

# CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Friday, August 28, 2020

#### COMMITTEE MEETING NOTICE

AD 05

KLER, Baljit S, Agent Appleton Express, Inc 7110 W Lisbon Av

Milwaukee, WI 53210

You are requested to attend a virtual hearing to be held on:

### Tuesday, September 08, 0 at 12:15 PM

Regarding:

Your Filling Station, Extended Hours Establishments, Food Dealer, and Weights & Measures License Applications Requesting to be Open 24 Hrs as agent for "Appleton Express, Inc" for "Appleton Express" at 7650 W Appleton Av.

This meeting will be held via GoToMeeting. Please see the enclosed best practices document for further instructions. The access code is <a href="https://global.gotomeeting.com/join/530391517">https://global.gotomeeting.com/join/530391517</a>. If you wish to call in, please call  $\pm 1$  (872) 240-3412 and use Access Code: 530-391-517.

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.

### 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 attend this meeting may result in the denial of your license. Individual applicants and partnership applicants must attend or attend by an attorney. The agent or attorney for corporate or limited liability applicants must attend. 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 attend the virtual hearing and are 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 request an interpreter attend the meeting with you, at your expense, so that you can answer questions and participate in your hearing.

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

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BY: Jessica Celella

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License Division Manager

If you have questions regarding this meeting, please contact the staff assistant, Molly Kuether-Steele at (414) 286-2775 or molly.kuether-steele@milwaukee.gov.

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



## CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Friday, August 28, 2020

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AD 05

KLER, Baljit S, Agent Appleton Express, Inc 15425 Neuberry Ct

Brookfield WI 53005

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JIM OWCZARSKI, CITY CLERK

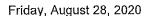
Jem Celm

BY: Jessica Celella

License Division Manager

If you have questions regarding this meeting, please contact the staff assistant, Molly Kuether-Steele at (414) 286-2775 or molly.kuether-steele@milwaukee.gov.

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







### Notice of Public Hearing

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KLER, Baljit S, Agent
Appleton Express at 7650 W Appleton Av
Filling Station, Extended Hours Establishments, Food Dealer, and Weights & Measures License
Applications Requesting to be Open 24 Hrs

### Tuesday, September 08, 2020 at 12:15 PM

To whom it may concern:

The above application has been made by the above named applicant(s). This requires approval from the Licenses Committee and the Common Council of the City of Milwaukee. The hearing before the Licenses Committee will take place virtually on 9/8/2020 at 12:15 PM. This is a public hearing. Those wishing to view the proceeding are able to do so via the City Channel – Channel 25 on Spectrum Cable – or on the Internet at http://city.milwaukee.gov/citychannel. Those wishing to provide oral testimony will be asked to do so by phone or internet and are asked to contact the staff assistant, Molly Kuether-Steele at (414) 286-2775 or molly.kuether-steele@milwaukee.gov for necessary information. Please make such requests no later than one business day prior to the start of the meeting. You are not required to attend the hearing, but please see the information below if you would like to provide testimony. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing.

# Important details for those wishing to provide information for the Licenses Committee to consider when making its recommendation:

- 1. The license application is scheduled to be heard at the above time. Due to other hearings running longer than scheduled, you may have to wait some time to provide your testimony.
- You must 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 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	4248 N 76TH ST 201	MILWAUKEE, WI 53222
CURRENT OCCUPANT	4248 N 76TH ST 203	MILWAUKEE, WI 53222
CURRENT OCCUPANT	4238 N 76TH ST 3	MILWAUKEE, WI 53222
CURRENT OCCUPANT	4248 N 76TH/ST 206	MILWAUKEE, WI 53222
CURRENT OCCUPANT	4238 N 76TH ST 4	MILWAUKEE, WI 53222
CURRENT OCCUPANT	4211 N 76TH ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	4248 N 76TH ST 205	MILWAUKEE, WI 53222
CURRENT OCCUPANT	4238 N 76TH ST 2	MILWAUKEE, WI 53222
CURRENT OCCUPANT	4234A N 76TH ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	4236 N 76TH ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	4302A N 76TH ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	4248 N 76TH ST 204	MILWAUKEE, WI 53222
CURRENT OCCUPANT	4220 N 76TH ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	4234B N 76TH ST	MILWAUKEE, WI 53222
CURRENT OCCUPANT	4248 N 76TH ST 202	MILWAUKEE, WI 53222
blank .	notice	

Total Records: 15

Radius: 250.0 feet and Center of Circle: 7650 W Appleton Ave



### **BUSINESS LICENSE PLAN OF OPERATION**

ccl-busplan 5/12/2020

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

1.	Type of Business			
Apply	ing for:     Extended Hours (12AM to 5AM) - If a food establishment, check all that apply:   Delivery   Drive Thru   Dining Room			
	Self Service Laundry Massage Establishment Kafilling Station			
	Other (supplemental application for specific license also required)			
Provi	de a detailed description of the type of business you plan on operating:			
	(-store and gas station			
	u have any experience operating this type of business? 🗌 No 🛭 Yes If yes, explain: 2 years at 7110	W	Lisben	Ave
2. !	Business Operations Control of the C			
a.	Proposed Opening Date: August 15, 2020			
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? \( \sum \text{No } \subsection \) Yes If yes, list type of license: \( \frac{\frac{1}{1111111111111111111111111111111111			
e.	Is the current licensee operating? 🔲 No 属 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):			
	Are other businesses operating in the same building? 💢 No 🗌 Yes If yes, describe:			
3. L	tter & Noise			
а.	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:			
с.	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:			
<b>4.</b> S	moking & Sanitation	]		
a.	Are there designated outdoor smoking areas? No Yes If yes, describe:	bu.	coffee	مرہہ ی
b.	Number of Garbage Cans: Inside: H Locations: inside bathrooms, inside cashier both		C	
	Outside: 3 Locations: bext to frel dispensers			- SA
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:			
		j		

5. Security									
a. Are there onsite parking :	spaces? No 🛣 Yes	if yes, how	many?	and describ	e the parking security				
plan: Ym play! b. Is there a loading zone?	e approache	<u>, c</u>	instance for	ary	problems. (f	e	ره الاحم) ۱۵ ما	es	calate
b. Is there a loading zone?	No ☐ Yes If yes, d	escribe the l	loading area security p	lan:		C	all y	he	posice
c. Will you have security pe		No □Ye	es If yes, how many?	a	nd answer the following:	•			
. What are their res	ponsibilities?					<b></b>			
is security equipme	ent used? 🗌 No 🔲 Y	es Ifyes, do	escribe			-			
List their licensing,	certification, or training	g credentials	s	<del></del>		. 1			
d. Will there be security can	neras? 🗌 No 💢 Yes	If yes, how	many? <u>\$</u> and li	st locations:	INSURE OF	ď			
ovtsi de	store								
e. Will searches/identification	on checks be done upor	entry? 💢	No 🔲 Yes If yes, desc	ribe					
6. Percentage of Sales	(must total 100%	6)							
Alcohol%	Food 21	<u>&gt;</u> %	Secondhand Merchano	lise	Precious Metals & Gems				
Entertainment%	Cigarettes 3	o_ <sub>%</sub>	%		<u> </u>				
Pawnbroker Activity%	Salvaged Materials( (such as scrap metal)	<u>&gt;_</u> %	Personal Services (such body piercing, salon, te tanning, etc.)		Other 50 % Describe: 444 7 6	110	) 		
7. Businesses/Licenses	on the Premise	s (check :	all that apply):						
Type 1  Fuli Service Restaurant	Cafe/Coffee Shop	Deli or F	Fast Food Restaurant	Private	e/Fraternal/Veterans Club				
Night Club	☐ Tavern	Cocktail	Lounge	Teen C	·lub				
Banquet Hall	Sports Facility	☐ Bowling	; Alleγ						
☐ Hotel/Motel: Number of Flo	oors:	Roomin	g House: Number of Fl	oors:	, aquoquus		}		
Number of Ro	oms:		Number of Ro	ooms:					
Type 2		<b>—</b>							
Liquor Store	Corner Store	Superma	•	_*	nience Store				
Gas Station	Amusement/Phonog	raph Distribut	tor	L Recycli	ng, Salvage or Towing				
Used Car Dealer	Personal Service Est (such as tattoo busir		n, tailor, etc.)	Record	ing Studio				
What other licenses/permits will y	you hold at this location? (	check all that	apply)			;			
Occupancy Permit 🔏 C	igarette & Tobacco 🔀 Ga	s Station 🔲	Extended Hours Class	"B" Tavern	🖄 Weights & Measures	,	`		
Secondhand Dealer	' _				•				
8. Legal Capacity (only			‡7 above)						
Capacity (Call the	Milwaukee Development	Center at 41	4-286-8211 if you have q	uestions.)	-				

