

CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Wednesday, April 28, 2021

COMMITTEE MEETING NOTICE

AD 08

VEGA, Ruben, Agent Four Wheels Auto Sales & Repairs, LLC 1643A S 38TH St

Milwaukee, WI 53215

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

Tuesday, May 11, 2021 at 09:00 AM

Regarding:

Your Recycling, Salvaging, or Towing Premises License Application Requesting Non-Consensual Towing - Repossession Only, Collecting/Delivering Non-Consensual Towing - Repossession Only, Collecting Non-Consensual Towing Non-Consensual

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/820945093. If you wish to call in, please call https://global.gotomeeting.com/join/820945093. If you wish to call in, please call https://global.gotomeeting.com/join/820945093. If you wish to call in, please call https://global.gotomeeting.com/join/820945093.

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

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

Wednesday, April 28, 2021

COMMITTEE MEETING NOTICE

AD 08

VEGA, Ruben, Agent Four Wheels Auto Sales & Repairs, LLC 935 S 98TH St

Milwaukee, WI 53214

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

Tuesday, May 11, 2021 at 09:00 AM

Regarding:

Your Recycling, Salvaging, or Towing Premises License Application Requesting Non-Consensual Towing - Repossession Only, Collecting/Delivering Junk, Valuable Metal, and Salvaged Motor Vehicle Parts as agent for "Four Wheels Auto Sales & Repairs, LLC" for "Four Wheels Auto Sales & Repair" at 1643A S 38TH St.

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/820945093. If you wish to call in, please call ± 1 (646) 749-3122 and use Access Code: 820-945-093.

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

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.





Notice of Public Hearing

blank notice

VEGA, Ruben, Agent

Four Wheels Auto Sales & Repair at 1643A S 38TH St
Recycling, Salvaging, or Towing Premises License Application Requesting Non-Consensual
Towing -Repossession Only, Collecting/Delivering Junk, Valuable Metal, and Salvaged Motor
Vehicle Parts

Tuesday, May 11, 2021 at 9:00 AM

To whom it may concern:

The above application has been made by the above named applicant(s). This requires approval from the Licenses Committee and the Common Council of the City of Milwaukee. The hearing before the Licenses Committee will take place virtually on 5/11/2021 at 9:00 AM. 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.

OCCUPANT	MAIL ADDRESS	CITY, STATE ZIP
CURRENT OCCUPANT	3723 W LAPHAM ST 1	MILWAUKEE, WI 53215
	 	MILWAUKEE, WI 53215
CURRENT OCCUPANT	3744 W LAPHAM ST	·
CURRENT OCCUPANT	1620 S 38TH ST	MILWAUKEE, WI 53215
CURRENT OCCUPANT	3723 W LAPHAM ST 6	MILWAUKEE, WI 53215
CURRENT OCCUPANT	1622 S 38TH ST	MILWAUKEE, WI 53215
CURRENT OCCUPANT	1612 S 38TH ST	MILWAUKEE, WI 53215
CURRENT OCCUPANT	3723 W LAPHAM ST 3	MILWAUKEE, WI 53215
CURRENT OCCUPANT	3731 W LAPHAM ST 10	MILWAUKEE, WI 53215
CURRENT OCCUPANT	3751 W LAPHAM ST	MILWAUKEE, WI 53215
CURRENT OCCUPANT	1580 S 38TH ST	MILWAUKEE, WI 53215
CURRENT OCCUPANT	1556 S 38TH ST	MILWAUKEE, WI 53215
CURRENT OCCUPANT	3723 W LAPHAM ST 2	MILWAUKEE, WI 53215
CURRENT OCCUPANT	3731 W LAPHAM ST 7	MILWAUKEE, WI 53215
CURRENT OCCUPANT	3731 W LAPHAM ST 9	MILWAUKEE, WI 53215
CURRENT OCCUPANT	3731 W LAPHAM ST 8	MILWAUKEE, WI 53215
CURRENT OCCUPANT	3723 W LAPHAM ST 4	MILWAUKEE, WI 53215
CURRENT OCCUPANT	3735 W LAPHAM ST	MILWAUKEE, WI 53215
CURRENT OCCUPANT	3738 W LAPHAM ST	MILWAUKEE, WI 53215
CURRENT OCCUPANT	3732 W LAPHAM ST	MILWAUKEE, WI 53215
CURRENT OCCUPANT	3726 W LAPHAM ST	MILWAUKEE, WI 53215
CURRENT OCCUPANT	1564 S 38TH ST	MILWAUKEE, WI 53215
CURRENT OCCUPANT	3723 W LAPHAM ST 5	MILWAUKEE, WI 53215
CURRENT OCCUPANT	3736 W MITCHELL ST	MILWAUKEE, WI 53215
CURRENT OCCUPANT	3731 W LAPHAM ST 12	MILWAUKEE, WI 53215
CURRENT OCCUPANT	3731 W LAPHAM ST 11	MILWAUKEE, WI 53215
blank	notice	

Total Records: 25

Radius: 250.0 feet and Center of Circle: 1643A S 38th 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. Type of Business							
Applying for: Extended Hours (12AM to 5AM) - If a food establishment, check all that apply: Delivery Drive Thru	ng 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:							
towing Premises License							
Do you have any experience operating this type of business? No Yes. If yes, explain: Thave been in							
2. Business Operations InDustry For Tye	vs.						
a. Proposed Opening Date: Currently open							
b. Is this premise under construction? Pro Yes If yes, list estimated completion date:							
c. Is this a franchise? Yes							
d. Is this premises currently licensed? No Yes If yes, list type of license: Second Hand Motor Vehicl	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? 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. 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:							
. Grounds cleaned by: Licensee Building Owner Employees Hired Maintenance Other:							
d. How are noise issues prevented and/or addressed? Security 上Manager approaches customer(s) Call P	lice						
Signs Posted Other:							
e. Will a sound amplification system be used? VNo 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: DFFICE							
Outside: Locations: Rear Bldg							
c. Is a crowd control barrier used? No Yes If yes, describe:							
<u> </u>							
d. How many restrooms are on the premises?							

Day of the Week Open Time (include a.m. or p.m.) Sunday Close Time (include a.m. or p.m.) Age Range of Customers (If none, write 'Not the content of Customers) Age Range of Customers (If none, write 'Not the customers) Age Range of Customers (If none, write 'Not the customers)									
Describe	9. Premises Description								
Describe Location: Major Thoroughfare Secondary Street Other: West mitchell STREET c. Nearest Major Cross Street: South 38th STREET 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: Single Story Multi-Story - # of Stories Other: Building Owner Address: 1579 S. 38th STREET - Milwackel WI 53215 10. Hours of Operation & Customers Will customers be entering the premises? No Eyes Proposed Hours of Operation: Estimated Number of Customers expected each day Customers Of Customers Open Time (include a.m. or p.m.) (include a.m. or p.m.) Sunday CIOSEO CLOSED N/a N/a N/a N/a Name of N/a N/a N/a N/a	a. Identify all are: ☑1st Floor □	a. k	a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage): ☑1 st Floor □2 nd Floor □Basement Storage □Patio □Beer Garden □Sidewalk Café □Deck □Rooftop						
c. Nearest Major Cross Street: South 38th STREET 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: Single Story Multi-Story - # of Stories Other: g. Building Owner Name: Single Story Multi-Story - # of Stories Other: g. Building Owner Address: Single Story Multi-Story - # of Stories Other: g. Building Owner Address: Single Structure: Phone Number: Building Owner Address: Single Structure: Picture: Building Owner Address: Single Story Phone Number: Building Owner A	□Other: Desc								
c. Nearest Major Cross Street: South 38th STREET 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: Single Story Multi-Story - # of Stories Other: g. Building Owner Name: Single Story Multi-Story - # of Stories Other: g. Building Owner Address: Single Story Multi-Story - # of Stories Other: g. Building Owner Address: Single Structure: Phone Number: Building Owner Address: Single Structure: Picture: Building Owner Address: Single Story Phone Number: Building Owner A	b. Describe Locat	b. C	Describe Locat	ion: Major Thoroughfare	Secondary Street O	ther: West	mitche	Il STREET	
e. Describe Premises Structure: Single Story Multi-Story - # of Stories Other: f. Describe Surrounding Area: Commercial Residential Industrial Other: g. Building Owner Name: 15100 2000, LLC Phone Number: Building Owner Address: 1579 S. 3811 STREET - MI (Washelle WT 53215) 10. Hours of Operation & Customers Will customers be entering the premises? No Wes Proposed Hours of Operation: Estimated Number of Customers Age Range of Age Restriction (include a.m. or p.m.) Close Time (include a.m. or p.m.) Sunday Close O Close O N/a N/a N/a Marchan Marchan									
e. Describe Premises Structure: Single Story Multi-Story - # of Stories Other: f. Describe Surrounding Area: Commercial Residential Industrial Other: g. Building Owner Name: 15100 2000, LLC Phone Number: Building Owner Address: 1579 S. 3811 STREET - MI (Washelle WT 53215) 10. Hours of Operation & Customers Will customers be entering the premises? No Wes Proposed Hours of Operation: Estimated Number of Customers Age Range of Age Restriction (include a.m. or p.m.) Close Time (include a.m. or p.m.) Sunday Close O Close O N/a N/a N/a Marchan Marchan									
g. Building Owner Name: VISION 2000, LLC Phone Number: Building Owner Address: 1579 S. 38th STREET - MILWAUKLL WI 53215 10. Hours of Operation & Customers Will customers be entering the premises? No Wes Proposed Hours of Operation: Day of the Week Open Time (include a.m. or p.m.) Close Time (include a.m. or p.m.) Sunday Close Time (include a.m. or p.m.) Close Time (include a.m. or p.m.) Sunday Close Time (include a.m. or p.m.) Age Range of Customers (If none, write 'Note that the content of Customers) Age Restriction (If none, write 'Note that the content of Customers) No Andrew Close Time (Include a.m. or p.m.)									
10. Hours of Operation & Customers Will customers be entering the premises? No Des Proposed Hours of Operation: Day of the Week Open Time (include a.m. or p.m.) Sunday Close Time (include a.m. or p.m.) Age Range of Customers expected each day Close Time (include a.m. or p.m.) Age Restriction (If none, write 'Not permission of Customers) Applicant Only Age Restriction (If none, write 'Not permission of Customers)	f. Describe Surro	f. C	Describe Surro	unding Area: 🗹 Commercia	ıl 🔲 Residential 🔲 Industi	ial 🗌 Other:			
10. Hours of Operation & Customers Will customers be entering the premises? No Des Proposed Hours of Operation: Day of the Week Open Time (include a.m. or p.m.) Sunday Close Time (include a.m. or p.m.) Age Range of Customers expected each day Close Time (include a.m. or p.m.) Age Restriction (If none, write 'Note that the premises? No Description (If none, write 'Note that the premises? No Description (Include a.m. or p.m.)	g. Building Owne	g. B	Building Owne	r Name: $\sqrt{15100}$ 2	LOOO, LLC	Phone Number:			
Will customers be entering the premises? No Wes Proposed Hours of Operation: Day of the Week Open Time (include a.m. or p.m.) Sunday Close Time (include a.m. or p.m.) Age Range of Customers expected each day Close Time (include a.m. or p.m.) Age Restriction (If none, write 'Not permission of Customers) No Medical Restriction (If none, write 'Not permission of Customers)	Bullding Owne	В	Bullding Owne	r Address: <u>1579</u> S	.38Th STRE	ET - Milwo	whee w	I 53215	
Proposed Hours of Operation: Day of the Week Open Time (include a.m. or p.m.) Sunday Proposed Hours of Operation: Close Time (include a.m. or p.m.) Age Range of Customers (If none, write 'Not the Age Range) Age Restriction (If none, write 'Not the Age Range) Age Range of Customers (If none, write 'Not the Age Range) Open Time (include a.m. or p.m.)	10. Hours of C	0. H	ours of C	peration & Custo	mers				
Day of the Week Open Time (include a.m. or p.m.) Sunday Close Time (include a.m. or p.m.) Age Range of Customers expected each day Customers N/a N/a N/A N/A	Will customers be ent	/ill cust	tomers be ent	ering the premises? 🔲 No	[☐√es				
Open Time (include a.m. or p.m.) Close Time (include a.m. or p.m.) expected each day Customers (If none, write 'No customers) Sunday CloseD \(\text{N} \) \(\text{Age Restriction} \) \(\text{Customers} \) \(\text{N} \) \(\text{Age Restriction} \) \(\text{N} \) \(\text{N} \) \(\text{Age Restriction} \) \(\text{If none, write 'No customers} \) \(\text{N} \) \(\text{Age Restriction} \) \(\text{N} \)	Day of the Week	Day of	the Week	Proposed Hours of Operation:			Age Range of	Class B Tavern Applicant Only:	
Manday C		pay of the week		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	i			Age Restriction (If none, write 'None')	
Monday Cina ()	Sunday	Su	ınday	Closed	CLOSED	n/a	n/a	n Ja	
Monday 8.00 Am 6:00 pm 1-4 Na Na	Monday 8:00 Am		8:00 pm	6:00pm	1-4	Na	n/a		
Tuesday 8:00 pm 6:00 pm 1-4 n/a n/a	Tuesday	Tu	esday	8:00 <i>1</i> 9m	, ,	1-4	n/a	n/a	
Wednesday 8:00 Am 6:00 pm 1-4 W/a M/a	Wednesday 8:00 Am		8:00 Am	6:00 pm	1-4	n/a	n/a		
Thursday 8:00 Am 6:00 pm 1-4 n/a N/a	Thursday	Thu	ursday	8:00 Am		1-4	nla	Ma	
Friday 8:00 Am 6:00 pm 1-4 n/a n/a	Friday	Fr	riday	8:00 Am	ļ ,	1-4	n/o_1	n/a	
Saturday 8:00 Am 3:000 1-4 1/9 N/a	N/a								
An Extended Hours Establishment License is required for any convenience store, filling station, personal service establishment (such as tattoo, 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 is established by the Common Council in its approval of the licensee's plan of operation.									
11. Signature(s)									
Signature of Sole Proprietor, Partner, or 20% or more Shareholder (If there are no 20% or more shareholders, Corporate Officer, print page (title and slep)									

Corporate Officer-print name/title and sign)

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

5. Security							
a. Are there onsite parking spaces? No Yes If yes, how many? 12 and describe the parking security							
plan:	plan:						
b. Is there a loading zone?	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						
u. Will there be security can	leias: [A] NO [] les	ii yes, now i	manyrand list i	ocauons; _			
e. Will searches/identificati	on checks be done upor	n entry? 1	No Yes If yes, describ	oe			
6. Percentage of Sales	(must total 100%	6)					
Alcohol%	Food	%	Secondhand Merchandise	2	Precious Metals & Gems		
Entertainment%	Cigarettes	%					
Pawnbroker Activity% Salvaged Materials (such as scrap met		l hody piercing, salon, ta		r,	Other 40 % Describe: TOWIng		
7. Businesses/Licenses	on the Premises	s (check a	all that apply):				
Type 1							
Full Service Restaurant	Cafe/Coffee Shop Deli or Fas		ast Food Restaurant Private		/Fraternal/Veterans Club		
Night Club	Tavern	Cocktail	Cocktail Lounge Teen C		db		
Banquet Hall	Sports Facility	Bowling Alley					
Hotel/Motel: Number of Floors:		Rooming House: Number of Floors:					
Number of Rooms: Number of Rooms:							
Type 2 Liquor Store			Supermarket		Convenience Store		
Gas Station Amusement/Phonogr				Recycling, Salvage or Towing			
Used Car Dealer Personal Service Esta				Recording Studio			
What other licenses/permits will you hold at this location? (check all that apply)							
Occupancy Permit Cigarette & Tobacco Gas Station Extended Hours Ciass "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.)							

