

CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Friday, October 12, 2018

COMMITTEE MEETING NOTICE

AD 10

Brittany S Brown

3228 N 15th St

Milwaukee, WI 53206

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

Tuesday, October 23, 2018 at 10:00 A



Regarding:

Your Tattoo and Body Piercing License Application for "Real Ink" at 5133 W NORTH Av.

There is a possibility that your application may be denied for one or more of the following reasons: The recommendation of the committee regarding the application shall be based on evidence presented at the hearing. Per MCO 85-2.7-4, probative evidence concerning whether or not a new license should be granted may be presented on the following subjects: whether or not the applicant meets the municipal requirements, the appropriateness of the location and premises where the licensed premises is to be located and whether use of the premises for the purposes or activities permitted by the license would tend to facilitate a public or private nuisance or create undesirable neighborhood problems such as disorderly patrons, unreasonably loud noise, litter, and excessive traffic and parking congestion. Probative evidence relating to these matters may be taken from the plan of operation submitted with the license application, if any, but shall not include the content of any music. Evidence regarding the fitness of the location of the premises to be maintained as the principal place of business, including but not limited to whether there is an overconcentration of businesses of the type for which the license is sought; whether the proposal is consistent with any pertinent neighborhood business or development plans, or the location's proximity to areas where children are typically present. The applicant's record in operating similarly licensed premises; and whether or not the applicant has been charged with or convicted of any felony, misdemeanor, municipal offense or other offense, the circumstances of which substantially relate to the activity to be permitted by the license being applied for or any other factor which reasonably relates to the public health, safety or welfare may also be considered. See attached police report or correspondence.

Notice for applicants with warrants or unpaid fines:

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

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

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

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

Limited parking for persons attending meetings 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.

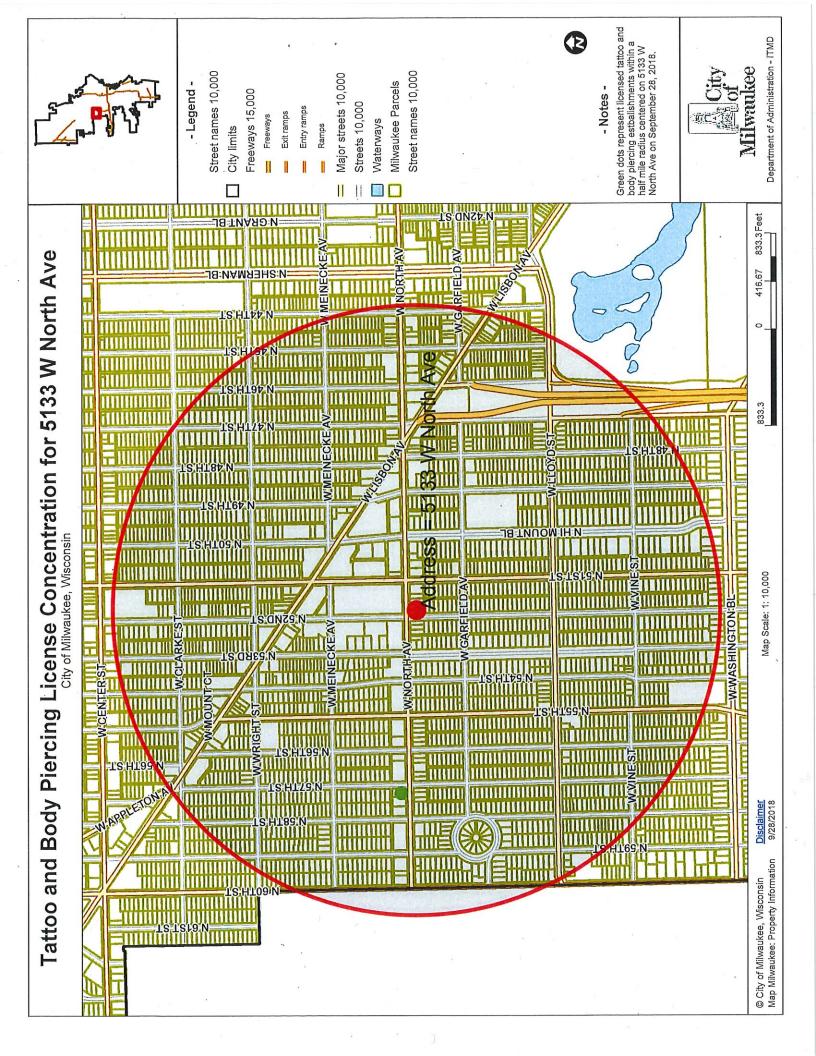
PLEASE NOTE: Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through sign language interpreters or other auxiliary aids. For additional information or to request this service, contact the Council Services Division ADA Coordinator at (414) 286-2998, Fax -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

JIM OWCZARSKI, CITY CLERK

BY:

Jessica Celella

License Division Manager



Licensed Tattoo and Body Piercing Establis	g Establishments within a Half Mile F	ishments within a Half Mile Radius Centered on 5133 W North Ave on September 28, 2018	we on September 28, 2018
		,	
TradeName	LegalName	PremiseAddress	Expiration Date
Atomic Tattoos	Atomic Tattoos Midwest, LLC	5700 W NORTH AV	6/30/2019

.

To: The Licenses Committee

From:Brittany Brown

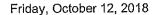
In Regard Of The Objection To Obtain Licensees For A Tattoo Parlor Located At 5133 W North Ave

I'm Appealing The Objection Letter I Received In The Mail For REAL INK TATTOO Located At 5133 W North Ave Milwaukee Wisconsin 53208

I Understand That My Request Was Denied Due To There Being Other Businesses In The Neighborhood Providing The Same Services As Mines However This Location Was Picked Because Of The Area & The Environment Is A Better Fit For A Successful Business That I Am Trying To Open I Have Invested So Much Time Money & Effort Into This Location Packing Up & Moving Starting Over Will Be Kind Of Stressful I Adjusted My Life & Kids Schooling Around This Location

I Can Reassure That Granting My Business The Licenses That I Need At This Location Will Not Only Benefit Me But Also The Community I'm Just Asking For A Chance I Can Be REACHED at 414-5507108

Brittany Brown







Notice of Public Hearing

BROWN, Brittany S Real Ink at 5133 W NORTH Av Tattoo and Body Piercing License Application

Tuesday, October 23, 2018 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 10/23/2018 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.

OCCUPANT	MAIL ADDRESS	CITY, STATE ZIP
CURRENT OCCUPANT	2232 N 52ND ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2235 N 52ND ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2236 N 52ND ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2207 N 52ND ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2209 N 52ND ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2229 N 51ST ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2234 N 52ND ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2237 N 52ND ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2236 N 53RD ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2239 N 52ND ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	5207 W NORTH AVE 3	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2215 N 52ND ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2211A N 51ST ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2228 N 52ND ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	5117 W NORTH AVE	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2250 N 53RD ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2206 N 52ND ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2212 N 52ND ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2216 N 52ND ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2222 N 52ND ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2223 N 52ND ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2229 N 52ND ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	5121A W NORTH AVE	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2226 N 53RD ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	5131 W NORTH AVE 1	MILWAUKEE, WI 53208
CURRENT OCCUPANT	5221 W NORTH AVE	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2230 N 53RD ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2235 N 51ST ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2238 N 52ND ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2242 N 53RD ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	5207 W NORTH AVE 2	MILWAUKEE, WI 53208
CURRENT OCCUPANT	5119A W NORTH AVE	MILWAUKEE, WI 53208
CURRENT OCCUPANT	5121 W NORTH AVE	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2210 N 52ND ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2219 N 52ND ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2219A N 51ST ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2225 N 52ND ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2239 N 51ST ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2208 N 52ND ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2211 N 51ST ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2219 N 51ST ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2218 N 53RD ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2225 N 51ST ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2226 N 52ND ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2231 N 52ND ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2241 N 52ND ST	MILWAUKEE, WI 53208
	•	

CURRENT OCCUPANT 5207 W NORTH AVE 1 MILWAUKEE, WI 53208
CURRENT OCCUPANT 5203 W NORTH AVE MILWAUKEE, WI 53208
CURRENT OCCUPANT 5131 W NORTH AVE 2 MILWAUKEE, WI 53208
CURRENT OCCUPANT 2213 N 52ND ST MILWAUKEE, WI 53208
CURRENT OCCUPANT 2221 N 52ND ST MILWAUKEE, WI 53208

Total Records: 51

Radius: 250.0 feet and Center of Circle: 5133 W North Ave

ccl-busplan 12/14/17



BUSINESS LICENSE PLAN OF OPERATION

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

1. T	ype of Business
Applyir	ng for: Extended Hours (12AM to 5AM) - If a food establishment, check all that apply: Delivery Drive Thru Dining Room
	Self Service Laundry Massage Establishment Filling Station
	MOther (supplemental application for specific license also required) Tathor Shop
Provide	e a detailed description of the type of business you plan on operating:
Do you	have any experience operating this type of business? 🗌 No 🕱 Yes If yes, explain: Learning
	usiness Operations
a.	Proposed Opening Date: 08 01 2018
b.	Is this premise under construction? X No Yes If yes, list estimated completion date:
c.	Is this a franchise? XNo 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? XNO Yes
	If yes, explain:
g.	Have you previously held an Extended Hours License in Milwaukee? No 🔲 Yes
	If yes, list address(es):
h.	Are other businesses operating in the same building? X No Yes If yes, describe:
3. Li	tter & Noise
a.	How are grounds kept clean? 💢 Sweep 🔲 Pressure Wash 💢 Pick Up Litter 🔲 Other:
b.	How often will grounds be cleaned? 🂢 Daily 🗌 Weekly 🔲 As Needed 🔲 Monthly 🗍 Other:
c.	Grounds cleaned by: XLicensee 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. Sr	moking & Sanitation
a.	Are there designated outdoor smoking areas? No Yes If yes, describe:
b.	Number of Garbage Cans: Inside: 4 Locations: Stations Locations
	Outside: Z Locations: Siche of building
c.	Is a crowd control barrier used? No Yes If yes, describe:
d.	How many restrooms are on the premises?
e.	Name of solid waste contractor: Advanced Disposal Waste Management Wother: City Of Wilwauke

5. Security								
a. Are there onsite parking spaces? 🔀 No 🗌 Yes If yes, indicate how many? and describe the parking security								
plan:								
b. Is there a loading zone?	No Yes If yes, d	lescribe the l	loading area security pla	in:				
c. Will you have security personnel on premise? No Yes If yes, how many? and answer the following:								
What are their responsibilities?								
Is security equipment used? No Yes If yes, describe								
	certification, or trainin				ind a sacida			
					wilding, inside			
e. Will searches/identificati	on checks be done upor	n entry? [[No Yes If yes, descri	ibe				
6. Percentage of Sales	(must total 1009	%)	<u> </u>					
Alcohol%	Food	%	Secondhand Merchandis	e	Precious Metals & Gems			
Entertainment%	Cigarettes	%	%		%			
Pawnbroker Activity%	Salvaged Materials (such as scrap metal)	% Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) 100 %		Other% Describe:				
7. Businesses/Licenses on the Premises (check all that apply):								
Type 1 Full Service Restaurant	Cafe/Coffee Shop		ast Food Restaurant	Private	/Fraternal/Veterans Club			
Night Club	☐ Tavern	Cocktail		Teen C				
Banquet Hall	Sports Facility	Bowling	-	Last record				
_ '			g House: Number of Floo	nre:				
☐ Hotel/Motel : Number of Fid Number of Ro		L_1 Rooming	g riouse. Number of Roc					
Type 2	Onio:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Liquor Store	Corner Store	Superma	arket	Conven	lence Store			
Gas Station	Gas Station Amusement/Phonograph Distributor Recycling, Salvage or Towing							
Used Car Dealer Personal Service Establishment Recording Studio (such as tattoo business, hair salon, tailor, etc.)								
What other licenses/permits will you hold at this location? (check all that apply)								
Occupancy Permit Cigarette & Tobacco Gas Station Extended Hours Class "B" Tavern Weights & Measures								
Secondhand Dealer Precious Metal & Gem Other:								
8. Legal Capacity (only	y if a Type 1 prer	nises in #	†7 above)					
Capacity (Cali the	: Milwaukee Development	t Center at 414	4-286-8211 if you have que	estions.)				

