

## CITY OF MILWAUKEE OFFICE OF THE CITY CLERK

Wednesday, September 01, 2021

#### COMMITTEE MEETING NOTICE

AD 07

ANDERSON, Cleophus, Agent Devine Hands Auto Sales and Service LLC 5507 W HAMPTON Av

Milwaukee, WI 53218

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

#### Monday, September 20, 2021 at 09:45 AM

Regarding:

Your Secondhand Motor Vehicle Dealer's License April 19 Training as agent for "Devine Hands Auto Sales and Service LLC" for "Devine Hands Auto Sales Auto

This meeting will be held via GoToMeeting. Please see the enclosed best practices document for further instructions. The access code is  $\frac{\text{https://global.gotomeeting.com/join/733111181}}{\text{11.181}}$ . If you wish to call in, please call  $\frac{\text{https://global.gotomeeting.com/join/733111181}}{\text{12.181}}$ .

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

## Notice for applicants with warrants or unpaid fines:

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

Failure to 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

BA:

Jim Cooney

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

Wednesday, September 01, 2021

#### COMMITTEE MEETING NOTICE

AD 07

ANDERSON, Cleophus, Agent Devine Hands Auto Sales and Service LLC 3536 N 16th St

Milwaukee, WI 53206

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

### Monday, September 20, 2021 at 09:45 AM

Regarding:

Your Secondhand Motor Vehicle Dealer's License Application as agent for "Devine Hands Auto Sales and Service LLC" for "Devine Hands Auto Sales and Service" at 5507 W HAMPTON 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/733111181">https://global.gotomeeting.com/join/733111181</a>. If you wish to call in, please call +1 (646) 749-3122 and use Access Code: 733-111-181.

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

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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.

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JIM OWCZARSKI, CITY CLERK

Jim Cooney

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.

# MILWAUKEE POLICE DEPARTMENT LICENSING

## CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

| DATE: 09/02<br>LICENSE TYPE<br>NEW: 🔀<br>RENEWAL: 🗀 | : USED CAR                                                              | No. 303084 Application Date: 11/20/2019     |
|-----------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------|
|                                                     | ation: 5507 W Hampton Av<br>Ime: Devine Hands Detailing Sales and Servi | ce LLC                                      |
|                                                     | plicant: ANDERSON, Cleophus (Last Name, First Name, MI) 1: 08/04/1968   |                                             |
| City: Milwau                                        | ess: 3536 N 16 <sup>th</sup> St<br>kee State: WI<br>e: 281-506-5067     | <b>Zip Code:</b> 53206                      |
| This report is                                      | written by Police Officer David Novak, assign                           | ed to the License Investigation Unit, Days. |
| The Milwauk                                         | ee Police Department's investigation regarding                          | g this application revealed the following:  |
|                                                     | d/26/2019 the applicant was charged in Milwau<br>emeanor).              | kee County with Hit and Run                 |
| Charge:<br>Finding:<br>Sentence:<br>Date:           | Hit and Run  Jury Trial date 01/10/2022                                 |                                             |
| Case:                                               | 2019CM001995                                                            |                                             |

Divine Hands Auto Sales & Service LLC 5507 W Hampton ave Milwaukee Wisconsin 53218

To: Office of the City License Division 200 E Wells st room 205 Milwaukee Wisconsin 53202

Wavier request of the time limit to receive a license or permit information

To whom this may concern:

It has been brought to my attention that my dealers license has expired. I understand that there is a certain time frame that the procedures should be expedited however, due to circumstances not foreseen, and beyond control of either party, I would like respectfully request an extension on my retail dealer license application. Reasons for delay will be explained as follows.

When I applied for the retail retail dealers license back in November 2020, the Covid-19 pandemic had not taken effect on my process in completing my duties. I was to appear before BOZA in march of 2020 in regards to zoning issues. I applied for a variance but it was not notified that I be called for that hearing and I was passed on the calendar. I spoke with BOZA was told by a representative that I would be scheduled for the next available hearing, but due to Covid-19 all hearings had been postponed, I would be notified when the next hearing would be held.

Five months had passed with no hearings which brought the date to September 1st.

I was scheduled for the September hearing. I attended the September hearing and was granted permission to proceed but with provisions. The provisions are to pay my occupancy permit fee which has been satisfied, and make appointments with three

inspectors, once those inspections are satisfied I would be able to proceed with my retail dealers license. I have made an appointment with one of the inspectors.

Currently, I am waiting response of this letter as to if and how much time I may be granted for these inspections to complete the process. Please respond at your earliest convenience as time is of the essence.

