



CITY OF MILWAUKEE  
OFFICE OF THE CITY CLERK

Thursday, January 10, 2019

COMMITTEE MEETING NOTICE

AD 09

AWOSIKA, Bosede CHRISTINA, Agent  
Giant Auto Sales LLC  
9312 N 107th St

Milwaukee, WI 53224

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

**Tuesday, January 22, 2019 at 09:45 AM**

**Regarding:** Your Secondhand Motor Vehicle Dealer's - Wholesale Only License Application as agent for "Giant Auto Sales LLC" for "Giant Auto Sales LLC" at 9312 N 107th 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 such a license due to the creation of undesirable neighborhood problems, such as: parking and traffic problems which cause the normal flow of traffic on roadways and alleys to be impeded, loitering, littering, noise, loud music, and conduct which will have an adverse impact on the public health, safety and welfare of the community. Additionally, the over concentration of secondhand motor vehicle dealers in the neighborhood such that the concentration will have an adverse impact on the public health, safety and welfare of the neighborhood. you do not meet the statutory and municipal requirements; the appropriateness of the location to be licensed and whether the location will create undesirable neighborhood problems, whether or not you have been charged with or convicted of any felony, misdemeanor, municipal offense or other offense, the circumstances of which substantially relate to the licensed activity; and any other factors which reasonably relate to the public health, safety and welfare. See attached police report and/or written correspondence regarding this application. Please be advised the public will be able to provide information to the committee in person or in writing. The committee will receive and consider evidence regarding the above mentioned criteria.

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

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

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

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JIM OWCZARSKI, CITY CLERK

BY:

Jessica Celella  
License Division Manager

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



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

Thursday, January 10, 2019

**COMMITTEE MEETING NOTICE**

AD 09

AWOSIKA, Bosede CHRISTINA, Agent  
Giant Auto Sales LLC  
8924 W Herbert Ave

Milwaukee, WI 53225

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**Tuesday, January 22, 2019 at 09:45 AM**

**Regarding:** Your Secondhand Motor Vehicle Dealer's - Wholesale Only License Application as agent for "Giant Auto Sales LLC" for "Giant Auto Sales LLC" at 9312 N 107th St.

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JIM OW CZARSKI, CITY CLERK

BY:

Jessica Celella

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: 11/21/2018  
LICENSE TYPE: USED CAR  
NEW: ☒  
RENEWAL: ☐

No. 285564  
Application Date: 11/21/2018

License Location: 9312 N 107<sup>th</sup> St  
Business Name: Giant Auto Sales LLC

Licensee/Applicant: AWISKA, Bosede Christina  
(Last Name, First Name, MI)  
Date of Birth: 05/12/1968

Home Address: 8924 W Herbert Av  
City: Milwaukee State: WI Zip Code: 53225  
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 12/23/2009 the applicant was cited in the City of Milwaukee at 5229 N. 35<sup>th</sup> St for Building Code Violations.

Charge: Building Code Violations  
Finding: Guilty  
Sentence: Fined \$1,380.00 **BENCH WARRANT ISSUED**  
Date: 06/03/2010  
Case: 10039967

2. On 02/28/2012 the applicant was cited in the City of Milwaukee at 5229 N. 35<sup>th</sup> St for Building Code Violations.

Charge: Building Code Violations  
Finding: Guilty  
Sentence: Fined \$1,880.00  
Date: 09/13/2012  
Case: 12073584



## BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 3/15/18

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](mailto:license@milwaukee.gov)

### 1. Type of Business

Applying for: ☐ Extended Hours (12AM to 5AM) - If a food establishment, check all that apply: ☐ Delivery ☐ Drive Thru ☐ Dining Room  
☐ Self Service Laundry ☐ Massage Establishment ☐ Filling Station  
☒ Other (supplemental application for specific license also required)

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

Wholesale Used Car Sales

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

### 2. Business Operations

- a. Proposed Opening Date: Jan 1, 2019
- 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: Office building

### 3. Litter & Noise

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

### 4. Smoking & Sanitation

- a. Are there designated outdoor smoking areas? ☒ No ☐ Yes If yes, describe: \_\_\_\_\_
- b. Number of Garbage Cans: Inside: 1 Locations: Back Office  
Outside: 2 Locations: In the back by the Parking Lot
- c. Is a crowd control barrier used? ☒ No ☐ Yes If yes, describe: \_\_\_\_\_
- d. How many restrooms are on the premises? 3
- e. Name of solid waste contractor: ☐ Advanced Disposal ☒ Waste Management ☐ Other: \_\_\_\_\_

