

# CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Thursday, January 21, 2021

#### COMMITTEE MEETING NOTICE

AD 01

ALEXANDER, Patrick J, Agent SB Motor Club INC 4152 N 35TH St

Milwaukee, WI 53216

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

Tuesday, January 26, 20 t 02:30 PM

Regarding:

Your Secondhand Motor Vehicle Dealer's License Application as agent for "SB Motor Club INC" for "Square Business" at 4152 N 35TH St.

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/778000629">https://global.gotomeeting.com/join/778000629</a>. If you wish to call in, please call <a href="https://global.gotomeeting.com/join/778000629">https://global.gotomeeting.com/join/778000629</a>. If you wish to call in, please call <a href="https://global.gotomeeting.com/join/778000629">https://global.gotomeeting.com/join/778000629</a>. If you wish to call in, please call <a href="https://global.gotomeeting.com/join/778000629">https://global.gotomeeting.com/join/778000629</a>. If you wish to call in, please call <a href="https://global.gotomeeting.com/join/778000629">https://global.gotomeeting.com/join/778000629</a>.

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. 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 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

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.



## CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Thursday, January 21, 2021

#### COMMITTEE MEETING NOTICE

AD 01

ALEXANDER, Patrick J, Agent SB Motor Club INC 3944 S Lipton Ave

St. Francis, WI 53235

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JIM OWCZARSKI, CITY CLERK

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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.



Thursday, January 21, 2021



## Notice of Public Hearing

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> ALEXANDER, Patrick J, Agent Square Business at 4152 N 35TH St Secondhand Motor Vehicle Dealer's License Application

### Tuesday, January 26, 2021 at 2:30 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 1/26/2021 at 2:30 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.
- 2. 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.)
- 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 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.

MAIL ADDRESS	CITY, STATE ZIP
4156 N 36TH ST	MILWAUKEE, WI 53216
4175 N 35TH ST 5	MILWAUKEE, WI 53216
4175 N 35TH ST 12	MILWAUKEE, WI 53216
4175 N 35TH ST 2	MILWAUKEE, WI 53216
4150 N 36TH ST	MILWAUKEE, WI 53216
4166 N 36TH ST	MILWAUKEE, WI 53216
4175 N 35TH ST 4	MILWAUKEE, WI 53216
4175 N 35TH ST 3	MILWAUKEE, WI 53216
4175 N 35TH ST 1	MILWAUKEE, WI 53216
4172 N 36TH ST	MILWAUKEE, WI 53216
4175 N 35TH ST 11	MILWAUKEE, WI 53216
4175 N 35TH ST 7	MILWAUKEE, WI 53216
4160 N 36TH ST	MILWAUKEE, WI 53216
4175 N 35TH ST 8	MILWAUKEE, WI 53216
4175 N 35TH ST 10	MILWAUKEE, WI 53216
4140 N 36TH ST	MILWAUKEE, WI 53216
4175 N 35TH ST 9	MILWAUKEE, WI 53216
4144 N 36TH ST	MILWAUKEE, WI 53216
4175 N 35TH ST 6	MILWAUKEE, WI 53216
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	4156 N 36TH ST 4175 N 35TH ST 5 4175 N 35TH ST 12 4175 N 35TH ST 2 4150 N 36TH ST 4166 N 36TH ST 4175 N 35TH ST 4 4175 N 35TH ST 3 4175 N 35TH ST 1 4172 N 36TH ST 4175 N 35TH ST 11 4175 N 35TH ST 7 4160 N 36TH ST 4175 N 35TH ST 8 4175 N 35TH ST 8 4175 N 35TH ST 8 4175 N 35TH ST 8 4175 N 35TH ST 9 4140 N 36TH ST 4175 N 35TH ST 9 4144 N 36TH ST 4175 N 35TH ST 6

Total Records: 19

Radius: 250.0 feet and Center of Circle: 4152 N 35th St

### ccl-busplan 5/12/2020



### **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. 1	Type of Business	
Applyi	lying 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)	
	de a detailed description of the type of business you plan on operating:	
Se	condhand Used Car Sales	
Do yo	u have any experience operating this type of business? \[ \text{No \( \infty \) Yes \( \text{If yes, explain: \( \text{Lam a licensed buyer} \)	
2.65000000000000000000000000000000000000	Business Operations	
a.	Proposed Opening Date: NOV. 30 and 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? No Yes If yes, list type of license: Second Hand Dearlese	
e.	Is the current licensee operating? No X Yes If no, list date closed:	
f.	Do you have future plans for other businesses, licenses or permits at this location? 🎵 No 🔲 Yes	
	If yes, explain:	
g.	Have you previously held an Extended Hours License in Milwaukee? 🖊 No 📋 Yes	
	If yes, list address(es):	
h.	Are other businesses operating in the same building? No Yes If yes, describe:	
3. L	itter & Noise	
a.	How are grounds kept clean? 🛮 Sweep 🔻 Pressure Wash 🖊 Pick Up Litter 🔝 Other:	
b.	How often will grounds be cleaned?	
c.	Grounds cleaned by: Licensee Building Owner ZEmployees Hired Maintenance Other:	
d.	How are noise issues prevented and/or addressed? Security Manager approaches customer(s) Call Police	
	Signs Posted Other: No loud noises	
e.	Will a sound amplification system be used? No 🗌 Yes If yes, describe:	
4. S	møking & Sanitation	
a.	Are there designated outdoor smoking areas? No Z Yes If yes, describe: Back of Bulding	
b.	Number of Garbage Cans: Inside: Locations: Front Offices, Bathrooms, GARage	
	Outside: 2 Locations: Back 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:	
i		