9. Premises D	escription						
a, Identify all area  \[ \sum_1^n \text{Floor} \sum \]  \[ \sum_0 \text{ther: Description} \]	a(s) of the premises that will 2 <sup>nd</sup> Floor	be used in operating this but age □Patio □Beer Garde	siness (include areas used n □Sidewalk Café □D	l only for storage eck □Rooftop	):		
b. Describe Locat	lon: Major Thoroughfare	Secondary Street O	ther:			P	
c. Nearest Major	Cross Street:	6th Applet	101				
d. Describe Buildi	ing: Kree Standing Building	ng Strip Mall Other:					
e. Describe Premi	ises Structure: 🔀 Single Sto	ry Multi-Story - # of Sto	ries Other:				
	unding Area: 🔀 Commercia	al 🔲 Residential 🔲 Industr	ial 🗌 Other:				
g. Building Owne	r Name:	7650 V	Phone Number:	W-510-5	247	<b>K-</b>	
Building Owne	r Address:	WHAT HAVE	Agree Mr.	with the	All Miller	7	
10. Hours of C	peration & Custon	H <del>e V√ L</del> mers	155079	<del>/+</del>	-11-16-1 VEX	001	57210
Will customers be ent	ering the premises? 🔲 No	🔁 Yes					
Day of the Week	Proposed Hour	s of Operation:	Estimated Number of Customers	Potential Age Range	Class B Tavern Applicant Only:		
:	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)	expected each day	of Customers	Age Restriction (If none, write 'None')		
Sunday	5 am	12 m	200	Alu		j	,
Monday	5 am	12 9m	250	Ale			
Tuesday	& alw	12 gm	200	All	X		
Wednesday	Sam	1290	2000	Am			
Thursday	sam	12 am	200	De		1	
Friday	5 am	12 am	200	Au			1
Saturday	Sam	12 000	200	All			•
An Extended Hours Es piercing, salon, tailor,	tablishment License is requir tanning, etc.), recording stu	red for any convenience stor dio or restaurant which is op	e, 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	peration: Class B: 6:00	am to 9:00 pm Sunday thru am to 2:00 am Sunday thru	Thursday, 6:00 am to 2:3				
Entertainment Outdo	or Closing Hours: 10:0 Is es	Opm Sunday-Thursday; 12:00 tablished by the Common Co	Dam Friday & Saturday; u ouncil in its approval of th	nless a different : e licensee's plan	time, either earlier or later, of operation.		
11. Signature	(s)	•					
Da	81K 4	er					
(If there are no 20	prietor, Partner, or 20% or m 0% or more shareholders,		Signature of additional p	artner or 20% or	more shareholder		

cer-print name/title and sign)
See Application Information for a complete list of all required application forms.



### **APPLICATION AMENDMENT**

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

Date:	5	8	-	2	4-	20	2	2

l,	Baljit	KIE			, w	ish to am	end m	y answer	(s) on	the ap	plication for a
, IAe3Ş	LIGEN Se	Plan	of	oper ation	7650	W	A	pleton	ı	Avo	٤
	(type of license)				(premises address	s, if applicab	le)				
hy adı	ding or amending	the follow	ing info	ormation (complete	only those s	ections l	oeing a	mended)	:	•	
1.	Answer to Questi	on(s) #	7 <sup>.</sup>	should be:ξ <u>႓</u>	tended	hove	<u>s</u>	Shou	0	Je_	chected 1200 complete 3, 4, 5 & 6
2.	Agent should be	(full legal r	iame):						Ý	Also	complete 3, 4, 5 & 6
	Home address sh										
5.	Phone number st	nould be (i	nclude :	area code):							
6.	Driver's License N	lumber/St	ate ID N	lumber should be:							
7.	Corporation/LLC	name sho	ıld be (t	full legal name):	<u></u>						
8,	Business name sl	nould be: _		-							
9.	Premises address	s should be	e (incluc	le city/state/zip):							
10.	Business phone r	number sh	ould be	(include area code)							
11.	Mailing address s	should be (	include	city/state/zip):							
12.	Email address sh	ould be: _									
13.	Recycling/Salvag	ing/Towin	g: Locat	tion where vehicle v	will be parke	d should	be (inc	clude city,	/state	/zip): _	
14.	Class B Tavern: /	Age Distino	tion sho	ould be:							
15.	Other:										
	(Check with the Licer	ise Division b	efore sub	mitting "Other" amendn	nents using this	form.)					
					0 .	in		1/0	20.	1	
					Jal	XVV					
				Signat	ture of Licens	see (Indiv	/idual,	Partner, o	or Age	ent of C	Corp/LLC)
			· · · · · ·					····			
	e Use Only: Ap	anliantian t		Date:		Ini	tiale		To	1 <i>C</i> ·	



#### FOOD DEALER LICENSE PLAN OF OPERATION

OFFICE OF THE CITY CLERK, LICENSE DIVISION
CITY HALL, 200 E. WELLS ST, ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 • <u>license@milwaukee.gov</u> • <u>www.mliwaukee.gov/license</u>

Legal Entity Name:	Applet	٥٨	Express	/hc		
Premises Address:	7690	W	Albleton	Ave	Milwarka	MI 23223
SECTION 1 TYP	E OF BUSINESS					j
What will be the majorit	y of your food sal	es? (check o	ne)			
	are not limited to		es, sandwiches, roasted or deep fried vegetable		oes, hot dogs, brats, tacos eese curds, corn dogs,	
	le, but are not lim othies, candy, dis				coffee, espresso, cappuccio otton candy, funnel cakes,	
A convenience	tems and in addi	Yes Sethan 5,00 tion, sells he	O square feet of retail	space and has, a s a filling station	is its primary business, th that sells basic food iten	ne sale ns and
Bed & Breakfast Micro Market						
All Applicants: Submit a	menu or a list of	food items ti	nat will be sold.			
Will any wholesale busin	ness be done?	ONO □Y	es if yes, what percer	ntage of food sales	will be wholesale?	
Less than 25%						
	rant items (meals		– Complete this applica			
SECTION 2 FOO	DD PROCESSING					
Will any food processing	g be done?	]No [ <b>∑</b> ]√	es			
Processing is defined as extracting, fermenting,					bottling, grilling, canning,	,
SECTION 3 FOO	DD REQUIRING	TEMPERATI	JRE CONTROL			
Will any food that requi (includes dairy products If yes, list the types of fo	such as milk, che			eat, poultry)	5 ; F	Fools

ccl-foodplan 2/28/19

SECTION 4 DETAILS OF OPERATION
Will you have seating on site for dining? 💢 No 🔲 Yes
Will you be doing any catering?
Will you be doing any delivery? ☑ No ☐ Yes
Will you have outdoor activities? ☐ No ☐ Yes - Check all that apply: ☐ Bar ☐ Cooking/Grilling ☐ Dining
Wili you have a drive thru window? Yes - Are hours different from inside? No Yes
If Yes, provide drive thru hours:
Will scales or barcode scanners be used? 🖟 No 🔲 Yes - You must also apply for a Weights & Measures License.
SECTION 5 ADDITIONAL SITES
Where will food be prepared and/or sold?
(for example, a hotel with several dining rooms or bars)
If multiple sites, attach a Food Dealer Additional Site Addendum (ccl-foodadd) for each additional site.
SECTION 6 CONSTRUCTION OR CHANGES
Are you planning any construction, remodeling or equipment changes?
No If No, SKIP to Section 8
Yes If Yes, check all that apply: New construction of a building Renovation or remodeling
Construction changes to existing building Equipment changes only
Provide a brief description of the changes:
Start date:
Name, Address & Phone Number of Architect:
Name, Address & Phone Number of Contractor:
SECTION 7 ALCOHOL BEVERAGES
Are you applying for an alcohol beverage license?
ISS_No If No, SKIP to Section 8
Yes If YES, if your food license is approved prior to the alcohol license, when do you want the food license issued?
☐ Immediately ☐ At the same time as the alcohol license
SECTION 8 ACKNOWLEDGEMENTS & SIGNATURE
You must initial each item confirming your understanding:
av.
1 understand the Health Department must conduct an inspection and advise the License Division of their approval before the license may be issued.
Lunderstand I must obtain an occupancy permit from the Department of Neighborhood Services and an inspection
may be required. Neighborhood Services must advise the License Division of their approval before the license may
be issued.  I understand the district alderperson will review and either support or object to my application. If he/she objects, I
may appeal and be scheduled to appear before the Licenses Committee. The Licenses Committee will then make a recommendation to the Common Council. The Common Council must grant the license before it may be issued.
I understand proof of payment for all license fees must be on file in the License Division before the license may be
issued and the license must be issued and posted in my establishment prior to opening for business.
I will not operate my food business until the license has been issued and posted in the establishment.
Signature of Sole Proprietor, Partner, or 20% Shareholder:
Signature of Additional Partner:



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

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

Legal Entity Name:	Appleton		Express	/h(	•	•			]
Premise Address:	7650	W	Applexor		AVe	Milwaukee	; W	5	111
Filling Station License Fee			• • •	\$	275				
Weights & Measures Lice Number of Retail Petrole	nse Fee Im Meters*	Z	_x \$60 per meter =	= \$	720				
*For each nozzle, count the and that is your number of	_			de if mi	ked in the pun	np), add the number of a	ll grades toge	ether	
Will electronic scanners b Will scales be used to pric If yes to either or both qu	e items based on	their v	veight?		⊠ No [		e devices.		No.
Acknowledgements a	and Signature								
I confirm that all informat to the City Clerk License E licenses applied for and u regulations.	ivision within 10	days, I	i have knowledge o ses may be subject	of the Ci	ty of Milwauk pension, non-r	ee ordinances currently	regulating the I violate these	9	
			(If no 20% or m	ore Sha	reholder, Corp	porate Officer must sign	and provide	title)	
Submit this form with the	•		Signature of Ac	lditiona	Partner or 20	% or more Shareholder			
Business License App     Business Plan of Oper     Floor plan     License fees Forms can be obtained or	ration	vaukee	.gov/licenses						
000						· · · · · · · · · · · · · · · · · · ·			1
Office Use Only: App#	Filed			initi	als				
Paid HD	MPD DNS			CC Lic f	<u> </u>			:	
								,	]



### WEIGHTS & MEASURES PLAN OF OPERATION

ccl-wmplan 1/9/18

Legal Entity Name:	Appleto	^	Exores	INC		P	
Premise Address: 7	650	W	Appleton	Ave	Milwarkee	WI	\$ 7
Type of Business							
Provide a brief description	n of the establ	ishment/b	ousiness: 5 Statit	7			
Other licenses may be req	uired dependi	ng on the	type of business you	are operating.			
Litter & Noise							
a. How are grounds k	ept clean?	Sweep	Pressure Wash	Pick Up Litter	Other:		
					thly Other:		
c. Grounds cleaned b	y: Licensee	: 🔲 Buildi	ng Owner DEmplo	yees 🔲 Hired Ma	intenance Other:		
			dressed? Security		oroaches customer(s) C	ali Police	
Signature							
Signature of Sole Proprietor,	Partner, or 20%			Signature of additi	onal partner or 20% or more st	areholder	
Corporate Officer-print	name/title and :	sign)					
This form must be so Application, and appro	ubmitted wit priate fee. Fo	th the B orms can	usiness License A be obtained online	pplication, Weig at <u>www.milwau</u>	nhts & Measures Licens okee.aov/licenses.	e Supplemer	ntal