## 5. Security

- a. Are there onsite parking spaces? ☐ No ☒ Yes If yes, how many? 10 and describe the parking security plan: CAMERA Surveillance 24/7
- b. Is there a loading zone? ☒ No ☐ Yes If yes, describe the loading area security plan: \_\_\_\_\_
- c. Will you have security personnel on premise? ☒ No ☐ Yes If yes, how many? \_\_\_\_\_ and answer the following:  
What are their responsibilities? \_\_\_\_\_  
Is security equipment used? ☐ No ☒ Yes If yes, describe Camera / Buzz in door  
List their licensing, certification, or training credentials \_\_\_\_\_
- d. Will there be security cameras? ☐ No ☒ Yes If yes, how many? 5 and list locations: All around in the front, sides and back of the Building
- e. Will searches/identification checks be done upon entry? ☒ No ☐ Yes If yes, describe \_\_\_\_\_

## 6. Percentage of Sales (must total 100%)

Alcohol <u>0</u> %	Food <u>0</u> %	Secondhand Merchandise <u>0</u> %	Precious Metals & Gems <u>0</u> %
Entertainment <u>0</u> %	Cigarettes <u>0</u> %		
Pawnbroker Activity <u>0</u> %	Salvaged Materials <u>0</u> % (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) <u>0</u> %	Other <u>100</u> % Describe: <u>Used Car</u>

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

### Type 1

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

### Type 2

- |  |  |                                      |   |
|--|--|--------------------------------------|---|
| <input type="checkbox"/> Liquor Store    | <input type="checkbox"/> Corner Store  | <input type="checkbox"/> Supermarket | <input type="checkbox"/> Convenience Store            |
| <input type="checkbox"/> Gas Station     | <input type="checkbox"/> Amusement/Phonograph Distributor  |                                      | <input type="checkbox"/> Recycling, Salvage or Towing |
| <input type="checkbox"/> Used Car Dealer | <input type="checkbox"/> Personal Service Establishment<br>(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 #7 above)

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

## 9. Premises Description

- a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage):

☒ 1<sup>st</sup> Floor ☐ 2<sup>nd</sup> Floor ☐ Basement Storage ☐ Patio ☐ Beer Garden ☐ Sidewalk Café ☐ Deck ☐ Rooftop

☐ Other: Describe: \_\_\_\_\_

- b. Describe Location: ☒ Major Thoroughfare ☐ Secondary Street ☐ Other: \_\_\_\_\_

c. Nearest Major Cross Street: County Line Road

- d. Describe Building: ☒ Free Standing Building ☐ Strip Mall ☐ Other: \_\_\_\_\_

e. Describe Premises Structure: ☒ Single Story ☐ Multi-Story - # of Stories \_\_\_\_\_ ☐ Other: \_\_\_\_\_

f. Describe Surrounding Area: ☒ Commercial ☐ Residential ☐ Industrial ☐ Other: \_\_\_\_\_

g. Building Owner Name: Granville Business Center Phone Number: 414 305 9310

Business Owner Address: 9312 North 107<sup>th</sup> St, Milwaukee WI 53224

## 10. Hours of Operation & Customers

Will customers be entering the premises? ☐ No ☒ Yes

Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday					
Monday	9 AM	12 PM		18-75	
Tuesday					
Wednesday					
Thursday	9 AM	12 PM		18-75	
Friday					
Saturday					

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 Permitted Hours of Operation: Class A: 8:00 am to 9:00 pm Sunday thru Saturday  
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)

BC Awosika

Signature of Sole Proprietor, Partner, or 20% or more Shareholder  
(If there are no 20% or more shareholders,  
Corporate Officer-print name/title and sign)

Signature of additional partner or 20% or more shareholder

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



## SECONDHAND MOTOR VEHICLE DEALER LICENSE SUPPLEMENTAL PLAN OF OPERATION

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

Legal Entity Name: Giant Auto Sales LLC

Premises Address: 9312 N. 107th St., MKB, WI 53224

### SECTION 1 LICENSE TYPE

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

### SECTION 2

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

If wholesale, is the premises address a residential (home) address? ☐ Yes ☒ No

If yes, you must obtain a Home Occupational Statement from the Department of Neighborhood Services (414) 286-3874.

No vehicles can be parked and no customers are allowed at the premises.

The following questions in Section 2 do not apply to wholesale from a residential address. Go to Section 3.