9. Premises D	Pescription							
a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage): ↓ 1 st Floor □2 nd Floor □Basement Storage □Patio □Beer Garden □Sidewalk Café □Deck □Rooftop								
☐Other: Describe:								
b. Describe Location: Major Thoroughfare Secondary Street Other:								
c. Nearest Major	No. To I Co							
d. Describe Build	ing: Free Standing Buildi	ing 🔲 Strip Mall 🔲 Other:	:					
e. Describe Prem	ises Structure: Single Sto	ory 🛣 Multi-Story - # of Sto	ries 👤 🗌 Other:	*				
f. Describe Surro	unding Area: X Commercia	ial 🗌 Residential 🔲 Industr	rial Other:		*			
g. Building Owne	r Name: KCVIVI (N	7170	Phone Number: 4H.	<u>336.06</u>	<u>96</u>			
Business Owne	er Address: 3889 n	10141	collection to Management are as a State of Semich Management and Semicon College are a see about the collection	Control Control Control Control Control				
10. Hours of C	Operation & Custo	mers						
Will customers be ent	ering the premises? No	Yes		*				
	· Works and the American American Company of the Co	rs of Operation:	Estimated Number	Potential	Class B Tavern			
Day of the Week	Open Time	Class Time	of Customers	Age Range of	Applicant Only: Age Restriction			
	(include a.m. or p.m.)	Close Time (include a.m. or p.m.)	expected each day	Customers	(If none, write 'None')			
Sunday	Close	Closc		<u> 1800-1900 (1900-1900)</u>	The state of the s			
Monday	10 am	lipm	6	18+				
Tuesday	10 am	NAM	10	18+				
Wednesday	10 am	Nom	10	18+				
Thursday	10 am	lion	8	181				
Friday	10 am	110m	8	18+				
Saturday	10am	lipm	10	181				
An Extended Hours Est piercing, salon, tailor, t	ablishment License is requir tanning, etc.), recording stuc	ed for any convenience store dio or restaurant which is ope	filling station, personal en between the hours of :	service establish 12:00 a.m. and 5	ment (such as tattoo, body :00 a.m.			
Alcohol Establishment: Permitted Hours of Op		am to 9:00 pm Sunday thru S am to 2:00 am Sunday thru T) am Friday & Sat	curday			
Entertainment Outdoor Closing Hours: 10:00pm Sunday-Thursday; 12:00am Friday & Saturday; unless a different time, either earlier or later, is established by the Common Council in its approval of the licensee's plan of operation.								
11. Signature(
B.Bu.		Confidence of the Confidence o			Management of the second of th			
	rietor, Partner, or 20% or mo % or more shareholders,	re Shareholder S	Signature of additional pa	rtner or 20% or	more shareholder			
	-print name/title and sign)							



TATTOO & BODY PIERCING ESTABLISHMENT SUPPLEMENTAL APPLICATION

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

Legal Entity Name: Real 10 V										
Premise Address: 5133 W north Ave Milwauter, W153208										
SERVICES OF	SERVICES OFFERED (check all that apply)									
TATTOO SERVICE	ES					PIERCI	NG SEI	RVICES		
Tattoo Other Body Art: Tattoo Removal Scarification Subdermal Implants Permanent Makeup Braiding Branding Microblading Other:						☐ Body Piercing ☐ Ear Piercing ☐ Microdermals ☐ Other:				
Will an ultrasonic device for equipment cleaning be onsite? Yes XNO Describe the hand washing method used in procedure area(s)? DEFORE & PHOC GIVES OVE TEMOVED & DULY ON										
Number of Empl	oyees:	Number of Tattoo	oists:	Number	of Posty Pie	rcers:	N	umber of Pr	ocedure St	ations:
		<u> </u>	1 1 1 1				<u> </u>	<u> </u>	egan ng mateur an	
ACKNOWLED	GEMENT & SIG	NATURES							•	
Signature of Sole Proprietor, Partner, Agent or 20% or More Shareholder of Corporation or LLC Signature of Additional Partner(s)										
Supporting D	ocumentatio (ń			in the second se				1	
The following do	cumentation must	be available onsite	for the preincrection	nn.						
APPLICANT	earne rador rads	De available offsite	for the premspection) i i	EC	OR HEALTH	LDED	A DTRACKIT	LICE ON	V
1	se items vou are su	bmitting with this a	polication:			Reviewed		ANTIVILINI	Approved	
☐ Floor Plan		3			☐ Yes	□ No	□ NA	☐ Yes	□ No	□NA
☐ Equipmen	ıt List				☐ Yes	□ No	□NA	□ Yes	□ No	□NA
☐ List of all f	finished materials	•			☐ Yes	□No	□NA	☐ Yes	□No	□NA
☐ Lighting P	lan				☐ Yes	□ No	□ NA	☐ Yes	□No	□NA
	sposal Plan				☐ Yes	□ No	□ NA	☐ Yes	□ No	□NA
	odent Control Plar				☐ Yes	□ No	☐ Yes	□No	☐ Yes	□ No
***************************************	Operating Procedu				☐ Yes	□ No	□ NA	☐ Yes	□ No	□NA
☐ Infection Prevention & Control Plan					☐ Yes	□ No	□NA	☐ Yes	□ No	□NA
					☐ Yes	□No	□NA	☐ Yes	□No	□NA
☐ Facility Documents					☐ Yes	□ No	□ NA	☐ Yes	□ No	□NA
☐ Copy of In	itial Spore Results				☐ Yes	□ No	□ NA	☐ Yes	□ No	□NA
Office Use Or	ılv									
Filed		Initials		Applica	tion#	:11		Paid		
MPD	CC	HD	NS	Granted	1			License #		

Britany Brown
Real INC
5133 W 522 ΟÚ + 450081 Station 2 TONT AR E allas SINT Employee Salon 58 x 35 Children Children 52 rd < X > ~Z



CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Friday, October 12, 2018

COMMITTEE MEETING NOTICE

AD 10

KIMBLE, Marvin L, Agent Powerhouse Kickz LLC 5708 W NORTH Av

Milwaukee, WI 53208

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

Tuesday, October 23, 2018 at 10:00 AM

Regarding:

Your Secondhand Dealer's License Application as agent for "Powerhouse Kickz LLC" for "Powerhouse Kickz" at 5708 W NORTH Av.

There is a possibility that your application may be denied for one or more of the following reasons: The recommendation of the committee regarding the application shall be based on evidence presented at the hearing. Per MCO 85-2.7-4, probative evidence concerning whether or not a new license should be granted may be presented on the following subjects: whether or not the applicant meets the municipal requirements, the appropriateness of the location and premises where the licensed premises is to be located and whether use of the premises for the purposes or activities permitted by the license would tend to facilitate a public or private nuisance or create undesirable neighborhood problems such as disorderly patrons, unreasonably loud noise, litter, and excessive traffic and parking congestion. Probative evidence relating to these matters may be taken from the plan of operation submitted with the license application, if any, but shall not include the content of any music. Evidence regarding the fitness of the location of the premises to be maintained as the principal place of business, including but not limited to whether there is an overconcentration of businesses of the type for which the license is sought; whether the proposal is consistent with any pertinent neighborhood business or development plans, or the location's proximity to areas where children are typically present. The applicant's record in operating similarly licensed premises; and whether or not the applicant has been charged with or convicted of any felony, misdemeanor, municipal offense or other offense, the circumstances of which substantially relate to the activity to be permitted by the license being applied for or any other factor which reasonably relates to the public health, safety or welfare may also be considered. See attached police report or correspondence.

Notice for applicants with warrants or unpaid fines:

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

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

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JIM OWCZARSKI, CITY CLERK

Jan Celn

Jessica Celella

BY:

License Division Manager

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



CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

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KIMBLE, Marvin L, Agent Powerhouse Kickz LLC 1856 N 24th Pl

Milwaukee, WI 53205

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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

you Celu

Jessica Celella

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

LICENSE T NEW: X RENEWAL	YPE: SHD			No. 276689 Application	Date: 0	6/20/18
	L ocation: 5708 S Name: Power	W. North Avenue house Kickz			,	
		IMBLE, Marvin L ast Name, First Name, MI) 5				•
City: Mil	ldress: 1856 N waukee one: 414-217-		State: WI	Zip Code: 53	3205	
This repor	rt is written by P	olice Officer Corsta	n D. COURT,	assigned to th	e Licens	e Investigation Unit
The Milwa	aukee Police De	partment's investiga	ation regardin	g this applicatio	n revea	led the following:
· 1.		nthony D BROOKS (n 02/03/09 he was c	1	•	•	
2.		e applicant was cha y) and Possession (•	-		ession with Intent-
Charge	1: Possession	of Cocaine (amende	ed to Misdem	eanor)		

2: Possession of THC (2 counts)

4 days at the House of Corrections

Guilty

03/08/12

2012CF000141

Finding:

Date:

Case:

Sentence:

3. On 03/20/14 Anthony D BROOKS (33.33% Owner) was cited in the City of Milwaukee at 1555 W. Hopkins Avenue with Possession of Marijuana.

Charge:

Possession of Marijuana

Finding:

Guilty

Sentence:

\$396.00 fine

Date:

05/16/14

Case:



APPLICATION AMENDMENT

LC Email: MPD NS HD Initials:

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

Date: 8/2/2018

Γot	he License Division of the City of Milwaukee:
, <u> </u>	Marun Kimble , wish to amend my answer(s) on the application for a (full legal name)
Sé	COND HAND DEALER license at 5709 w Worth Ave : (premises address, if applicable)
эу а	dding or amending the following information (complete only those sections being amended):
1.	Answer to Question(s) # should be:
2.	Agent should be (full legal name): Also complete 3, 4, 5 & 6
3.	Date of birth should be:
1.	Home address should be (include city/state/zip):
5.	Phone number should be (include area code):
ŝ.	Driver's License Number/State ID Number should be:
7.	Corporation/LLC name should be (full legal name):
3.	Business name should be:
€.	Premises address should be (include city/state/zip):
10.	Business phone number should be (include area code):
11.	Mailing address should be (include city/state/zip):
12.	Email address should be:
13.	Recycling/Salvaging/Towing: Location where vehicle will be parked should be (include city/state/zip):
	Class B Tavern: Age Distinction should be: Other: REMOUR LANCE GUCAS AND MARVIN KIMBLE
15.	and Ahthory Brooks are Solo Holders-
	(Check with the License Division before submitting "Other" amendments using this form.)
Subs	scribed and sworn to before me
his	day of 8/2 2018 Mark
	Signature of Licensee (Individual, Partner, or Agent of Corp/LLC)
Viy (Nota For	ary Public - State of Wisconsin Commission expires ry Seal must be affixed amendments relating to Alcohol Beverage Establishment, Temporary Public rtainment Premises, & Temporary Change of Plan licenses, your signature must be notarized.
⊃ffi,	ce Use Only: Application #: 8/6/(8 Date: 276685 Initials: TM To LC:







