



**BUSINESS LICENSE APPLICATION**

SEE INFORMATION SHEET FOR THE TYPE OF LICENSE FOR WHICH YOU ARE APPLYING FOR ADDITIONAL FORMS REQUIRED

Office of the City Clerk License Division  
200 E. Wells St. Room 105, Milwaukee, WI 53202  
(414) 286-2238 [www.milwaukee.gov/license](http://www.milwaukee.gov/license) [license@milwaukee.gov](mailto:license@milwaukee.gov)

ccl-busapp 12/10/19

**BUSINESS CONTACT INFORMATION**

Sole Proprietor     Corporation     LLC     Partnership     Nonprofit Organization

Legal Entity Name (sole proprietor, partnership, LLC or Corporation): **SWEET FIX INC**

Business/Trade Name: **DAMASCUS GATE**

Phone: **414-810-3561**

E-mail: **AHMADNASEF@YAHOO.COM**

Premises Address (include city, state, zip code): **807 W HISTORIC MITCHELL ST, MILWAUKEE WI 53204**

Mailing Address:  Same as premises address     Same as home address in Section 2  
 Other (include city, state, zip code):

Section 1

**AGENT / SOLE PROPRIETOR / 1<sup>ST</sup> PARTNER INFORMATION**

FULL LEGAL NAME (Last, First & Middle Initial): **AHMAD NASEF**    Date of Birth: **01/01/1969**

Home Address (include city, state, and zip code): **17500 REDVERE DRIVE, BROOKFIELD, WI 53045**

Driver's License Number/ID #: **N2100006900109**

Issuer: **WI**

Home Phone:

Cell Phone: **414-745-6969**

Percent % of Ownership Interest (Corp/LLC only): **100%**

Email: **AHMADNASEF@YAHOO.COM**

Section 2

**LIST ANY ADDITIONAL PARTNER(S) OR OWNER(S) WITH 20% OR MORE INTEREST**

FULL LEGAL NAME (Last, First & Middle Initial):    Date of Birth:

Home Address (include city, state, and zip code):

Driver's License Number/ID #:

Issuer: \_\_\_\_\_

Home Phone:

Cell Phone: **414-745-6969**

Percent % of Ownership Interest: **100%**

Email:

Section 3

FULL LEGAL NAME (Last, First & Middle Initial):    Date of Birth:

Home Address (include city, state, and zip code):

Driver's License Number/ID #:

Issuer: \_\_\_\_\_

Home Phone:

Cell Phone:

Percent % of Ownership Interest:

Email:

Check if there are additional partners or persons with 20% or more ownership interest. Complete additional sheets as necessary.

**OCCUPANCY PERMIT STATUS AND SIGNATURE(S)**

CHECK ONE: An occupancy permit  has been obtained     has been applied for     will be obtained before operating  
 is not needed (will obtain home occupation statement)     is not needed-reason: \_\_\_\_\_

I/we understand that I am/we are required to inform the City Clerk within 10 days of changes in any of the information supplied in this application. I/we have knowledge of the City Ordinances currently regulating the license applied for herein, and understand that the license may be subject to suspension, non-renewal or revocation, if I/we violate any rule or regulation relating to this license.

I/we understand that I/we shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; and shall not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.

The undersigned understands that the filing of an application does not entitle applicants to permits, and that granting of permits is in the sole discretion of the Common Council. I/we state that this application for a license is not made for and behalf of any other person and that the applicant is not acting as an agent for, or in the employ of another. I/we CERTIFY that I am/we are the applicant and all statements are true and correct.

Signature of Sole Proprietor, Partner, or 20% or more Shareholder  
(If there are no 20% or more shareholders,  
Corporate Officer-print name, title and sign)

Signature of additional partner or 20% or more shareholders

Office Use Only: Initials: **CL** Filed: **CL 9/17/2020** Applications: **FRE ST**  
 NL or  NA: Last Lic  New or  Renewal Granted w/  No Issues or  DBA \_\_\_\_\_ Exp Date \_\_\_\_\_  
Paid: \_\_\_\_\_ MPD \_\_\_\_\_ Granted \_\_\_\_\_ License # \_\_\_\_\_  Note Other Lics \_\_\_\_\_

9/16/2020 Sweet Fix Inc DBA as Damascus Gate  
Ahmad Nasef



**BUSINESS LICENSE PLAN OF OPERATION**

ccl-busplan 5/12/2020

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

**1. Type of Business**

Applying 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) *Restaurant*

Provide a detailed description of the type of business you plan on operating: RESTUARANT

Do you have any experience operating this type of business?  No  Yes If yes, explain: DID THIS BUSINESS FOR THREE YEARS

**2. Business Operations**

- a. Proposed Opening Date: 09/11/2020
- 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: OCCUPANCY, RETAIL FOOD LICENSE
- e. Is the current licensee operating?  No  Yes If no, list date closed: 09/11/2020
- f. Do you have future plans for other businesses, licenses or permits at this location?  No  Yes  
If yes, explain: \_\_\_\_\_
- g. Have you previously held an Extended Hours License in Milwaukee?  No  Yes  
If yes, list address(es): \_\_\_\_\_
- h. Are other businesses operating in the same building?  No  Yes If yes, describe: \_\_\_\_\_

**3. Litter & Noise**

- a. How are grounds kept clean?  Sweep  Pressure Wash  Pick Up Litter  Other: \_\_\_\_\_
- b. How often will grounds be cleaned?  Daily  Weekly  As Needed  Monthly  Other: \_\_\_\_\_
- c. Grounds cleaned by:  Licensee  Building Owner  Employees  Hired Maintenance  Other: \_\_\_\_\_
- d. How are noise issues prevented and/or addressed?  Security  Manager approaches customer(s)  Call Police  
 Signs Posted  Other: \_\_\_\_\_
- e. Will a sound amplification system be used?  No  Yes If yes, describe: \_\_\_\_\_

**4. Smoking & Sanitation**

- a. Are there designated outdoor smoking areas?  No  Yes If yes, describe: \_\_\_\_\_
- b. Number of Garbage Cans: Inside: 3 Locations: BY THE ENTRANCE, IN THE BACK, BATHROOM  
Outside: 1 Locations: BY THE MAIN DOOR
- c. Is a crowd control barrier used?  No  Yes If yes, describe: \_\_\_\_\_
- d. How many restrooms are on the premises? 1
- e. Name of solid waste contractor:  Advanced Disposal  Waste Management  Other: \_\_\_\_\_

*9/16/2020 Sweet Fix inc Dda on Damascus Gate Restuarant  
AHMAD NASEF*

**5. Security**

- a. Are there onsite parking spaces?  No  Yes If yes, how many? \_\_\_\_\_ and describe the parking security plan: STREET PARKING
- b. Is there a loading zone?  No  Yes If yes, describe the loading area security plan: \_\_\_\_\_
- c. Will you have security personnel on premise?  No  Yes If yes, how many? \_\_\_\_\_ and answer the following:  
 What are their responsibilities? \_\_\_\_\_  
 Is security equipment used?  No  Yes If yes, describe \_\_\_\_\_  
 List their licensing, certification, or training credentials \_\_\_\_\_
- d. Will there be security cameras?  No  Yes If yes, how many? 5 and list locations: ALL AROUND THE BUILDING
- e. Will searches/identification checks be done upon entry?  No  Yes If yes, describe \_\_\_\_\_

**6. Percentage of Sales (must total 100%)**

Alcohol <u>0</u> %	Food <u>100</u> %	Secondhand Merchandise <u>0</u> %	Precious Metals & Gems <u>0</u> %
Entertainment <u>0</u> %	Cigarettes <u>0</u> %	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) <u>0</u> %	Other <u>0</u> % Describe: <u>0</u>
Pawnbroker Activity <u>0</u> %	Salvaged Materials <u>0</u> % (such as scrap metal)		

**7. Businesses/licenses on the Premises (check all that apply):**

- Type 1**
- Full Service Restaurant
  - Cafe/Coffee Shop
  - Deli or Fast Food Restaurant
  - Private/Fraternal/Veterans Club
  - Night Club
  - Tavern
  - Cocktail Lounge
  - Teen Club
  - Banquet Hall
  - Sports Facility
  - Bowling Alley
  - Hotel/Motel : Number of Floors: \_\_\_\_\_ Number of Rooms: \_\_\_\_\_
  - Rooming House: Number of Floors: \_\_\_\_\_ Number of Rooms: \_\_\_\_\_

- Type 2**
- Liquor Store
  - Gas Station
  - Used Car Dealer
  - Corner Store
  - Amusement/Phonograph Distributor
  - Personal Service Establishment (such as tattoo business, hair salon, tailor, etc.)
  - Supermarket
  - Convenience Store
  - Recycling, Salvage or Towing
  - Recording Studio
- What other licenses/permits will you hold at this location? (check all that apply)
- Occupancy Permit
  - Cigarette & Tobacco
  - Gas Station
  - Extended Hours
  - Class "B" Tavern
  - Weights & Measures
  - Secondhand Dealer
  - Precious Metal & Gem
  - Other: \_\_\_\_\_

**8. Legal Capacity (only if a Type 1 premises in #7 above)**

Capacity 99 (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)

9/16/2020 Sweet Fix Inc Dba on Damascus Gate Restaurant  
 Ahmad Masraf

## 9. Premises Description

- a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage):  
 1<sup>st</sup> Floor  2<sup>nd</sup> Floor  Basement Storage  Patio  Beer Garden  Sidewalk Café  Deck  Rooftop  
 Other: Describe: \_\_\_\_\_
- b. Describe Location:  Major Thoroughfare  Secondary Street  Other: \_\_\_\_\_
- c. Nearest Major Cross Street: 8TH AND MITCHELL
- d. Describe Building:  Free Standing Building  Strip Mall  Other: \_\_\_\_\_
- e. Describe Premises Structure:  Single Story  Multi-Story - # of Stories 2  Other: \_\_\_\_\_
- f. Describe Surrounding Area:  Commercial  Residential  Industrial  Other: \_\_\_\_\_
- g. Building Owner Name: HECTOR SALINAS Phone Number: 414-234-6226  
 Building Owner Address: 815 W MITCHELL ST, MILWAUKEE, WI 53204

## 10. Hours of Operation & Customers

Will customers be entering the premises?  No  Yes

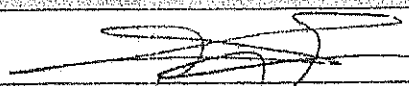
Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	11:00 AM	9:00PM	30	VARIES	N/A
Monday	=	=	20	=	N/A
Tuesday	=	=	20	=	N/A
Wednesday	=	=	20	=	N/A
Thursday	=	=	20	=	N/A
Friday	=	=	40	=	N/A
Saturday	=	=	50	=	N/A

An Extended Hours Establishment License is required for any convenience store, filling station, personal service establishment (such as tattoo, body piercing, salon, tailor, tanning, etc.), recording studio or restaurant which is open between the hours of 12:00 a.m. and 5:00 a.m.

Alcohol Establishments Class A: 8:00 am to 9:00 pm Sunday thru Saturday  
 Permitted Hours of Operation: Class B: 6:00 am to 2:00 am Sunday thru Thursday, 6:00 am to 2:30 am Friday & Saturday

Entertainment Outdoor Closing Hours: 10:00pm Sunday-Thursday; 12:00am Friday & Saturday; unless a different time, either earlier or later, is established by the Common Council in its approval of the licensee's plan of operation.

## 11. Signature(s)

  
 Signature of Sole Proprietor, Partner, or 20% or more Shareholder  
 (If there are no 20% or more shareholders,  
 Corporate Officer-print name/title and sign)

Signature of additional partner or 20% or more shareholder

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

9/16/2020 Sweet Fix inc dba as Damascus Grille Restaurant  
 AHMED Nang



# FOOD DEALER LICENSE PLAN OF OPERATION

ccl-foodplan 2/28/19

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

Legal Entity Name: **SWEET FIX INC**

Premises Address: **807 W HISTORIC MITCHELL ST , MILWAUKEE, WI 53204**

## SECTION 1 TYPE OF BUSINESS

What will be the majority of your food sales? (check one)

Restaurant items (meals):

MEALS include, but are not limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, nachos w/ cheese and meat, French fries, cooked or deep fried vegetables/fruit, cooked cheese curds, corn dogs, egg rolls, salads.

Retail items (snacks and beverages):

RETAIL items include, but are not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino, tea, fruit juice, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, kettle corn, cotton candy, funnel cakes, fritters, tortilla chips w/ cheese.

Will it be a convenience store?  Yes  No

A convenience store contains less than 5,000 square feet of retail space and has, as its primary business, the sale of basic food items and in addition, sells household products or is a filling station that sells basic food items and household products.

Bed & Breakfast

Micro Market

All Applicants: Submit a menu or a list of food items that will be sold.

Will any wholesale business be done?  No  Yes If yes, what percentage of food sales will be wholesale?

Less than 25%

25% or More AND:

Restaurant items (meals) will be sold - Complete this application and also contact DATCP.

NO restaurant items (meals) will be sold - Do NOT complete this application. Contact DATCP only.

## SECTION 2 FOOD PROCESSING

Will any food processing be done?  No  Yes

Processing is defined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, extracting, fermenting, distilling, pickling, freezing, drying, smoking, or packaging.

## SECTION 3 FOOD REQUIRING TEMPERATURE CONTROL

Will any food that requires temperature control be sold?  No  Yes  
(includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)

If yes, list the types of food items: **MEAT, POULTRY AND FISH**

9/16/2020

Sweet fix inc. aka as Damascus Gral. Restaurant

AHMAD WASEF

**SECTION 4 DETAILS OF OPERATION**

Will you have seating on site for dining?  No  Yes  
 Will you be doing any catering?  No  Yes  
 Will you be doing any delivery?  No  Yes  
 Will you have outdoor activities?  No  Yes - Check all that apply:  Bar  Cooking/Grilling  Dining  
 Will you have a drive thru window?  No  Yes - Are hours different from inside?  No  Yes  
 If Yes, provide drive thru hours: \_\_\_\_\_  
 Will scales or barcode scanners be used?  No  Yes - You must also apply for a Weights & Measures License.

**SECTION 5 ADDITIONAL SITES**

Where will food be prepared and/or sold?  
 At a single site  At multiple sites: How many? \_\_\_\_\_ (for example, a hotel with several dining rooms or bars)  
 If multiple sites, attach a Food Dealer Additional Site Addendum (cci-foodadd) for each additional site.

**SECTION 6 CONSTRUCTION OR CHANGES**

Are you planning any construction, remodeling or equipment changes?  
 No If No, SKIP to Section 8  
 Yes If Yes, check all that apply:  New construction of a building  Renovation or remodeling  
 Construction changes to existing building  Equipment changes only  
 Provide a brief description of the changes: \_\_\_\_\_  
 Start date: \_\_\_\_\_  
 Name, Address & Phone Number of Architect: \_\_\_\_\_  
 \_\_\_\_\_  
 Name, Address & Phone Number of Contractor: \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 7 ALCOHOL BEVERAGES**

Are you applying for an alcohol beverage license?  
 No If No, SKIP to Section 8  
 Yes If YES, if your food license is approved prior to the alcohol license, when do you want the food license issued?  
 Immediately  At the same time as the alcohol license

**SECTION 8 ACKNOWLEDGEMENTS & SIGNATURE**

You must initial each item confirming your understanding:  
AW I understand the Health Department must conduct an inspection and advise the License Division of their approval before the license may be issued.  
AW I understand I must obtain an occupancy permit from the Department of Neighborhood Services and an inspection may be required. Neighborhood Services must advise the License Division of their approval before the license may be issued.  
AW I understand the district alderperson will review and either support or object to my application. If he/she objects, I may appeal and be scheduled to appear before the Licenses Committee. The Licenses Committee will then make a recommendation to the Common Council. The Common Council must grant the license before it may be issued.  
AW I understand proof of payment for all license fees must be on file in the License Division before the license may be issued and the license must be issued and posted in my establishment prior to opening for business.  
AW I will not operate my food business until the license has been issued and posted in the establishment.  
 Signature of Sole Proprietor, Partner, or 20% Shareholder: \_\_\_\_\_  
 Signature of Additional Partner: \_\_\_\_\_

9/16/2020 sword for use Dda as Damaxus Crute Restaurant  
 AHMAD WASEF

**Appetizers & Salads:**

- ❖ **Hummus**  
Ground chickpeas, Tahini (sesame paste), fresh garlic, drizzled with extra virgin olive oil & served with pita bread. **\$5.95**
- ❖ **Baba Ghannouj**  
Grilled eggplant, Tahini (sesame paste), fresh garlic, drizzled with extra virgin olive oil & served with pita bread. **\$5.95**
- ❖ **Falafel:** **\$4.45 (6 pcs), \$7.95 (12 pcs)**  
Deep fried ground chickpeas, onion, fire herbs & spices.
- ❖ **Mousakaa**  
Grilled eggplants, onions, tomato sauce, garlic, diced tomatoes, spices and olive oil.
- ❖ **Fried Kebab** **\$5.45 (2 pcs), \$9.95 (4 pcs)**  
Finely ground beef, cracked wheat (bulgur), onions and spices.
- ❖ **Lentil soup** **\$4.95**
- ❖ **Grape leaves (6 pcs)** **\$5.95**  
Fresh grape leaves stuffed with rice, diced tomatoes, lemon juice and spices.
- ❖ **House Specialty Green Salad** **\$5.95**  
Fresh salad, tomatoes, cucumber, mint, extra virgin olive oil & lemon dressing.
- ❖ **Fattoush** **\$5.95**  
House specialty salad topped with fried pita bread.
- ❖ **Tabbouleh** **\$5.95**  
Parsley, salad, mint, lemon juice, cracked wheat (bulgur).
- ❖ **Vegetarian Mixed Appetizer** **\$17.45**  
Hummus, Baba Ghannouj, Tabbouleh, Mousakaa, Falafel (5 pcs)
- ❖ **Mixed Appetizer** **\$19.95**  
Hummus, Baba Ghannouj, Tabbouleh, Mousakaa, Fried Kebab (4 pcs)
- ❖ **Fatayer (Fresh pies):** **\$3.95**  
Spinach or Cheese (per piece)
- ❖ **French Fries** **\$3.95**

**Entrées**

- ❖ **Mixed Grill Platter** **\$14.95**  
Two skewers (1 Kefta Kabab, 1 chicken), grilled vegetables served with rice (or French fries)
- ❖ **Grilled Meat Platter** **\$14.95**  
Two Kefta Kabab skewers, grilled vegetables served with rice (or French fries)
- ❖ **Grilled Chicken Platter** **\$14.95**  
Two chicken skewers, grilled vegetables served with rice (or French fries)
- ❖ **Mixed Grill Family Platter** **\$69.95**  
Six meat & six chicken skewers, grilled vegetables, Large Hummus, Large Baba Ghannouj, Large Salad (or Fattoush) & Pita bread

**Sandwiches**

- ❖ **Chicken** **\$9.95**  
Two chicken skewers, tomatoes, pickles, onion, tahina dressing wrapped in large shrak bread.
- ❖ **Kefta Kabab** **\$10.95**  
Two Kefta Kabab skewers, tomatoes, pickles, onion, tahina dressing wrapped in large shrak bread.
- ❖ **Falafel** **\$6.95**  
Five pieces of Falafel, tomatoes, pickles, onion, tahina dressing wrapped in large shrak bread.

**Desserts**

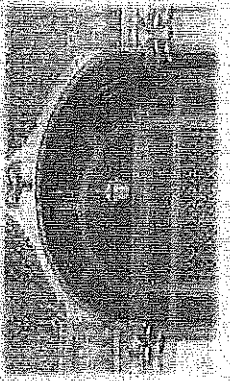
- ❖ **Muhallaya (Syrian rice pudding)** **\$2.95**
- ❖ **Kunafa** **\$3.49**

**Beverages**

- ❖ **Soft drinks (Cans)** **\$1.95**
- ❖ **Bottled water** **\$1.45**
- ❖ **Coffee, Tea** **\$2.45**
- ❖ **Turkish Coffee** **\$3.45**



More than a restaurant  
It is a Mission & a Vision



Damascus Gate Restaurant  
807 W. Historic Mitchell St.  
Milwaukee, WI 53204  
Ph. 414-810-3561  
[www.damascusgate.com](http://www.damascusgate.com)

9/16/2020 Sweet Fix inc Ddn in Damascus Gate Restaurant  
AMMAD NASEF

### Detailed Floor Plan Requirements for Alcohol Beverage Establishments, Food Dealers and Filling Stations

Please read all instructions before preparing the floor plan.

- A detailed floor plan must be submitted with this application.
- Any application submitted without the floor plan (including all required items as listed below) will be returned.
- Even if the premise has been previously licensed and a floor plan submitted a new floor plan must be submitted with this application.
- The floor plan must be filed on 8 1/2 x 11 inch size paper.
- A separate sheet of paper must be filed for each floor where business will be conducted. This includes the basement even if it used only for storage.
- Handwritten plans are acceptable.
- Plans do not need to be architectural drawings and need not be to scale.

**ALL FLOOR PLANS MUST INCLUDE THE FOLLOWING:**

- Dimensions of the premises (length x width) and <sup>(70 x 22)</sup>  
 Total square feet of the premises 3000 sq ft ~~2200 sq ft~~
- Label all entrances and exits
- Show building/licensed premises in relation to surrounding streets and  
 Provide the street names
- Label all parking areas on the premises (do not include street parking) This is required even if the parking is shared, for example, a strip mall and  
 Provide the dimensions (length x width) of all parking areas on the premises. The parking area(s) should be marked on the floor plan for the first floor showing the relation to the building.
- Label all trash cans inside and outside of the premises
- Mark the North point (N ↑) on each page
- Write the date on each page
- Write the legal entity name (and agent's name if a corporation or LLC) on each page
- Write the trade (business) name on each page
- Write the premise address on each page

**IF APPLICABLE:**

- Label all areas where food and cigarettes are displayed or stored
- Label all seating areas, food preparation areas and bars
- Label all outdoor areas used for the sale or service of alcohol beverages and/or food (for example, patios, beer gardens, sidewalk cafes and decks) and  
 Provide the dimensions (length x width) of all outdoor areas used for the sale and service of alcohol beverages and/or food.

**ALCOHOL APPLICANTS ONLY:**

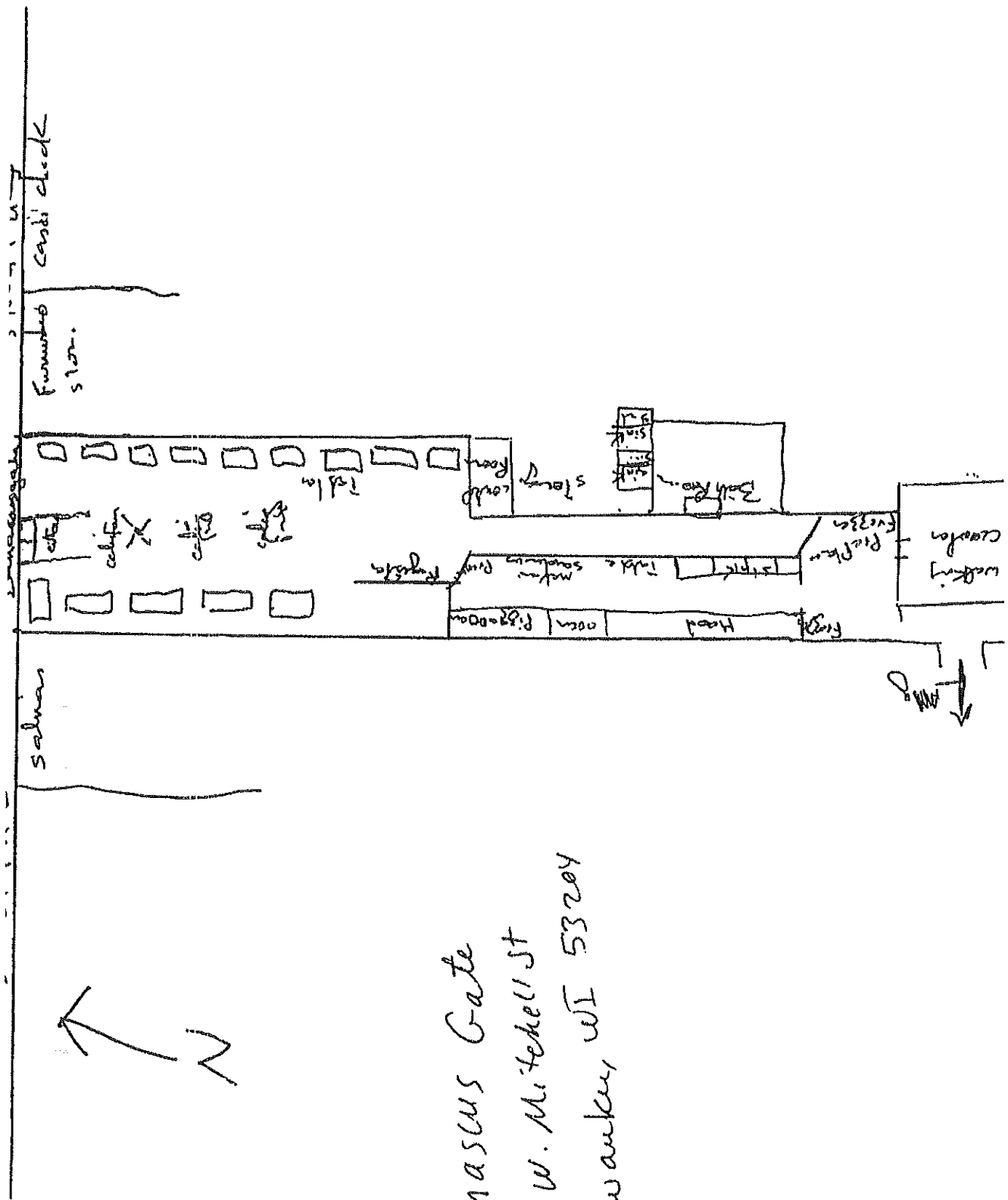
- Label all alcohol storage areas (coolers, etc.) and  
 Provide dimensions (length x width) of the alcohol storage areas
- Label all alcohol display areas (behind the bar, shelves, etc.) and  
 Provide dimensions (length x width) of the alcohol display areas

**FILLING STATION APPLICANTS ONLY:**

- Label all gas pumps



9/16/2020 Sunday fix me aban Damascus gate Restaurant AHMED WASSER



Damascus Gate  
 807 W. Mitchell St  
 Milwaukee WI 53204