Number of parking spaces available to customers/employees 7

Number of parking spaces that will be used for display/storage of Secondhand Motor Vehicles 6

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

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

☐ Employee Training

☒ Supervisor Monitoring

☐ Fenced Lot

☒ Keys Kept in Locked Box

☐ Other: \_\_\_\_\_

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

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

☐ Employee Training

☐ Supervisor Monitoring

☒ Designated Repair Area

☐ Other: \_\_\_\_\_

Do you understand all keys to used motor vehicles offered for sale must be kept in a secure lockbox inside the dealership building at all times when the dealership is not open for business? ☒ Yes ☐ No

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

☐ Employee Training

☒ Supervisor Monitoring

☐ Other: \_\_\_\_\_

### SECTION 3 DISCLOSURE

Has any person on the application ever had a license relating to the activities licensed in Milwaukee Code of Ordinances Chapter 92 denied, not renewed, suspended, or revoked? ☒ No ☐ Yes

If yes, provide the circumstances and jurisdiction in which the event occurred (including a record of any actions from the State Department of Transportation and Financial Institutions relating to suspensions, revocations, forfeitures and warnings imposed by these departments relating to the operation of any automotive sales business by the applicant):

### SECTION 4 SIGNATURES

B.C. Awosika

Sole Proprietor, Partner, or 20% or more Shareholder  
(If there are no 20% or more shareholders,  
Corporate Officer-print name/title and sign)

Additional partner or 20% or more shareholder



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

Thursday, January 10, 2019

**COMMITTEE MEETING NOTICE**

AD 09

IHRCKE, Jeffery L, Agent  
Flyers Energy, LLC  
2360 Lindbergh St

Auburn, CA 95602

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

**Tuesday, January 22, 2019 at 09:45 AM**



**Regarding:** Your Extended Hours Establishments, Filling Station, and Weights & Measures License Applications  
Requesting to be Open 24 Hrs as agent for "Flyers Energy, LLC" for "Quick Fuel #3134" at 9110 N 107th 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.

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BY: \_\_\_\_\_

Jessica Celella

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





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IHRCKE, Jeffery L, Agent  
Flyers Energy, LLC  
1222 Sweetbriar Dr

Waukesha, WI 53186

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Jessica Celella

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



## BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 3/15/18

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](mailto:license@milwaukee.gov)

### 1. Type of Business

Applying for: ☒ Extended Hours (12AM to 5AM) - If a food establishment, check all that apply: ☐ Delivery ☐ Drive Thru ☐ Dining Room  
☐ Self Service Laundry ☐ Massage Establishment ☒ Filling Station  
☐ Other (supplemental application for specific license also required)

Provide a detailed description of the type of business you plan on operating:  
Unmanned filling station (24 hour operation)

Do you have any experience operating this type of business? ☐ No ☒ Yes If yes, explain: Flyers Energy LLC has multiple cardlock locations in CA and NV.

### 2. Business Operations

- a. Proposed Opening Date: 6/21/2018
- 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): 1010 Boden Ct, 5008 N 119th St, 9110 N 170th St
- h. Are other businesses operating in the same building? ☒ No ☐ Yes If yes, describe: \_\_\_\_\_

### 3. Litter & Noise

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

### 4. Smoking & Sanitation

- a. Are there designated outdoor smoking areas? ☒ No ☐ Yes If yes, describe: \_\_\_\_\_
- b. Number of Garbage Cans: Inside: NA Locations: \_\_\_\_\_  
Outside: 5 Locations: Dispensing Islands
- c. Is a crowd control barrier used? ☒ No ☐ Yes If yes, describe: \_\_\_\_\_
- d. How many restrooms are on the premises? 0
- e. Name of solid waste contractor: ☐ Advanced Disposal ☒ Waste Management ☐ Other: \_\_\_\_\_

## 5. Security

- a. Are there onsite parking spaces? ☒ No ☐ Yes If yes, how many? \_\_\_\_\_ and describe the parking security plan: \_\_\_\_\_
- b. Is there a loading zone? ☒ No ☐ Yes If yes, describe the loading area security plan: \_\_\_\_\_
- c. Will you have security personnel on premise? ☒ No ☐ Yes If yes, how many? \_\_\_\_\_ and answer the following:  
What are their responsibilities? \_\_\_\_\_  
Is security equipment used? ☐ No ☐ Yes If yes, describe \_\_\_\_\_  
List their licensing, certification, or training credentials \_\_\_\_\_
- d. Will there be security cameras? ☐ No ☒ Yes If yes, how many? 5 and list locations: Island Canopy Posts
- e. Will searches/identification checks be done upon entry? ☒ No ☐ Yes If yes, describe \_\_\_\_\_

## 6. Percentage of Sales (must total 100%)

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

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

### Type 1

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Full Service Restaurant  | <input type="checkbox"/> Cafe/Coffee Shop   | <input type="checkbox"/> Deli or Fast Food Restaurant | <input type="checkbox"/> Private/Fraternal/Veterans Club |
| <input type="checkbox"/> Night Club   | <input type="checkbox"/> Tavern   | <input type="checkbox"/> Cocktail Lounge              | <input type="checkbox"/> Teen Club                       |
| <input type="checkbox"/> Banquet Hall   | <input type="checkbox"/> Sports Facility  | <input type="checkbox"/> Bowling Alley                |  |
| <input type="checkbox"/> Hotel/Motel: Number of Floors: _____<br>Number of Rooms: _____ | <input type="checkbox"/> Rooming House: Number of Floors: _____<br>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 checked="" type="checkbox"/> Gas Station | <input type="checkbox"/> Amusement/Phonograph Distributor  | <input type="checkbox"/> Recycling, Salvage or Towing |  |
| <input type="checkbox"/> Used Car Dealer        | <input type="checkbox"/> Personal Service Establishment<br>(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 #7 above)

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

## 9. Premises Description

- a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage):  
☐ 1<sup>st</sup> Floor ☐ 2<sup>nd</sup> Floor ☐ Basement Storage ☐ Patio ☐ Beer Garden ☐ Sidewalk Café ☐ Deck ☐ Rooftop  
☒ Other: Describe: Unmanned Fueling Station
- b. Describe Location: ☐ Major Thoroughfare ☒ Secondary Street ☐ Other: \_\_\_\_\_
- c. Nearest Major Cross Street: W. Brown Deer Rd
- d. Describe Building: ☒ Free Standing Building ☐ Strip Mall ☐ Other: \_\_\_\_\_
- e. Describe Premises Structure: ☒ Single Story ☐ Multi-Story - # of Stories \_\_\_\_\_ ☐ Other: \_\_\_\_\_
- f. Describe Surrounding Area: ☒ Commercial ☐ Residential ☐ Industrial ☐ Other: \_\_\_\_\_
- g. Building Owner Name: Jacobus Energy Inc Phone Number: 800-522-6287  
Business Owner Address: 11815 W Bradley Rd Milwaukee, WI 53224

## 10. Hours of Operation & Customers

Will customers be entering the premises? ☒ No ☐ Yes

Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	24 hours				
Monday	24 hours				
Tuesday	24 hours				
Wednesday	24 hours				
Thursday	24 hours				
Friday	24 hours				
Saturday	24 hours				

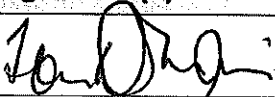
An Extended Hours Establishment License is required for any convenience store, filling station, personal service establishment (such as tattoo, body piercing, salon, tailor, tanning, etc.), recording studio or restaurant which is open between the hours of 12:00 a.m. and 5:00 a.m.

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)



Tom DiMercurio CFO

Signature of Sole Proprietor, Partner, or 20% or more Shareholder  
(If there are no 20% or more shareholders,  
Corporate Officer-print name/title and sign)

Signature of additional partner or 20% or more shareholder

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



# **FILLING STATION LICENSE AND WEIGHTS & MEASURES (RETAIL PETROLEUM METERS) LICENSE SUPPLEMENTAL APPLICATION**

OFFICE OF THE CITY CLERK, LICENSE DIVISION  
CITY HALL, 200 E. WELLS ST, ROOM 105, MILWAUKEE, WI 53202  
(414) 286-2238 • [license@milwaukee.gov](mailto:license@milwaukee.gov) • [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

Legal Entity Name: Flyers Energy LLC DBA Quick Fuel

Premise Address: Quick Fuel #3134 9110 N 107th St Milwaukee, WI 53224

Filling Station License Fee \$ 275

Weights & Measures License Fee

Number of Retail Petroleum Meters\* 10 x \$60 per meter = \$ 600.00

\*For each nozzle, count the number of grades (not including midgrade if mixed in the pump), add the number of all grades together and that is your number of retail petroleum meters.

Will electronic scanners be used to determine/record the price of items?

☒ No ☐ Yes

Will scales be used to price items based on their weight?

☒ No ☐ Yes

If yes to either or both questions, a separate Weights & Measures License Application must be submitted for these devices.