Notice of Public Hearing

KIMBLE, Marvin L, Agent Powerhouse Kickz at 5708 W NORTH Av Secondhand Dealer's License Application

Tuesday, October 23, 2018 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 10/23/2018 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.)
- 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.

COURANT	NAME ADDRESS	CITY CTATE 71D
OCCUPANT	MAIL ADDRESS	CITY, STATE ZIP
CURRENT OCCUPANT	2328 N 58TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2254A N 58TH ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	5715 W NORTH AVE 2	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2238 N 57TH ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2321 N 58TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2333A N 56TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2339 N 57TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2337 N 56TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2345 N 57TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2349 N 57TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2320A N 58TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2254 N 58TH ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2244 N 58TH ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2305 N 57TH ST 9	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2250 N 57TH ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2236 N 57TH ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2232 N 57TH ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2333 N 58TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2332 N 57TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2334 N 57TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2338 N 58TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2351 N 57TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2327 N 56TH ST	MILWAUKEE, WI 53210
•	2250 N 58TH ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT		MILWAUKEE, WI 53210
CURRENT OCCUPANT	2331 N 57TH ST	• 7
CURRENT OCCUPANT	2337 N 57TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2348 N 58TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	5722 W NORTH AVE	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2237 N 57TH ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2233 N 57TH ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2235 N 57TH ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	5709 W NORTH AVE 2	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2305 N 57TH ST 1	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2305 N 57TH ST 2	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2305 N 57TH ST 8	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2333 N 57TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2344 N 58TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2350 N 58TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2323 N 56TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2321 N 57TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2305 N 57TH ST 5	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2234 N 57TH ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2323 N 58TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2338A N 58TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2336 N 57TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2339 N 56TH ST	MILWAUKEE, WI 53210
22.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•

CURRENT OCCUPANT	2343 N 57TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2238 N 58TH ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2325 N 57TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2305 N 57TH ST 7	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2335 N 58TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2333 N 56TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2348 N 57TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2321 N 56TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2320 N 58TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2232 N 58TH ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	5715 W NORTH AVE 1	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2239 N 57TH ST	MILWAUKEE, WI 53208
CURRENT OCCUPANT	5709 W NORTH AVE 1	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2305 N 57TH ST 3	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2305 N 57TH ST 4	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2305 N 57TH ST 6	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2326 N 57TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2322 N 57TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	5803 W NORTH AVE	MILWAUKEE, WI 53208
CURRENT OCCUPANT	2338 N 57TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2344 N 57TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2332 N 58TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2326 N 58TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2327 N 57TH ST	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2305 N 57TH ST 10	MILWAUKEE, WI 53210
CURRENT OCCUPANT	2327 N 58TH ST	MILWAUKEE, WI 53210

Total Records: 72

Radius: 250.0 feet and Center of Circle: 5708 W North Ave

ccl-busplan 12/14/17



BUSINESS LICENSE PLAN OF OPERATION

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

1. Type of Business
Applying for: Extended Hours (12AM to 5AM) - If a food establishment, check all that apply: Delivery Drive Thru Dining Room
Self Service Laundry Massage Establishment Filling Station
Other (supplemental application for specific license also required)
Provide a detailed description of the type of business you plan on operating:
RETAIL SALES, BUY SELL + TRADE SHOES URBAN APPAREL
Do you have any experience operating this type of business? No XYes If yes, explain:
2. Business Operations
a. Proposed Opening Date: 7/1/18
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 XYes If yes, list type of license: CIGA CETTE e. Is the current licensee operating? No XYes If no, list date closed: MAY 28th 2618
e. Is the current licensee operating? No Yes If no, list date closed: WAY 28W 2618
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? You Yes If yes, describe:
3. Litter & Noise
a. How are grounds kept clean? Sweep Pressure Wash Pick Up Litter Other:
b. How often will grounds be cleaned? Daily Weekly As Needed Monthly Other:
c. Grounds cleaned by: Licensee Building Owner Employees Hired Maintenance Other:
d. How are noise issues prevented and/or addressed? Security Manager approaches customer(s) Call Police
Signs Posted Other:
e. Will a sound amplification system be used? No Yes If yes, describe:
4. Smoking & Sanitation
a. Are there designated outdoor smoking areas? \[\] No \[\text{Yes} \] If yes, describe: \[\frac{OU + \int 148}{OU + \int 148} \] The back door
b. Number of Garbage Cans: Inside: Y Locations: Real Parties To BE DETERMINED
Outside: X Locations: EFAR of Building
c. Is a crowd control barrier used? 📈 No 🗌 Yes If yes, describe:
d. How many restrooms are on the premises?
e. Name of solid waste contractor: Advanced Disposal Waste Management Other:

5. Security									
a. Are there onsite parking	spaces? No Yes	If yes, indic	cate how many?	and	describe the parking security				
plan:	plan:								
b. Is there a loading zone?	No ☐ Yes If yes, o	describe the l	oading area security plan	:	•				
c. Will you have security personnel on premise? No Yes If yes, how many? and answer the following:									
	What are their responsibilities?								
Is security equipment used? No Security equipment used? Yes If yes, describe									
	List their licensing, certification, or training credentials								
					PANCES + SAFE				
e. Will searches/identificat	ion checks be done upor	n entry? X/i	No Yes If yes, describe	e					
6. Percentage of Sales	6. Percentage of Sales (must total 100%)								
Alcohol%	Food	%	Secondhand Merchandise		Precious Metals & Gems				
Entertainment%	Cigarettes	%	160 %		%				
Pawnbroker Activity									
7. Businesses/License	s on the Premise	s (check a	all that apply):						
Type 1		[]	r						
Full Service Restaurant	Cafe/Coffee Shop			_	/Fraternal/Veterans Club				
☐ Night Club	∐ Tavern			Teen Cli	ub				
Banquet Hall	Sports Facility	Bowling							
Hotel/Motel: Number of Floring		Rooming							
	ooms:		Number of Room	1S:					
Type 2 Liquor Store	Corner Store	Superma	ırket	Conveni	ience Store				
Gas Station	Amusement/Phonog	raph Distribut	or [Recycling	ng, Salvage or Towing				
Used Car Dealer Personal Service Establishment Recording Studio (such as tattoo business, hair salon, tailor, etc.)									
What other licenses/permits will you hold at this location? (check all that apply)									
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 #7 above)									
Capacity 60 (Call the			I-286-8211 if you have quest		· · · · · · · · · · · · · · · · · · ·				

9. Premises Description							
a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage): ☐ Include areas used only for storage ☐ Patio ☐ Beer Garden ☐ Sidewalk Café ☐ Deck ☐ Rooftop							
☐Other: Desc							
d. Describe Building: Free Standing Building Strip Mail Other: Store Front							
e. Describe Premises Structure: Single Story Multi-Story - # of Stories 3 Other:							
f. Describe Surrounding Area: 📈 Commercial 🗌 Residential 🔲 Industrial 🗋 Other:							
g. Building Owne	Business Owner Address: 5708 W North Ave Milwauker, Wy 53208						
Business Owner Address: 5708 W North Ave Milwaukes, WI 53205							
10. Hours of Operation & Customers							
Will customers be entering the premises? No XYes							
Day of the Week	Proposed Hour	rs of Operation:	Estimated Number of Customers expected each day	Potential Age Range	Class B Tavern Applicant Only:		
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)		of Customers	Age Restriction (If none, write 'None')		
Sunday	X 124M	ANA SPM	20-30	15-40			
Monday	10:00AM	8:00PM	20.30	15-40			
Tuesday	10:00AM	8:00PM	20-30	15-40			
Wednesday	10:00AM	8:00PU	20-30	15-40			
Thursday	10:00AM	81.00PM	20-30	15-40			
Friday	10.00AM	8:00PM	20.30	16-40			
Saturday	10:00 AM	8100PM	20-30	15-40			
An Extended Hours Establishment License is required for any convenience store, filling station, personal service establishment (such as tattoo, body piercing, salon, tailor, tanning, etc.), recording studio or restaurant which is open between the hours of 12:00 a.m. and 5:00 a.m.							
Alcohol Establishments Class A: 8:00 am to 9:00 pm Sunday thru Saturday Permitted Hours of Operation: Class B: 6:00 am to 2:00 am Sunday thru Thursday, 6:00 am to 2:30 am Friday & Saturday							
Entertainment Outdoor Closing Hours: 10:00pm Sunday-Thursday; 12:00am Friday & Saturday; unless a different time, either earlier or later, is established by the Common Council in its approval of the licensee's plan of operation.							
11. Signature(s)							
Munto plane of Amy Bons							
(if there are no 20	rietor, Partner, or 20% or mo % or more shareholders, -print name/title and sign)	ore Shareholder	Signature of additional p	artner or 20% or	more shareholder		

ccl-shdpla 12/12/17



SECONDHAND 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: license@milwaukee.gov

Legal Entity Name: Powerhouse Kickz							
Premises Address: 4708 W North AVE Milwaukee, WI 53208							
What type of license are you applying for? (check one) Secondhand Dealer Secondhand Dealer-Bicycles Only Secondhand Dealer Mall							
INDIVIDUAL, ALL PARTNERS, OR AGENT OF CORP/LLC							
Place of birth: WI Other:							
Have you been living in Wisconsin for at least 90 days prior to filing this application?							
If no, you are not eligible to apply for this license at this time. Per MCO 92-2-5-c, the individual, both partners, or agent of a corporation or limited liability company must be a resident of the state of Wisconsin for at least 90 days before the date of application.							
Wes If yes, list all address(es) where you lived within the last year:							
Current Address Only							
Other: 1876 N 25 1856 N 24th Pl Milwaukee, WI 53205							
MERCHANDISE & SALES							
List all items you will be selling: TENNIS SHOES, UZ DAN APPAREI + MISC ITEMS							
(Stickers, Keychains etc)							
Will a scale be used for items being sold by weight (price per pound, ounce, gram, etc.)? Will a barcode scanner be used to determine the price of items? If yes to either question, a Weights & Measures License is also required. An application can be obtained from www.milwaukee.gov/license or by contacting our office.							
MANAGER OF BUSINESS							
Same as individual, partner, or agent of corporation/limited liability company							
Other: Name: Date of Birth:							
Address (include, city, state, zip code): 1856 N 24th PL Milwauks ; w 53265							
LIST ANY OTHER LICENSES YOU HOLD AT THIS ADDRESS AND THE STATUS							
Occupancy Permit Wisconsin State Seller's Permit Other(s):							
Other:							
SECURITY							
What are your plans to provide security for business records?							
Kept in safe Kept in locked cabinet Other:							
What are your plans to ensure that business is not conducted with minors?							
Check ID Other:							

ANNUAL SALES						
What is your estimated sales volume for the calendar year in US Dollars? \$ 10014						
AFFIRMATION OF UNDERSTANDING – REGULATIONS						
Read and initial each item confirming your understanding:						
1. MK I understand no purchase or exchange of any property may be made without obtaining the seller's identification information, as stipulated in 92-11 of the Milwaukee Code of Ordinances (MCO).						
2. MK I understand no item may be received with an altered or obliterated serial number.						
3. MK I understand description records of any item purchased or exchanged must be maintained as stipulated in 92-12 of the MCO.						
4. MK I understand that each transaction description record must be reported as stipulated in 92-13 of the MCO, including color photographs and color video recordings as required in 92-12-3 MCO.						
I understand that every item purchased or exchanged must be available for inspection by the police department at any reasonable time.						
6. Mc I understand that every item exchanged or purchased or accepted on consignment must be kept on the dealer's premises separate and apart from any other property, unchanged and unaltered, for 10 days for inspection by the police department; additional holding periods may be requested by the department.						
7. MK I understand that the police may extend the 10 day holding period if there is reason to believe that the item purchased or exchanged was not sold or exchanged by the rightful owner.						
I understand that no transactions may be conducted with a minor less than 18 years of age unless the minor is with a parent or guardian, or the dealer has a written consent on file signed in the dealer's presence by the parent or guardian.						
9. MK I understand secondhand dealer must report to the police department any item presented in the course of business if there is reason to believe the item was stolen.						
REQUIRED SIGNATURE(S)						
I understand that a NEWPRS account (a database to manage and store purchase information) must be obtained prior to						
operating and utilized for all business transactions.						
Manke S 1-11 Strain Private						
Signature of Sole Proprietor, Partner, or 20% or more Shareholder (If there are no 20% or more shareholders, Corporate Officer-print name/title and sign) Signature of additional partner(s) or 20% or more shareholders, shareholder(s)						

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

Office Use Only:							
Initials	Filed	App#	Paid				
□Q to MPD	□Q to DNS	LC Required	ReQ to LIU after LC				
CC Required	LIU Approval (NEWPRS)	Issued 1yr/Bikes Only 2yr	License #				