Cordially,

Cleophus Anderson



Wednesday, September 01, 2021



## Notice of Public Hearing

blank notice

> ANDERSON, Cleophus, Agent Devine Hands Auto Sales and Service at 5507 W HAMPTON Av Secondhand Motor Vehicle Dealer's License Application

### Monday, September 20, 2021 at 9:45 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 9/20/2021 at 9:45 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.)

- 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.

|                   |                     | CITY STATE ZIP           |
|-------------------|---------------------|--------------------------|
| OCCUPANT          | MAIL ADDRESS        | MILWAUKEE, WI 53218-5028 |
| CURRENT OCCUPANT  | 4732 N 56TH ST      | MILWAUKEE, WI 53218-5028 |
| CURRENT OCCUPANT  | 4736 N 56TH ST      | MILWAUKEE, WI 53218-5029 |
| CURRENT OCCUPANT  | 4737 N 56TH ST      | MILWAUKEE, WI 53218-5025 |
| CURRENT OCCUPANT  | 4741 N 54TH ST      | MILWAUKEE, WI 53218-5025 |
| CURRENT OCCUPANT  | 4747 N 54TH ST      | MILWAUKEE, WI 53218-5029 |
| CURRENT OCCUPANT  | 4747 N 56TH ST      | MILWAUKEE, WI 53218-5025 |
| CURRENT OCCUPANT  | 4753 N 54TH ST      | MILWAUKEE, WI 53218-5028 |
| CURRENT OCCUPANT  | 4754 N 56TH ST      |                          |
| CURRENT OCCUPANT  | 4755 N 56TH ST      | MILWAUKEE, WI 53218-5029 |
| CURRENT OCCUPANT  | 4755A N 56TH ST     | MILWAUKEE, WI 53218-5029 |
| CURRENT OCCUPANT  | 4757 N 54TH ST      | MILWAUKEE, WI 53218-5025 |
| CURRENT OCCUPANT  | 4760 N 56TH ST      | MILWAUKEE, WI 53218-5028 |
| CURRENT OCCUPANT  | 4760 N 57TH ST      | MILWAUKEE, WI 53218-5033 |
| CURRENT OCCUPANT  | 4761 N 54TH ST      | MILWAUKEE, WI 53218-5025 |
| CURRENT OCCUPANT  | 4761 N 56TH ST      | MILWAUKEE, WI 53218-5029 |
| CURRENT OCCUPANT  | 4767 N 54TH ST      | MILWAUKEE, WI 53218-5025 |
| CURRENT OCCUPANT  | 4772 N 56TH ST      | MILWAUKEE, WI 53218-5028 |
| CURRENT OCCUPANT  | 4775 N 54TH ST      | MILWAUKEE, WI 53218-5025 |
| CURRENT OCCUPANT  | 4777 N 54TH ST      | MILWAUKEE, WI 53218-5025 |
| CURRENT OCCUPANT  | 4781 N 56TH ST, 1   | MILWAUKEE, WI 53218-5029 |
| CURRENT OCCUPANT  | 4781 N 56TH ST, 2   | MILWAUKEE, WI 53218-5029 |
| CURRENT OCCUPANT  | 4781 N 56TH ST, 3   | MILWAUKEE, WI 53218-5029 |
| CURRENT OCCUPANT  | 4781 N 56TH ST, 4   | MILWAUKEE, WI 53218-5029 |
| CURRENT OCCUPANT  | 4781 N 56TH ST, 5   | MILWAUKEE, WI 53218-5029 |
| CURRENT OCCUPANT  | 4781 N 56TH ST, 6   | MILWAUKEE, WI 53218-5029 |
| CURRENT OCCUPANT  | 4781 N 56TH ST, 7   | MILWAUKEE, WI 53218-5029 |
| CURRENT OCCUPANT  | 4781 N 56TH ST, 8   | MILWAUKEE, WI 53218-5029 |
| CURRENT OCCUPANT  | 4814 N 56TH ST      | MILWAUKEE, WI 53218-4234 |
| CURRENT OCCUPANT  | 4815 N 55TH ST      | MILWAUKEE, WI 53218-4230 |
| CURRENT OCCUPANT  | 4817 N 56TH ST      | MILWAUKEE, WI 53218-4235 |
| CURRENT OCCUPANT  | 4820 N 56TH ST      | MILWAUKEE, WI 53218-4234 |
| CURRENT OCCUPANT  | 4827 N 55TH ST      | MILWAUKEE, WI 53218-4230 |
| CURRENT OCCUPANT  | 5428 W HAMPTON AVE  | MILWAUKEE, WI 53218-5020 |
| CURRENT OCCUPANT  | 5431 W HAMPTON AVE  | MILWAUKEE, WI 53218-5021 |
| CURRENT OCCUPANT  | 5433 W HAMPTON AVE  | MILWAUKEE, WI 53218-5021 |
| CURRENT OCCUPANT  | 5514A W HAMPTON AVE | MILWAUKEE, WI 53218-5040 |
| CURRENT OCCUPANT  | 5520 W HAMPTON AVE  | MILWAUKEE, WI 53218-5040 |
| CURRENT OCCUPANT  | 5520A W HAMPTON AVE | MILWAUKEE, WI 53218-5040 |
| CURRENT OCCUPANT  | 5639 W HAMPTON AVE  | MILWAUKEE, WI 53218-5043 |
| blank             | notice              |                          |
| Total Records: 39 |                     |                          |

Total Records: 39

Radius: 250.0 feet and Center of Circle: 5507 W Hampton Ave

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. T    | ype of Business                                                                                                           |
|---------|---------------------------------------------------------------------------------------------------------------------------|
| Applyir | ng 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)                                                      |
|         | e a detailed description of the type of business you plan on operating:                                                   |
|         | 1SEL Acito Sales Detailing Service                                                                                        |
| Do γοι  | i have any experience operating this type of business? 因No Yes If yes, explain: Have worked いけんにんしかかん                     |
| 2. B    | usiness Operations                                                                                                        |
| a.      | Proposed Opening Date: 2-2020                                                                                             |
| 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:                                             |
| ė.      | Is the current licensee operating? No Yes If no, list date closed:                                                        |
| f.      | Do you have future plans for other businesses, licenses or permits at this location? 🔀 No 🗌 Yes                           |
|         | If yes, explain:                                                                                                          |
| g.      | Have you previously held an Extended Hours License in Milwaukee? 🔀 No 🗌 Yes                                               |
|         | If yes, list address(es):                                                                                                 |
| h.      | Are other businesses operating in the same building? 🔀 No 🗌 Yes If yes, describer                                         |
| 3. Li   | itter & Noise                                                                                                             |
| a.      | How are grounds kept clean? Sweep Deressure Wash Pick Up Litter Other:                                                    |
| b,      | How often will grounds be cleaned? Daily Weekly As Needed Monthly Other:                                                  |
| c.      | Grounds cleaned by: Licensee Building Owner LEmployees 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. S    | moking & Sanitation                                                                                                       |
| a.      | Are there designated outdoor smoking areas? 💹 No 🗌 Yes If yes, describe:                                                  |
| b,      | Number of Garbage Cans: Inside: 2 Locations: DNE In a CFIC One index vice boy Outside: 3 Locations: EAST Side of Building |
|         | Outside: 3 Locations: CAST Side 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:                                                 |
| 1       |                                                                                                                           |

| 5. Security             |                                                                                                                           |                                       |                                             |                            | eregyk en er er er<br>Som er<br>Lister er |                                 |  |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------|----------------------------|-------------------------------------------|---------------------------------|--|
| a. Are there o          | nsite parking s                                                                                                           | paces? No V Yes                       | If yes, how                                 | many? <u>2 o</u> a         | nd describe                               | e the parking security          |  |
| plan:                   | amera                                                                                                                     | will be in                            | staller                                     | l on premis                | CA                                        | larry willbe installed          |  |
|                         |                                                                                                                           |                                       |                                             |                            |                                           |                                 |  |
| April Marketing Control |                                                                                                                           | · · · · · · · · · · · · · · · · · · · |                                             |                            |                                           |                                 |  |
| c. Will you ha          | Will you have security personnel on premise? 🔯 No 🗌 Yes If yes, how many? and answer the following:                       |                                       |                                             |                            |                                           |                                 |  |
| Wha                     | What are their responsibilities?  Is security equipment used? No X Yes If yes, describe CAMOVAS and Alarmanilibe in talks |                                       |                                             |                            |                                           |                                 |  |
| ls se                   | curity equipme                                                                                                            | nt used? 🗌 No 🔀 Y                     | es If yes, de                               | escribe <u>CAmer</u>       | 13 m                                      | Dalvamillos intal               |  |
| List t                  | heir licensing,                                                                                                           | certification, or training            | g credentials                               | ADT. W:11                  | Po 4.7                                    | 6 granició                      |  |
| d. Will there b         | e security cam                                                                                                            | ieras? 🗌 No 🔏 Yes                     | If yes, how                                 | many? and list             | locations:                                | on-e on                         |  |
|                         |                                                                                                                           |                                       |                                             |                            |                                           | . that S/W corner               |  |
| e. Will search          | es/identificatio                                                                                                          | on checks be done upor                | n entry? 🔯 i                                | No 🗌 Yes If yes, descr     | ibe                                       |                                 |  |
| 6. Percentag            | e of Sales                                                                                                                | (must total 100%                      | <b>%)</b>                                   | ,                          |                                           |                                 |  |
| Alcohol                 | %                                                                                                                         | Food <u>O</u>                         | %                                           | Sécondhand Merchandi       | se                                        | Precious Metals & Gems          |  |
| Entertainment           | %                                                                                                                         | Cigarettes                            | %                                           | %                          |                                           | ~ %                             |  |
| Tiffeitaumient          |                                                                                                                           |                                       | Other / 0/2 %                               |                            |                                           |                                 |  |
| Pawnbroker Activit      | y <u> </u>                                                                                                                | (such as scrap metal)                 | body piercing, salon, tailor tanning, etc.) |                            |                                           | Describe: U.SED CA PS           |  |
| 7 Dusinosso             | s/Linousos                                                                                                                | on the Premise                        | s Icheck                                    | <u> </u>                   | -                                         |                                 |  |
| Type 1                  | 5/ Literises                                                                                                              | On the Frenise                        | 5 (0,1,0,0,1                                | -1-117                     |                                           |                                 |  |
| Full Service Re         | staurant                                                                                                                  | Cafe/Coffee Shop                      | Dell or Fast Food Restaurant                |                            | Private                                   | Private/Fraternal/Veterans Club |  |
| Night Club              |                                                                                                                           | Tavem                                 | Cocktai                                     | Lounge                     | Teen C                                    | Teen Club                       |  |
| Banquet Hall            |                                                                                                                           | Sports Facility                       | ☐ Bawling                                   | Alley                      |                                           |                                 |  |
| ☐ Hotel/Motel:          | Number of Flo                                                                                                             | oors:                                 | Roomin                                      | g House: Number of Flo     |                                           | 1                               |  |
|                         | Number of Ro                                                                                                              | oms:                                  |                                             | Number of Ro               | oms:                                      |                                 |  |
| Type 2                  |                                                                                                                           | Corner Store                          | Superm                                      | arket                      | ☐ Conve                                   | nience Store                    |  |
|                         |                                                                                                                           |                                       | •                                           |                            |                                           | Recycling, Salvage or Towing    |  |
| Gas Station             |                                                                                                                           | <del></del> -                         |                                             |                            |                                           |                                 |  |
| ☑ Used Car Dea          | ■ Used Car Dealer                                                                                                         |                                       |                                             |                            |                                           | ding Studio                     |  |
| What other licen        | ses/permits will                                                                                                          | you hold at this location?            | (check all tha                              | t apply)                   |                                           |                                 |  |
| <b>⊠</b> Occup          | ancy Permit 🔲                                                                                                             | Cigarette & Tobacco 🔲 G               | as Station                                  | Extended Hours Class       | "B" Tavern                                | Weights & Measures              |  |
| ∏Second                 | lhand Dealer                                                                                                              | ]Precious Metal & Gem [               | Other:                                      |                            |                                           |                                 |  |
| 8. Legal Car            | oacity (onl                                                                                                               | y if a Type 1 pre                     | mises in                                    | #7 above)                  |                                           |                                 |  |
| ~x6#: 3#I               |                                                                                                                           |                                       |                                             |                            | ijestions l                               |                                 |  |
| Capacity                | (Call th                                                                                                                  | e Milwaukee Developmer                | n Center at A                               | THIZODIOXILL IL YOU HAVE U | асасканац                                 |                                 |  |

| 9. Premises D                                                   | escription                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                               |                                                          |                                           |                                                 |  |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------|-------------------------------------------------|--|
| a. Identify all area                                            | u(s) of the premises that will l<br>2 <sup>nd</sup> Floor Basement Stora                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | oe used in opérating this bus<br>ge □Patio □Beer Gardei       | iness (include areas usec<br>n □Sidewalk Café □D         | I only for storage)<br>eck □Rooftop       | :                                               |  |
| □Other: Descr                                                   | Other: Describe:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                               |                                                          |                                           |                                                 |  |
| b. Describe Locati                                              | ion: [X] Major Thoroughfare                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ☐ Secondary Street ☐ Ot                                       | her:                                                     |                                           |                                                 |  |
| c. Nearest Major                                                | and the state of t |                                                               |                                                          |                                           |                                                 |  |
| d. Describe Building: Stree Standing Building Strip Mall Other: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               |                                                          |                                           |                                                 |  |
| e. Describe Premi                                               | Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                               |                                                          |                                           |                                                 |  |
| 6 Danaelha Cuero                                                | unding Arnau [50] Commercia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Residential   Industr                                         | ial 🗍 Other:                                             |                                           |                                                 |  |
| g. Building Owne                                                | r Name: Devin T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | emplo Church                                                  | Phone Number: 스((                                        | 1.745.                                    | 4327                                            |  |
| Business Owne                                                   | r Name: <u>Devision T</u> er Address: <u>553</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | w Windypton                                                   | nyilw W                                                  | : 8351E                                   | >                                               |  |
|                                                                 | peration & Custor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1-(17)11/1-1/2                                                | 1517                                                     |                                           |                                                 |  |
| Will customers be ent                                           | ering the premises? 🗌 No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes                                                           |                                                          |                                           |                                                 |  |
|                                                                 | Proposed Hour                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                               | Estimated Number of Customers                            | Potential<br>Age Range                    | Class B Tavern<br>Applicant Only:               |  |
| Day of the Week                                                 | Open Time<br>(include a.m. or p.m.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Close Time<br>(include a.m. or p.m.)                          | expected each day                                        | of<br>Customers                           | Age Restriction<br>(If none, write 'None')      |  |
| Sunday                                                          | Close                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Closep                                                        |                                                          | +8                                        |                                                 |  |
| Monday                                                          | 9:00 Am                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | *                                                             | 3465                                                     | 18-64                                     |                                                 |  |
| Tuesday                                                         | 9,00 um                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5:00 Pm                                                       | 3 645                                                    | 18-64                                     |                                                 |  |
| Wednesday                                                       | 9:00 Am                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5:00 Px                                                       | 5107                                                     | 18-4                                      |                                                 |  |
| Thursday                                                        | 57 100 M.M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                               | CT07                                                     | 18-64                                     |                                                 |  |
| Friday                                                          | 21:00 m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 500 PK                                                        | 7 +0 16                                                  | 18.45                                     |                                                 |  |
| Saturday                                                        | 9:00 Rn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                               | 7+010                                                    | 1864                                      |                                                 |  |
| An Extended Hours Explercing, salon, tailor,                    | stablishment License is requi<br>tanning, etc.), recording stu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | red for any convenience stor<br>dio or restaurant which is op | e, filling station, persona<br>on between the hours of   | I service establish<br>f 12:00 a.m. and 5 | :00 a.m.                                        |  |
| Alcohol Establishmen<br>Permitted Hours of O                    | peration: Class B: 6:00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | am to 9:00 pm Sunday thru<br>am to 2:00 am Sunday thru        | Thursday, 6:00 am to 2:3                                 |                                           |                                                 |  |
| Entertalnment Outdo                                             | oor Closing Hours: 10:0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Opm Sunday-Thursday; 12:0<br>tablished by the Common Co       | Oam Friday & Saturday; to<br>ouncil in its approval of t | inless a different<br>he licensee's plan  | time, either earlier or later,<br>of operation. |  |
| 11. Signature                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               |                                                          | <u> </u>                                  |                                                 |  |
|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               | Signature of additional                                  | partner or 20% or                         | more shareholder                                |  |
| Signature of Sole Pro                                           | pNetor, Partner, or 20% or m<br>20% or more shareholders,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | iore Shareholder                                              | Signature or additional                                  | partner or zow or                         | March de Gallan des nocesses                    |  |
| Corporate Office                                                | r-print name/title and sign)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                               |                                                          | Life of Bulletine &                       |                                                 |  |

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



# SECONDHAND MOTOR VEHICLE DEALER LICENSE SUPPLEMENTAL PLAN OF OPERATION

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

| Legal Entity Name: DEVINE HANDS Detailing Sules Service LLC Premises Address: 5507 W Hampton Ave Miln Wi 53218                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Premises Address: 5507 W Hampton Aug Miln Wi 53218                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| If wholesale, is the premises address a residential (home) address? Yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| If yes, you must obtain a Home Occupational Statement from the Department of Neighborhood Services (414) 286-3874.                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| No vehicles can be parked and no customers are allowed at the premises.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| The following questions in Section 2 do not apply to wholesale from a residential address. Go to Section 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Number of parking spaces available to customers/employees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Number of parking spaces that will be used for display/storage of Secondhand Motor Vehicles/                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 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)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Supervisor Monitoring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 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 Tyes  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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |