agent Applicants Only

- Have there been any changes to the floor plan since the last application was submitted? ☐ No ☐ Yes
If no, a new floor plan is not required. If yes, submit a new floor plan and explain the change(s): _____

Notarized Signatures of Applicants

SUBSCRIBED AND SWORN TO BEFORE ME

This 4th day of November, 2015

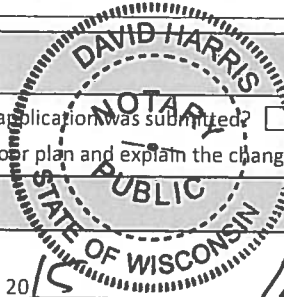
David Harris

(Clerk/Notary Public)

My Commission Expires

2/19/17

*Notary Seal must be affixed.



Indy S. Dineen
Sole Proprietor, Partner, 20% or more Shareholder, or
Agent - only if there are no 20% or more shareholders

Amari K. Dineen
Additional partner or 20% or more shareholder

Note: All information contained in this application is subject to approval by the Common Council.
Deviating from approved plan of operation will subject licensee to citations, and/or suspension or non-renewal of the license.
Contact the License Division for information on how to request changes.

New and transfer of premise applicants must submit the following:

- ☐ Proof of ownership, lease or offer to purchase the building ☐ Detailed floor plan ☐ If a restaurant, copy of the menu



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: INDERTIP CORP
 Premises Address: 3801 N. 39TH STREET MILWAUKEE, WISCONSIN

1. Application Type

Is this a new food business or are you taking over a food business which is currently operating?

- ☒ Taking over a currently operating, licensed food business
☐ New business (includes taking over a closed food business)

Will you be sharing kitchen space with another food establishment?

- ☐ Yes, I intend to rent space in my kitchen to other food businesses
☐ Yes, I am renting space from another food business which will also be using the kitchen*
☒ No, I will be the only food business using the space

*If renting space in a commercial kitchen with another operator, a completed and signed Shared Kitchen Agreement is required.
 The form is available at www.milwaukee.gov/license

Provide a brief description of the food establishment.

FROZEN FOOD, GROCERIES

Attach a copy of your menu or general listing of the types of food products that will be sold. Indicate what information you will be including:

- ☐ Menu ☒ List of the types of products (for example: packaged foods, deli case, meat department)
SEE LIST

What is the anticipated opening date or date of change of ownership: 12/17/15

2. Construction, Remodeling and Equipment

Are any construction, remodeling or equipment changes planned? ☒ Yes ☐ No If no, skip to section 3.

Scope of the planned project?

- ☐ New construction or conversion of an existing structure to be used as a food establishment
☒ Renovation/remodeling of a food establishment, which may or may not include equipment changes
☐ Renovation/remodeling limited to the installation/change/replacement of food equipment

Provide a brief summary of the proposed construction, remodeling and/or equipment change:

ADD FROZEN FOOD FREEZER

Note: Building permits may be required. Contact the City of Milwaukee Development Center.

Date alterations/changes planned to begin JULY 1ST, 2016

Name, address and phone number of architect

NOT AT THIS TIME

Name, address and phone number of general contractor

NOT AT THIS TIME

3. Premises Description

Will food be prepared/sold at a single site or at multiple sites? (multiple site example: a hotel with multiple dining rooms or bars):

☒ Single ☐ Multiple

- If multiple sites will be used, how many separate sites will be used?

List all sites and briefly describe the nature of the food activities at each site:

Are any outdoor operations planned? ☐ Yes ☒ No

- If yes, what activities will be conducted outdoors (check all that apply):

☐ Bar ☐ Cooking/Grilling ☐ Dining – Patio ☐ Dining – Sidewalk (DPW permit required) ☐ Storage

☐ Other, Specify

Is seating provided on site for dining? ☐ Yes ☒ No

- If yes, are there additional banquet facilities other than the main dining area? ☐ Yes ☐ No

Total square footage of the establishment (exclude space used for other purposes other than food)

Number of Full Time Employees

Number of Part Time Employees

4. Business Type

Select the one that best describes the proposed business:

☐ Bed & Breakfast

☐ Community Food Program – A meal site or food pantry where food is provided free of cost to persons in need, or to organizations serving persons in need.

☐ Distiller or Brewer – Facility primarily engaged in the production of alcohol beverages.

☐ Food Distributor – A business that transports food for sale to retail and wholesale establishments, and does not prepare any food items

- Is food stored on site? ☐ Yes ☐ No

☐ Food Manufacturer – A commercial operation that produces, packages, labels, or stores food, but primarily does not provide food directly to a consumer. Food is sold to distributors, retailers or restaurants. There may be a small retail store onsite where only the manufacturers products are sold, but the majority of product is sold to other licensed food establishments.

- Is there a retail store onsite? ☐ Yes ☐ No

☒ Food Store – An establishment in which the majority of food sales consist of beverages or multi-serving food products requiring further preparation prior to consumption. Examples of food stores include bakeries, grocery stores, convenience stores, coffee shops, liquor stores. Food stores include businesses whose primary business is other than food (book store, pharmacy, etc.), but offer convenience food items.

- If a food store, are you considered a convenience food store (see definition below)? ☒ Yes ☐ No

A convenience food store contains less than 5,000 sq. ft. of retail sales space AND has as its primary business the sale of basic food items and in addition sells household products. Basic food items may include, but are not limited to, milk and dairy products, bread products, prepared sandwiches, frozen entrees, refrigerated food and baby food. Household products may include, but are not limited to, cleaning products, paper products, baby products and pet food.

☐ School Lunch Program – Lunch program operated by an outside contractor. (If directly operated by the school, this license is not needed.)

☐ Restaurant – An establishment in which the majority food sales consist of meals or other items ready for immediate consumption.

☐ Shared Kitchen, Commissary or Base – A commercial kitchen used for the production of food to be served or sold at another location; a base of operations for a food peddler, caterer or seasonal market vendor.

- Will meals make up greater than 50% of your sales? ☐ Yes ☐ No

4. Business Type (Continued)

Type of sales (check all that apply, even if it reflects a small percentage of the proposed business)

- ☒ Made directly to the general public or end consumer (includes internet sales)
☐ Made to other food establishments (wholesaler, distributors, retail or restaurants) who will resell your product(s)

What percentage of your planned food sales will be meals versus grocery items?

20 % from meals (ready-to-eat food)

80 % from grocery items (foods typically requiring preparation before serving, includes typical grocery items, beverages, bakery items and raw produce)

Will customers be able to purchase food through a drive through? ☐ Yes ☒ No

Will customers be able to purchase food from a self-service salad or food bar? ☐ Yes ☒ No

Will food be prepared on site and then transported for sale or consumption at another location? ☐ Yes ☒ No

If yes, check all the reasons why the food will be transported:

- ☐ Catering ☐ Delivery ☐ Base for Mobile Food Peddler ☐ Base for temporary or seasonal food stand

☐ Other-Describe:

5. ISSUANCE OF LICENSE

Will any alcohol or intoxicating beverages be sold at the establishment? ☒ Yes ☐ No

If yes, what type of license do you have or will you be applying for?

- ☒ Class A fermented malt beverage license ☐ Class A liquor license
☐ Class B fermented malt beverage licenses ☐ Class B liquor license
☐ Class C wine license

If yes, if your food license is approved prior to the alcohol license, when would you like the food license issued?

- ☐ immediately so you can open your food business ☒ at the same time as the alcohol license

6. AFFIRMATION OF UNDERSTANDING – PERMIT NEEDED TO OPERATE

Read and initial each item confirming your understanding:

- JA I understand that an inspection and sign off by the Health Department is required before my permit may be issued.
- 29 I understand that the Health Department will review my application and will update the application based on what is observed during my onsite inspection. My representative onsite at the time of inspection must have the authority to approve corrections to my application.
- TD I understand that an occupancy permit must be issued and an inspection may be required from the Department of Neighborhood Services before my permit may be issued.
- 20 I understand that the Department of Neighborhood Services must sign off on my application with the License Division before my permit may be issued.
- 20 I understand the local council member must approve or deny my request before my permit is eligible to be issued. If denied, I understand that I may appeal and be scheduled for a hearing before the License Committee of the Common Council.
- 20 I understand that the License Division must have proof of payment for the associated permit fees before my permit may be issued.
- 20 I understand that all of the above must be complete before my permit is eligible to be issued.
- 20 I understand that the license for which I am applying must be issued and posted in my business premises prior to opening for business.