5. Security			- 1966 - 1966 - 1966		
a. Are there onsite parking s	paces? No Yes	If yes, how r	many?ar	nd 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	g credentials	- 1/		
d. Will there be security cam	neras? No Y'Yes	If yes, how r	nany? <u>( ( )</u> and list	locations:	
e. Will searches/identification	on chacks ha done unon	antry2 [] N	In Myes If yes descri	be lele	ntification
6. Percentage of Sales	(must total 100%	<u>/ (                                   </u>	7		VI.N.
Alcohol%	Food	%	Secondhand Merchandis	se	Precious Metals & Gems
Entertainment%	Cigarettes	%	%		%
Pawnbroker Activity%	Salvaged Materials (such as scrap metal)	%	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.)%		Other% Describe:
7. Businesses/Licenses	on the Premise:	s (check a	all that apply):		
Type 1  Full Service Restaurant	Cafe/Coffee Shop	. Deli or Fast Food Restaurant Private/Fraternal/Veterans Club		/Fraternal/Veterans Club	
Night Club	☐ Tavern	Cocktail	Lounge	Teen C	llub
Banquet Hall	Sports Facility	Bowling	Alley		
☐ Hotel/Motel : Number of Flo Number of Ro	oors:	Roomin	g House: Number of Flo Number of Ro		
Type 2	Corner Store	Superma	arket	Conver	nience Store
Gas Station	Gas Station Amusement/Phonograph Distributor Recycling, Salvage or Towling		ing, Salvage or Towing		
Used Car Dealer		ling 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 (onl	y if a Type 1 prei	mises in a	#7 above)		
Capacity (Call the	e Milwaukee Developmen	t Center at 41	4-286-8211 if you have qu	iestions.)	

9. P	remises D	escription				
a.	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 Locati	on: Major Thoroughfare	Secondary Street Ot	her:		
¢,	Nearest Major	Cross Street: Capité	1 DRive			
đ.	Describe Buildi	ng: 🛮 Free Standing Buildi	ng 🔲 Strip Mall 🔲 Other:			
e.	Describe Premi	ses Structure: 🖊 Single Sto	ory Multi-Story - # of Sto	ries Other		
f,	Describe Surro	unding Area: 🛮 Commerci	al Residential Industr	ial Other:	1210	<u> </u>
g.	Building Owner	Name: Cildendolyr	al Residential Industr Newson Scranton Pla	Phone Number:	1 0 6 2 1 1	<u>440                                   </u>
	Building Owner	r Address: 8150 W	. Devanton 16a	co IIIIm, A	<u> </u>	<u>D</u>
10.	Hours of C	peration & Custo	mers			
Will c	ustomers be ent	ering the premises? 🔲 No	Yes			
		Proposed Hou	rs of Operation:	Estimated Number	Potential Age Range	Class B Tavern Applicant Only:
Day	of the Week	Open Time	Close Time	of Customers expected each day	of	Age Restriction
	e e e e e e e e e e e e e e e e e e e	(include a.m. or p.m.)	(include a.m. or p.m.)	expected each day	Eustomers	(If none, write 'None')
	Sunday					
	Monday	9am	lopm	2-3	184	
	Tuesday	9am	6 pm	2-3	18+	
W	/ednesday	9am	6pm	2-3	18+	
	Fhursday	9am	6 om	2-3	18+	
	Friday	9am	6 pm	2-3	18+	
A 1000000000000000000000000000000000000	Saturday	9 am	Le Rm	2-3	18+	
An Ex	ctended Hours Es ing, salon, tallor,	tablishment License is requ tanning, etc.), recording sti	ired for any convenience stor udio or restaurant which is or	e, filling station; person en between the hours o	al service establish of 12:00 a.m. and 5	ment (such as tattoo, body :00 a.m.
Alcol	nol Establishmen litted Hours of O	ts Class A: 8:0	0 am to 9:00 pm Sunday thru 0 am to 2:00 am Sunday thru	Saturday		
Ente	rtainment-Outdo	or Closing Hours: 10:	00pm Sunday-Thursday; 12:0 stabijsted by the Common C	Oam Friday & Saturday) ouncil in its approval of	unless a different the licensee's plan	time, either earlier or later, of operation:
11,	Signature	(s) // /	/			
		11911				
		K A	ana Fhanahaldan	Signature of additional	harthar ar 200/ ar	more charabalder
	If there are no 2	prietor, Partner, or 20% or r 0% or more shareholders, r-print name/title and sign)	nore snarenoider	Signature of additious:	partiler of 20% of	THE SHALEHOIDE

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

# **SURVEILLANCE CAMERA LOCATIONS**

- 1. Lobby  $\Rightarrow$
- 2. Back of building ©
- 3. Front of building
- 4. Sales lot facing 35th Street
- 5. Back of building facing Hopkins
- 6. **Garage** ∃
- 7. Lobby
- 8. Front of building
- 9. Garage
- 10. Back of building facing Hopkins
- 11. Front door
- 12. Back of building
- 13. Back of building
- 14. Garage
- 15. <u>Office</u>
- 16. Back of building



# 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: <u>license@milwaukee.gov</u>

Legal Entity Name: SB MOTOR Club INC
Premises Address: 4152 N. 35th St. MIW, WI 53216
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 VNo
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
Number of parking spaces that will be used for display/storage of Secondhand Motor Vehicles (20)
Do you understand that all vehicles associated with the business must be stored on the licensed premise?
What are your plans to ensure this requirement is met (check all that apply)?
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)?
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
title at a load blance as account a construction of the constructi
Supervisor Monitoring Dother: Coded Safe
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
Valorian Manadas Hita tat LAN
Sole Proprietor, Partner, or 20% or more Shareholder  Additional partner or 20% or more shareholder
(If there are no 20% or more shareholders,
Corporate Officer-print name/title and sign)