## **Acknowledgements and Signature**

I confirm that all information is true and correct. I understand any changes to the information in this application must be reported to the City Clerk License Division within 10 days. I have knowledge of the City of Milwaukee ordinances currently regulating the licenses applied for and understand that the licenses may be subject to suspension, non-renewal, or revocation if I violate these regulations.

Tom DiMercurio CFO

Signature of Sole Proprietor, Partner, or 20% or more Shareholder

(If no 20% or more Shareholder, Corporate Officer must sign and provide title)

\_\_\_\_\_  
Signature of Additional Partner or 20% or more Shareholder

Submit this form with the following:

- Business License Application
- Business Plan of Operation
- Floor plan
- License fees

Forms can be obtained online at [www.milwaukee.gov/licenses](http://www.milwaukee.gov/licenses)

## **Office Use Only:**

App#	_____	Filed	_____	Initials	_____
Paid	_____	MPD	_____	CC	_____
HD	_____	DNS	_____	Lic #	_____



# 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](mailto:license@milwaukee.gov) • [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

## Office Use Only:

App# \_\_\_\_\_  
Filed \_\_\_\_\_  
Initials \_\_\_\_\_  
Paid \_\_\_\_\_  
Lic # \_\_\_\_\_

Legal Entity Name: Flyers Energy LLC DBA Quick Fuel

Premise Address: Quick Fuel #3134 9110 N 107th St Milwaukee WI 53224

## 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)
<b>Liquid Measuring Devices</b>				
<input checked="" type="checkbox"/> Retail Petroleum Meters	12 months	\$60	10	\$600.00
<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		
<b>Scales</b>				
<input 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		
<b>Scanners</b>				
		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 _____	
<b>Other Devices</b>				
<input type="checkbox"/> Length Measuring Device	24 months	\$60		
<input type="checkbox"/> Timing Device	24 months	\$30		

Total Fee Due 600 -

## Signature

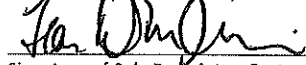
I hereby agree that I will comply with the applicable sections of the Wisconsin State Statutes, Administrative Code and the Milwaukee Code of Ordinances regarding the operation of weighing and measuring devices.

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.

 Tom DiMercurio CFO  
Signature of Sole Proprietor, Partner, or 20% or more Shareholder  
(If there are no 20% or more shareholders,  
Corporate Officer-print name/title and sign)

\_\_\_\_\_  
Signature of additional partner or 20% or more shareholder

This form must be submitted with the Business License Application, Weights & Measures Plan of Operation, and appropriate fee.  
Forms can be obtained online at [www.milwaukee.gov/licenses](http://www.milwaukee.gov/licenses).



## WEIGHTS & MEASURES PLAN OF OPERATION

ccl-wmpln 1/9/18

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

Legal Entity Name: Flyers Energy LLC DBA Quick Fuel

Premise Address: Quick Fuel #3134 9110 N 107th St Milwaukee, WI 53224

### Type of Business

Provide a brief description of the establishment/business: Unmanned fueling station.

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

### 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: \_\_\_\_\_ or technician/employee on site

### Signature

Tom DiMercurio CFO

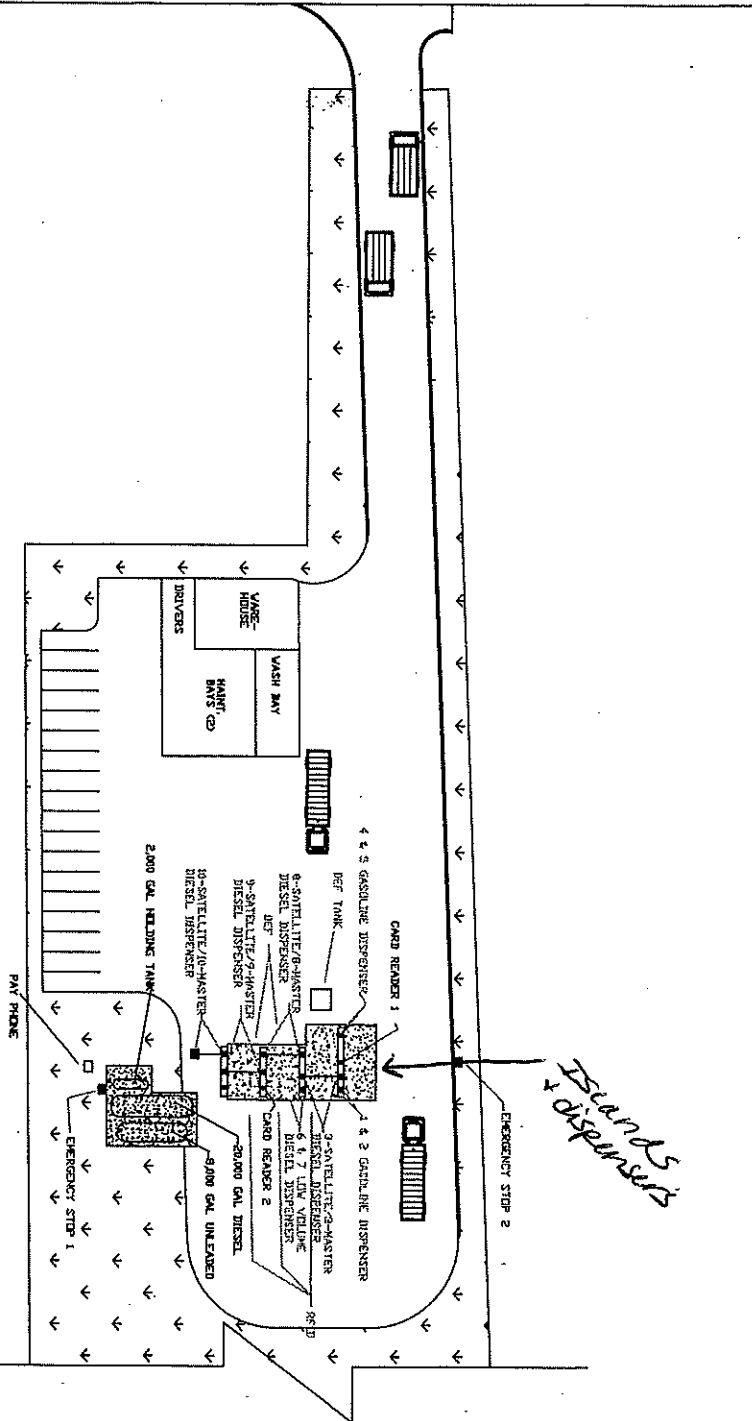
Signature of Sole Proprietor, Partner, or 20% or more Shareholder  
(If there are no 20% or more shareholders,  
Corporate Officer-print name/title and sign)

Signature of additional partner or 20% or more shareholder

*This form must be submitted with the Business License Application, Weights & Measures License Supplemental Application, and appropriate fee. Forms can be obtained online at [www.milwaukee.gov/licenses](http://www.milwaukee.gov/licenses).*

NORTH 107TH STREET

MISCELLANEOUS INFORMATION  
 EMERGENCY STOP SWITCHES  
 1 ON FIRST BY PAY PHONE  
 1 ON FIRST SERVICE CURB  
 NORTH 107TH STREET  
 PUSH TO STOP



**QUICK FUEL**  
 Fleet Services

PROJECT NAME: 910 N. 107TH STREET  
 MILWAUKEE, WI 53224  
 DRAWN BY: H. PARKAS  
 SCALE: NTS  
 REVISION NUMBER:  
 DATE: 4/16/03





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

Thursday, January 10, 2019

**COMMITTEE MEETING NOTICE**

AD 09

LAMPLEY, Marrion, Agent  
Aggressive Remarketing, LLC  
4116 N 51st Bl

Milwaukee, WI 53216

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

**Tuesday, January 22, 2019 at 09:45 AM**

**Regarding:** Your Secondhand Motor Vehicle Dealer's - Wholesale Only License Application as agent for "Aggressive Remarketing, LLC" for "Aggressive Remarketing, LLC" at 9310 N 107TH St #A104.

There is a possibility that your application may be denied for one or more of the following reasons: Neighborhood Objections to the granting of such a license due to the creation of undesirable neighborhood problems, such as: parking and traffic problems which cause the normal flow of traffic on roadways and alleys to be impeded, loitering, littering, noise, loud music, and conduct which will have an adverse impact on the public health, safety and welfare of the community. Additionally, the over concentration of secondhand motor vehicle dealers in the neighborhood such that the concentration will have an adverse impact on the public health, safety and welfare of the neighborhood. you do not meet the statutory and municipal requirements; the appropriateness of the location to be licensed and whether the location will create undesirable neighborhood problems, whether or not you have been charged with or convicted of any felony, misdemeanor, municipal offense or other offense, the circumstances of which substantially relate to the licensed activity; and any other factors which reasonably relate to the public health, safety and welfare. See attached police report and/or written correspondence regarding this application. Please be advised the public will be able to provide information to the committee in person or in writing. The committee will receive and consider evidence regarding the above mentioned criteria.

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

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

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

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

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

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

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

JIM OWCZARSKI, CITY CLERK

BY:

Jessica Celella

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:** 10/30/2018

**LICENSE TYPE:** USED CAR

**No. 284395**

**NEW:** ☒

**Application Date:** 10/29/2018

**RENEWAL:** ☐

**License Location:** 9310 N 107<sup>th</sup> St #A104

**Business Name:** Aggressive Remarketing, LLC

**Licensee/Applicant:** LAMPLEY, Marrion R.  
(Last Name, First Name, MI)

**Date of Birth:** 08/19/1981

**Home Address:** 4116 N 51<sup>st</sup> St

**City:** Milwaukee

**State:** WI **Zip Code:** 53216

**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 04/30/2011 the applicant was cited for Operating While Intoxicated. He was convicted on 04/19/2012 and his license was revoked for 6 months.



## BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 3/15/18

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](mailto:license@milwaukee.gov)

### 1. Type of Business

Applying for: ☐ Extended Hours (12AM to 5AM) - If a food establishment, check all that apply: ☐ Delivery ☐ Drive Thru ☐ Dining Room  
☐ Self Service Laundry ☐ Massage Establishment ☐ Filling Station  
☒ Other (supplemental application for specific license also required)

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

Second Hand Car dealership "Wholesale"

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

### 2. Business Operations

- a. Proposed Opening Date: 12-1-2018
- 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: Other Dealers in the Building
- 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: Two other Wholesale dealers.

### 3. Litter & Noise

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

### 4. Smoking & Sanitation

- a. Are there designated outdoor smoking areas? ☒ No ☐ Yes If yes, describe: \_\_\_\_\_
- b. Number of Garbage Cans: Inside: Various Locations: Offices, Rest Rooms, Kitchen  
Outside: 1 Locations: Rear
- c. Is a crowd control barrier used? ☒ No ☐ Yes If yes, describe: \_\_\_\_\_
- d. How many restrooms are on the premises? 2
- e. Name of solid waste contractor: ☐ Advanced Disposal ☒ Waste Management ☐ Other: \_\_\_\_\_

## 5. Security

- a. Are there onsite parking spaces? ☐ No ☒ Yes If yes, how many? 24 and describe the parking security plan: NOT SURE OF THE PLAN
- b. Is there a loading zone? ☒ No ☐ Yes If yes, describe the loading area security plan: \_\_\_\_\_
- c. Will you have security personnel on premise? ☒ No ☐ Yes If yes, how many? \_\_\_\_\_ and answer the following:  
What are their responsibilities? \_\_\_\_\_  
Is security equipment used? ☐ No ☐ Yes If yes, describe \_\_\_\_\_  
List their licensing, certification, or training credentials \_\_\_\_\_
- d. Will there be security cameras? ☐ No ☒ Yes If yes, how many? \_\_\_\_\_ and list locations: outside  
multiple
- e. Will searches/identification checks be done upon entry? ☒ No ☐ Yes If yes, describe \_\_\_\_\_

## 6. Percentage of Sales (must total 100%)

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

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

### Type 1

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Full Service Restaurant   | <input type="checkbox"/> Cafe/Coffee Shop   | <input type="checkbox"/> Deli or Fast Food Restaurant | <input type="checkbox"/> Private/Fraternal/Veterans Club |
| <input type="checkbox"/> Night Club  | <input type="checkbox"/> Tavern   | <input type="checkbox"/> Cocktail Lounge              | <input type="checkbox"/> Teen Club                       |
| <input type="checkbox"/> Banquet Hall  | <input type="checkbox"/> Sports Facility  | <input type="checkbox"/> Bowling Alley                |  |
| <input type="checkbox"/> Hotel/Motel: Number of Floors: <u>1</u><br>Number of Rooms: _____ | <input type="checkbox"/> Rooming House: Number of Floors: _____<br>Number of Rooms: _____ |   |  |

### Type 2

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Liquor Store    | <input type="checkbox"/> Corner Store  | <input type="checkbox"/> Supermarket                  | <input type="checkbox"/> Convenience Store |
| <input type="checkbox"/> Gas Station     | <input type="checkbox"/> Amusement/Phonograph Distributor  | <input type="checkbox"/> Recycling, Salvage or Towing |  |
| <input type="checkbox"/> Used Car Dealer | <input type="checkbox"/> Personal Service Establishment<br>(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 #7 above)

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

## 9. Premises Description

- a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage):

☒ 1<sup>st</sup> Floor ☐ 2<sup>nd</sup> Floor ☐ Basement Storage ☐ Patio ☐ Beer Garden ☐ Sidewalk Café ☐ Deck ☐ Rooftop

☐ Other: Describe: \_\_\_\_\_

- b. Describe Location: ☐ Major Thoroughfare ☐ Secondary Street ☒ Other: Main street industrial Building and Business

- c. Nearest Major Cross Street: 187th Broward

- d. Describe Building: ☒ Free Standing Building ☐ Strip Mall ☐ Other: \_\_\_\_\_

- e. Describe Premises Structure: ☒ Single Story ☐ Multi-Story - # of Stories \_\_\_\_\_ ☐ Other: \_\_\_\_\_

- f. Describe Surrounding Area: ☒ Commercial ☐ Residential ☐ Industrial ☐ Other: \_\_\_\_\_

- g. Building Owner Name: Wayne Staats Phone Number: 414 305-9130

Business Owner Address: 9310 N 107th

## 10. Hours of Operation & Customers

Will customers be entering the premises? ☒ No ☐ Yes

Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	<u>closed</u>	<u>closed</u>	<u>1</u>		
Monday	<u>2 pm</u>	<u>6 pm</u>			
Tuesday	<u>closed</u>	<u>closed</u>			
Wednesday	<u>closed</u>	<u>closed</u>			
Thursday	<u>2 pm</u>	<u>6 pm</u>			
Friday	<u>2 pm</u>	<u>6 pm</u>			
Saturday	<u>closed</u>	<u>closed</u>			

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)

Wayne Staats  
Signature of Sole Proprietor, Partner, or 20% or more Shareholder  
(If there are no 20% or more shareholders,  
Corporate Officer-print name/title and sign)

\_\_\_\_\_  
Signature of additional partner or 20% or more shareholder

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



## SECONDHAND MOTOR VEHICLE DEALER LICENSE SUPPLEMENTAL PLAN OF OPERATION

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

<b>Legal Entity Name:</b> <u>Aggressive Remarketing LLC</u>	
<b>Premise Address:</b> (cannot be a home) <u>9310 N 107th <del>St</del> 53224 # A-104</u>	
What type of license are you applying for? (check one) <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Wholesale	
In addition to secondhand vehicles, will you be dealing in secondhand vehicle parts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>RETAIL DEALERS ONLY</b>	
Total Number of Parking Spaces (including customer/employee parking) <u>6</u>	
Number of Parking Spaces that will be used for Display/Storage of Secondhand Motor Vehicles <u>4</u>	
<b>STORAGE, MAINTENANCE &amp; REPAIR</b>	
1. Do you understand that all vehicles associated with the business must be stored on the licensed premise? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
What are your plans to ensure this requirement is met (check all that apply)?	
<input type="checkbox"/> Employee Training <input type="checkbox"/> Supervisor Monitoring <input type="checkbox"/> Fenced Lot <input checked="" type="checkbox"/> Keys Kept in Locked Box <input type="checkbox"/> Other: _____	
2. Do you understand all maintenance/repair work to these vehicles must be confined to the licensed premise? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
What are your plans to ensure this requirement is met (check all that apply)?	
<input type="checkbox"/> Employee Training <input type="checkbox"/> Supervisor Monitoring <input type="checkbox"/> Designated Repair Area <input checked="" type="checkbox"/> Other: <u>Repairs By License Mechanic</u>	
3. Do you understand all keys to used motor vehicles offered for sale must be kept in a secure lockbox inside the dealership building at all times when the dealership is not open for business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
What are your plans to ensure this requirement is met (check all that apply)?	
<input type="checkbox"/> Employee Training <input checked="" type="checkbox"/> Supervisor Monitoring <input type="checkbox"/> Other: _____	
<b>DISCLOSURE</b>	
Has any person on the application ever had a license relating to the activities licensed in Milwaukee Code of Ordinances Chapter 92 denied, not renewed, suspended, or revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, provide the circumstances and jurisdiction in which the event occurred (including a record of any actions from the State Department of Transportation and Financial Institutions relating to suspensions, revocations, forfeitures and warnings imposed by these departments relating to the operation of any automotive sales business by the applicant):	
<b>REQUIRED SIGNATURE(S)</b>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">            Sole Proprietor, Partner, or 20% or more Shareholder (If there are no 20% or more shareholders, Corporate Officer—print name/title and sign)         </div> <div style="width: 45%;">           _____            Additional partner or 20% or more shareholder         </div> </div>	

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

Office Use Only:				
Initials	Filed	App #	Paid	MPD
DNS	LC	CC	Issued	License #