I, INDERJIT S DHINDSA, will not operate my food business, until the permit has been issued and posted in the establishment.
Name of Applicant

Signature of Applicant:

Indarjit S Dhindsa

Date:

11/4/15

- ① Grocery
- ② Nachos
- ③ Food
- ④ Bakery
- ⑤ Coffee
- ⑥ Slushie
- ⑦ Popcorn
- ⑧ Ice cream
- ⑨ Frozen Food

Juice

Soda

Milk, cheese and all dairy products.

Ready to eat product

All home used grocery &

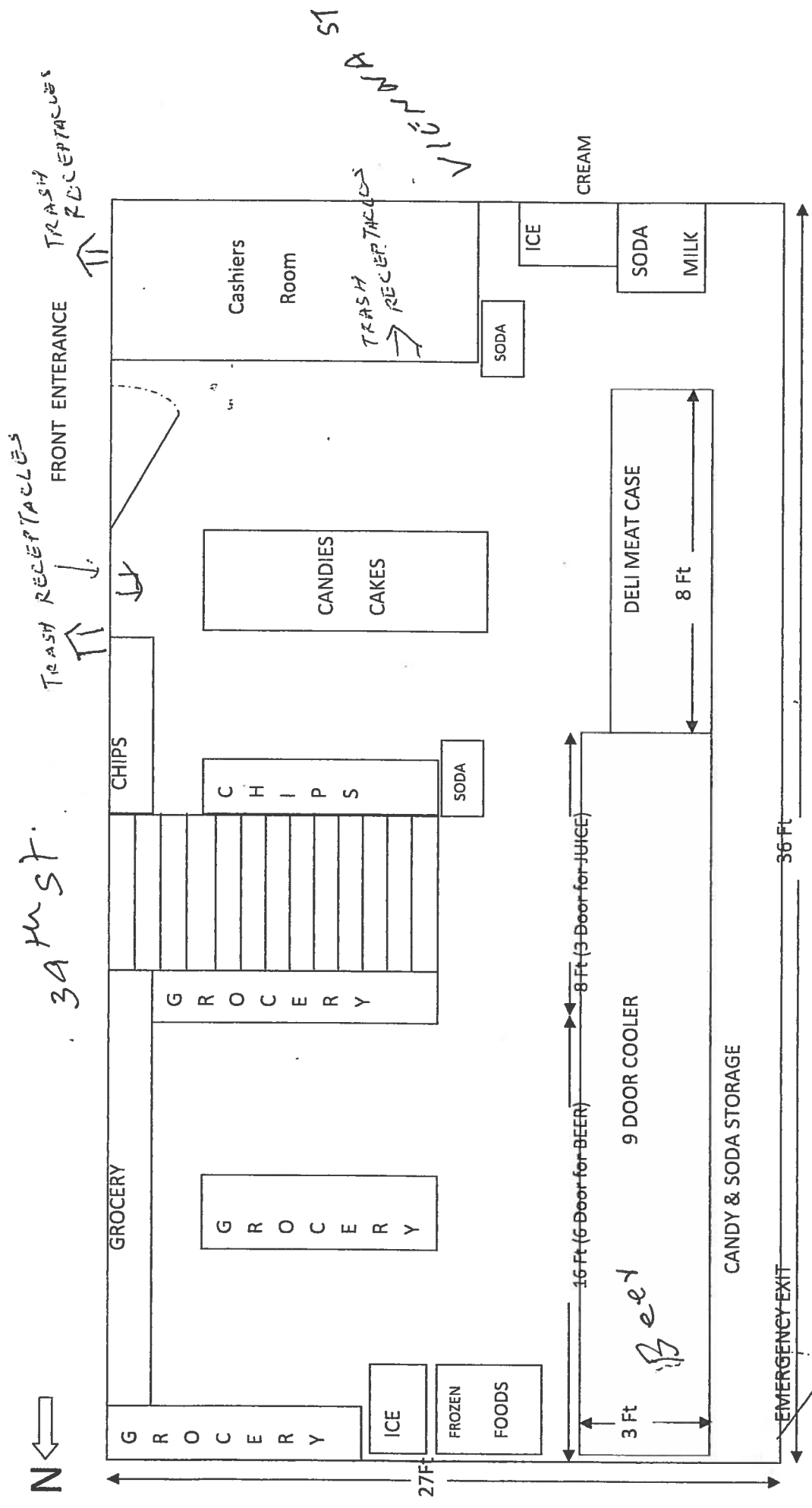
Deli.

Chips, candies,

Hot dogs

Pizzas, frozen vegetable etc

FIRST-FLOOR Floor Plan



TOTAL SQUARE FOOTAGE = 975 Sq Ft

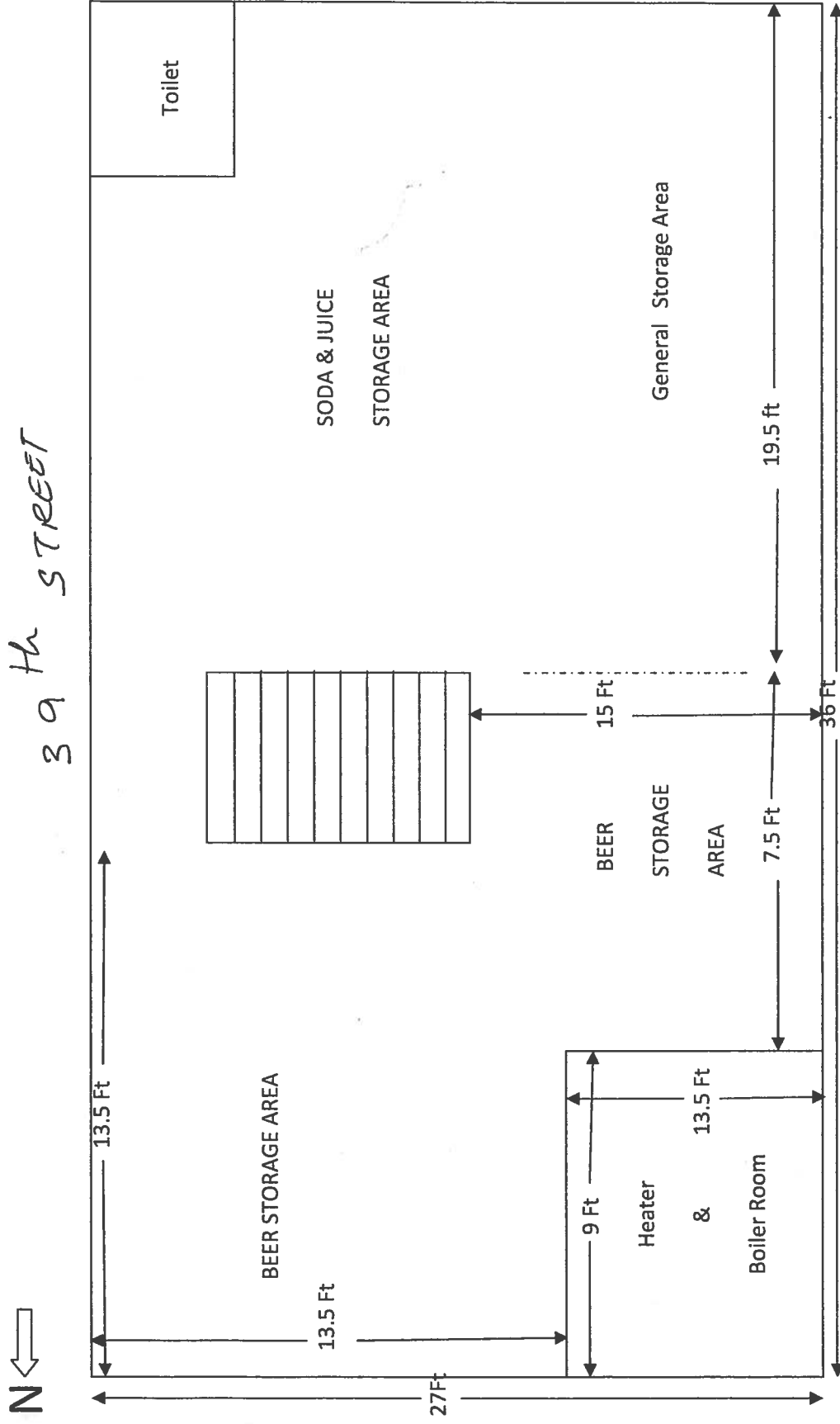
DATE: 10/30/2015

Trade Name: - Vienna Mini Mart

3801 N 39th ST MILWAUKEE WI 53216

Agent - Indertip S. Dhinasek

BASEMENT Floor Plan



TOTAL SQUARE FOOTAGE = 975 Sq Ft

DATE: 10/30/2015

Indertip Corp

Vienna Mini Mart - 3801 N 39th St, Milwaukee, WI - 53216

T

Indrajit S. Dhingra Agent

VIENNA ST