.

•

.





RECYCLING, SALVAGING OR TOWING VEHICLE 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>

			and the second of the second o	the state of the s	
Legal Entity Name:	Four Whee	Is Auto s	ales & Repa	irs, LLC	
Business Address: /	643A 5. 38	P也 STREET	T-Mihumokee	, WI 53215	:
			□ No PYes If yes, lis		
:				- UCAR-019916	
Has any person on the 93 denied, not renewed	application ever had a li d, suspended, or revoke	cense relating to the	e activities licensed in Mil	waukee Code of Ordinances Chap	oter
Department of Transpo	rtation and Financial In:	stitutions relating to	it occurred (including a re suspensions, revocations sales business by the app	cord of any actions from the Sta s, forfeitures and warnings impos icant):	te ed
Do you understand tha Do you understand tha	t you must follow all rec t all records and reports	cordkeeping, reporti must be available t	ng and operating regulati o the police department (ons in MCO 93-45.1-3? No Fupon request?	
Vehicle Operat	ions Check all that	apply			
Collecting/Deliver	ng Junk and Valuable M	etal <u>v</u>	Non-Consensual Towing	- Repossession Only	
Transporting Wast	e Tíres		Non-Consensual Towing City of Milwaukee to the	=	;
	ng Salvaged Motor Vehi and tires/batteries)	cle Parts	dity of Milwaukee to the	.j	! !L つ
Vehicle Informa	ation If you have	more than one vel	nicle, complete the Vel	icle Information, Page 2	
Vehicle Make:	Model:		Year:	Plate #:	
Cheurolet	TRUC	K/ Pickup	2019 US DOT # or WI DOT	GD83549	
VIN #: 1HTKHPVM		•	OS DOT # or WI DOT operating authority: 33	Assigned Permit #:	
Address where this veh	nicle will be parked when			WI 53215	
Describe the (acility when Describe the Carage Drivew	nere the vehicle will be pay Carport	oarked (cannot park Other:	on city streets):		
	ensure that the vehicle		ll be stored in a secure lo nced Facility	t or facility?	
Required Signa	ture(s)			<u>-</u>	i
Office					
Sole Proprietor, Partne	r, or 20% or more Share	holder	Additional partner or 2	20% or more shareholder	***
(If there are no 20% or Corporate Officer-print			-	•	
tinenan fina in in anna an	IT THIS FORM ALONG W	ITH THE BUSINESS L	ICENSE APPLICATION & F	LAN OF OPERATION	
Office Use Only: Permit #					
Initials	Filed	App #	Pald	MPD	
DNS	LC	CC	Issued	License #	

Recycling, Salvagi (attach additional pag	ng or Towing - Ve es as needed)	chicle Information	
Vehicle Make: Chev	Model: TRUCK	Year: 2019	Plate #: GD 83549
VIN#: 1HTKHPVM7	KH805314	US DOT # or WI DOT operating authority: 3391920	Assigned Permit #:
Vehicle Make:	Model:	Year:	Plate #:
VIN #:		US DOT # or WI DOT operating authority:	Assigned Permit #:
Vehicle Make:	Model:	Year:	Plate #;
VIN #:		US DOT # or WI DOT operating authority:	Assigned Permit #:
Vehicle Make:	Model:	Year:	Plate #:
VIN #:		US DOT # or WI DOT operating authority:	Assigned Permit #:
Vehicle Make:	Model:	Year:	Plate #:
VIN#:		US DOT # or WI DOT operating authority:	Assigned Permit #:
Vehicle Make:	Model:	Year:	Plate #:
VIN #:		US DOT # or WI DOT operating authority:	Assigned Permit #:
Vehicle Make:	Model:	Year:	Plate #:
VIN #:		US DOT # or WI DOT operating authority:	Assigned Permit #:
Vehiclė Make:	Model:	Year:	Plate #:
VIN #:		US DOT # or WI DOT operating authority:	Assigned Permit #: