

CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Friday, February 05, 2021

COMMITTEE MEETING NOTICE

AD 02

MUSTAFA, Samer T, Agent Mustafa LLC 6303 W CAPITOL DR

Milwaukee, WI 53216

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

Wednesday, February 17, 2021 at 02:20 PM

Regarding:

Your Recycling, Salvaging, or Towing Premises License Application Requesting Dealing, Storing, and/or Transporting, Removing and/or Recycling Junk/Valuable Metal, Waste Tires, and Salvaged Motor Vehicle Parts as agent for "Mustafa LLC" for "Spark Car Care" at 6303 W CAPITOL DR.

This meeting will be held via GoToMeeting. Please see the enclosed best practices document for further instructions. The access code is https://global.gotomeeting.com/join/987330253. If you wish to call in, please call https://global.gotomeeting.com/join/987330253. If you wish to call in, please call https://global.gotomeeting.com/join/987330253. If you wish to call in, please call https://global.gotomeeting.com/join/987330253.

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

Notice for applicants with warrants or unpaid fines:

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

Failure to 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: ____

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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. www.milwaukee.gov/license
Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: License@milwaukee.gov



CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Friday, February 05, 2021

COMMITTEE MEETING NOTICE

AD 02

MUSTAFA, Samer T, Agent Mustafa LLC 3944 S 51st St

Milwaukee, WI 53220

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Wednesday, February 17, 2021 at 02:20 PM

Regarding:

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JIM OWCZARSKI, CITY CLERK

BY: ____

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. www.milwaukee.gov/license Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: License@milwaukee.gov

MILWAUKEE POLICE DEPARTMENT LICENSING

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

Date: 04/1/LICENSE TYPH NEW: X RENEWAL: [E: RST		No. 308731 Application Date:	04/13/20
	cation: 6303 W. Capitol Drive ame: Spark Car Care			
	oplicant: MUSTAFA, Samer (Last Name, First Name, MI) h: 06/15/1977	Т		
City: Milwa	ess: 3944 S. 51 st Street ukee ie: 414-379-0489	State: WI	Zip Code: 53220	
This report is Days.	s written by Police Officer Cors	tan D. COURT	, assigned to the Lice	nse Investigation Unit,
The Milwauk	cee Police Department's investi	gation regardir	ng this application rev	ealed the following:
	1/01/19 the applicant was charg e Harm (Felony).	ged in Milwauke	ee County with Child	Abuse-Intentionally
Charge: Finding: Sentence: Date:	Child Abuse-Intentionally Cau Court date on 06/10/20	ise Harm	Jury trial	2/8/21
Case:	2019CF004851			







Notice of Public Hearing

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> MUSTAFA, Samer T, Agent Spark Car Care at 6303 W CAPITOL DR

Recycling, Salvaging, or Towing Premises License Application Requesting Dealing, Storing, and/or Transporting, Removing and/or Recycling Junk/Valuable Metal, Waste Tires, and Salvaged Motor Vehicle Parts

Wednesday, February 17, 2021 at 2:20 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 2/17/2021 at 2:20 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.) 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.

- 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.

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Total Records: 27

Radius: 250.0 feet and Center of Circle: 6303 W Capitol Dr

ccl-busplan 3/15/18



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: license@milwaukee.gov

1. Type of Business				
Applying for:				
Self Service Laundry Massage Establishment Filling Station	om			
Other (supplemental application for specific license also required)				
Provide a detailed description of the type of business you plan on operating:				
Light Moter Vehicle Report Course				
Do you have any experience operating this type of business? No These If yes, explain: In Service Since				
2. Business Operations				
a. Proposed Opening Date: OPEN				
b. Is this premise under construction? No Yes If yes, list estimated completion date:				
c. Is this a franchise? Alo Yes				
d. Is this premises currently licensed? No 🔯 Yes If yes, list type of license:				
e. Is the current licensee operating? No N 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? 坛 No 🗌 Yes If yes, describe:				
3. Litter & Noise				
a. How are grounds kept clean? 🔀 Sweep 🔛 Pressure Wash 🔲 Pick Up Litter 🔲 Other:				
. 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: 3 Locations D Frond of Office (3) Book of Sh	- WO			
Outside: Locations: Well Front Britishee				
c. Is a crowd control barrier used?				
d. How many restrooms are on the premises?	•			
e. Name of solid waste contractors. Advanced Disposal Waste Management Other;				

5. Security		NV AT				
a. Are there ensite parking	a. Are there ensite parking spaces? No Myes If yes, how many? 15 and describe the parking security					
b. Is there a loading zone?	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:						
	sponsibilities?					
is security equipm	ent used? 🔲 No 🔲 Ye	es If yes, de	escribe			
List their licensing	, certification, or training	credentials				
d. Will there be security car Shop-508.	neras? INO Wyes	If yes, how	many? <u>10</u> and list	t locations:	Front OF	
	on checks be done upon			1be		
6. Percentage of Sales	(must total 100%			· p _i , n, g,		
Alcohol%	Food O	%	Secondhand Merchandi	ta.	Precious Metals & Gems	
Entertainment%	Cigarettes C)%	%		%	
Pawnbroker Activity % Salvaged Materials % (such as scrap metal)			Personal Services (such as tattoo, body piercing selen fallor, tanning, etc.;%		Other 100 % Describe: 5	
7. Businesses/Licenses	on the Premises	(check a	(lithat/apply):			
Type 1 Full Service Restaurant	Cafe/Coffee Shop	☐ Dell or Fa	st Food Restaurant	□ Privato	Frategnal Motorney Club	
☐ Night Club		Cocktell I			_	
☐ Banquet Hall	Tieen Club					
☐ Hotel/Motel: Number of Flo	Hotel/Motel: Number of Floors: Rooming House: Number of Floors:					
Number of Rooms: Number of Rooms:						
Type 2 Liquor Store	Corner Store [Supermar	ket	Conveni	ence Store	
☐ Gas Station	☐ Amusement/Phonograp	ph Distributo	r	Recycling, Salvage or Towing		
Used Car Dealer			tailor, etc.)	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			<u> </u>	<u> </u>	
a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage): 11 st Floor						
☐Other: Des	☐Other: Describe:					
b. Describe Loca	tion: 🔀 Major Thoroughfare	Secondary Street C	Other:			
c. Nearest Majo	r Cross Street:	Jloth st				
	ling: Free Standing Buildi		··			
e. Describe Pren	ilses Structure: 🔟 Single St	ory 🔲 Multi-Story - # of Sto	ories 🗀 Othe	r•		
f. Describe Surro	ounding Area: 💤 Commerci	al 🔲 Residential 🔲 Indust	rial Cher:			
g. Building Owne	er Name: Que c	Unsta Go	Phono Number 6/11	1-379 -	- (^) (ない () ·	
Business Own	er Address: 6303	Lu Capilo	Dr. Mil	wi 5	2710	
1	peration & Custo					
Will customers be ent	ering the premises? No	⅓ Yes				
Day of the Week	Proposed Hours of Operation:		Estimated Number	Potential Age Range	Class B Tavern	
Day of the week	Open Time	Close Time	of Customers expected each day	of	Applicant Only: Age Restriction	
	(include a.m. or p.m.)	(include a.m. or p.m.)	expected each day	Customers	(If none, write 'None')	
Sunday						
Monday	8 m	7 Pos	15-95	13 -65		
Tuesday	8 an	As F	15 - 25	5 - 65		
Wednesday	8 am	7 800	15 25	13 - 6	i	
Thursday	B m	7 Pm		(S - 65		
Friday	8 m	7 fm	<u>15</u> -25	13, -62		
Saturday	8 m	5.m	17-05	18-65		
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 parlier or later						
Is established by the Common Council in its approval of the licensee's plan of operation. 11. Signature(s)						
Som-e Mithid 3-16-90						
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)						

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

ccl-rstprem 2/23/18



RECYCLING, SALVAGING OR TOWING PREMISES LICENSE SUPPLEMENTAL APPLICATION

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

Legal Entity Name:	Losson	in 110			- .	•	
Business Address: ((0303	W Carston D.	Will	Liviliee i.	I 532	12	
Do you currently no	to any licensi	es in the City of Milwaukee?	UNo ⊠	Yes If yes, list:	JL 4364	./ <u>()</u>	
- ACC-PARCED - BE	James R. C.	is ease the care sugar	120- Jacky	v t_			
Has any person on the denied, not renewed,	e application e suspended, or	ver had a license relating to the revoked? ☑ No ☐ Yes	activities	licensed in Milwaukee	Code of Ordinar	ices Chapter 93	
peparement of Hallah	OLIGION SHO F	d jurisdiction in which the event inancial institutions relating to peration of any automotive sale	suspensio	hs, revocations, forfeiti	any actions from	o the State gs imposed by	
Do you understand the	at you must fo at all records a	llow all recordkeeping, reportin and reports must be available to	g and ope the polic	rating regulations in M e department upon req	CO 93-43-497 uest?	□No ⓓYes □No ⓓYes	
Business Opera	ations	The second secon			· · · · ·	ال أست الحا	
Check all activities tha	at apply:			_ ,	- . *		
Non-Consensual To	Non-Consensual Towing: Provide the address within the City of Milwaukee where vehicles will be towed:						
Junk/Valuable Metal: Dealing, Storing and/or Transporting ARemoving and/or Recycling							
Waste Tires:	Waste Tires: ⊠Dealing, Storing and/or Transporting		sporting	☑Removing and/or Recycling			
Salvaged Motor Vehicle Parts: #Dealing, Storing and/or Transporting Removing and/or Recycling (including secondhand tires/batteries)							
Do you have an addition of yes, provide the add	onal yard(s) us ress(es) below	ed for storage? 🔀 No 🗌 Yes rand submit an additional \$50 p	er yard:				
How many motor vehic	les will be use	ed in the business operations?	<u>Ø</u>	Provide informa	tion for each ve	hicle on page 2.	
Required Signa	ture(s)	The second secon		······································		. Pres (19) Admit	
Sole Proprietor, Partne (If there are no 20% or Corporate Officer-prin	more shareho	olders,	Addition	al partner or 20% or mo	ore shareholder		
Office Use Only:	-n		initials	Filed			
App#	YD#	Permit #s		Paid	MPD		
DNS	LC	CC		Mayor's Signature	License	11	