



BUSINESS LICENSE RENEWAL APPLICATION

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

| | |
|---------------------------|-----------------------|
| Office Use Only: | App # _____ |
| N Objs No _____ Yes _____ | Chgs _____ |
| Filed _____ | Initials _____ |
| Paid _____ | MPD _____ |
| Granted _____ | Issued/Initials _____ |

AD: 3
 EXP DATE OF ALL LICENSES: 1/6/2021

BUSINESS CONTACT INFORMATION

| | | |
|-----------|---|---------------------------------------|
| Section 1 | Legal Entity Name : Mad Chicken WI LLC (cannot change on this application) | Trade/DBA Name: Mad Chicken WI |
| | Phone Number: (267) 973-5033 | E-mail Address: |
| | Premises Address (include city/state/zip): (cannot change on this application) | 2045 E NORTH AV Milwaukee WI 53202 |
| | Mailing Address (include city/state/zip): | 4273 W GRANADA ST Greenfield WI 53221 |

AGENT OF CORP/LLC/NONPROFIT / SOLE PROPRIETOR / 1ST PARTNER

| | | |
|-----------|--|--------------------------------------|
| Section 2 | FULL LEGAL NAME (Last, First & Middle Initial): MUTLAQ, Nabil M, Agent | Date of Birth: 12-17-1973 |
| | Home Address (include city/state/zip): 4273 W. Granada St. Greenfield, WI 53221 | |
| | Driver's License Number/State ID #: M342-6337-3457-02 | State: WI |
| | Percent of Ownership Interest: 34 % | Home Phone: Cell Phone: 267-973-5033 |

LIST ALL PERSONS WITH 20% OR MORE OWNERSHIP INTEREST / ADDITIONAL PARTNER(S)

| | | |
|--|--|--------------------------------------|
| Section 3 | FULL LEGAL NAME (Last, First & Middle Initial): Elkady, Mohamed F. | Date of Birth: 02-13-1986 |
| | Home Address (include city/state/zip): 1642 W evergreen dr., Apt #10, Appleton, WI, 54913 | |
| | Driver's License Number/State ID #: E423-5468-6053-0 | State: FL |
| | Percent of Ownership Interest: 33 % | Home Phone: Cell Phone: 954-864-8649 |
| | FULL LEGAL NAME (Last, First & Middle Initial): Ally, Ramez A | Date of Birth: 6-18-1986 |
| | Home Address (include city/state/zip): 2036 N prospect ave, Apt. 1103, Milwaukee, WI, 53202 | |
| Driver's License Number/State ID #: A400-7302-3596-7 | State: MI | |
| Percent of Ownership Interest: 33 % | Home Phone: Cell Phone: 347-282-3710 | |

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

REQUIRED ACKNOWLEDGEMENT & SIGNATURE

- | | |
|-----------|---|
| Section 4 | 1. The undersigned understands that applicants are required to inform the City Clerk within 10 days of any changes in any of the information supplied in this application. |
| | 2. The undersigned has knowledge of the City Ordinances and Wisconsin State Statutes currently regulating the license applied for herein, and understands that the license may be subject to suspension, non-renewal or revocation, if the applicants violate any rule or regulation relating to the license. |
| | 3. The undersigned understands that applicants 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. |
| | 4. 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. |

Nabil Mutlaq
 Signature of Sole Proprietor; a Partner; or if a Corporation or LLC, the Agent must sign

Office Use Only:
 Current license : New Renewal Granted No Issues WL Other: _____



BUSINESS LICENSE RENEWAL PLAN OF OPERATION

Office of the City Clerk License Division
200 E. Wells St. Room 105, Milwaukee, WI 53202

| Licenses to be Renewed | Renewal Fee(s) | |
|-------------------------|-------------------|---|
| Food Dealer - 13426 | \$1,250.00 | Expiration Date: 1/6/2021 File By Date: 10/15/2020 Date Late Fee Begins: 10/16/2020 Late Fee Amount: \$75.00 |
| Extended Hours - 199074 | \$225.00 | |
| Filling Station - | | |
| Cigarette & Tobacco - | | |
| Weights & Measures - | | |
| Sidewalk Dining - | | |
| TOTAL DUE | \$1,475.00 | |

Legal Entity Name: Mad Chicken WI LLC

Premises Address: 2045 E NORTH AV

Changes Since Last Application?

Are there any changes in your plans to address litter, noise, and/or security? No Yes If yes, describe: _____

Are there any changes to the hours of operation (as listed on your current license)? No Yes If yes, describe: _____

Are there any changes to your current plan of operation or floor plan*? No Yes If yes, describe: _____

*If there are changes to the floor plan, a new floor plan must be submitted with this renewal application. A sample plan can be found online at www.milwaukee.gov/licenses under License Forms and Related Information.

Weights & Measures Licensees Only

Number/Type of Devices:

Are there any changes to the number or types of devices?
 No Yes If yes, contact our office for further instructions.

Sidewalk Dining:

Are there any changes to the sidewalk dining site plan?

No Yes If Yes, submit an updated site plan with this application.

Food Dealer Licensees Only

Your current food license includes the following business operations: **DHS - COMPLEX, Restaurant, Sales \$200,001 - \$2,000,000**

Are there any changes to your plan of operation (for example, adding processing, changing sales amount or complexity, etc.)? No Yes

If yes, you must complete a "Request to Modify Food Establishment/Food Operation Plan" which can be obtained at www.milwaukee.gov/licenses under "Forms and Related Information" or by contacting our office.

All Applicants: Signature

Signature of Sole Proprietor; a Partner; or if a Corporation or LLC, the Agent must sign

Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-1029836133-02

← This must be issued in the same Legal Name of the licensee below.

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|------------------|
| License Number |
| Period Covered |
| Date of Issuance |

| | | |
|---|--|--|
| Legal Name (corporation, limited liability company, partnership or sole proprietorship) Mad Chicken WI LLC | | Federal Employer Identification No. (FEIN) |
| Trade or Business Name (if different than Legal Name) Mad Chicken WI | | Telephone Number (267) 973-5033 |
| Business Address (License Location) 2045 E NORTH AV | Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town | Business Telephone (267) 973-5033 |
| City, State ZIP Code Milwaukee WI 53202 | of: MILWAUKEE | County MILWAUKEE |
| Mailing Address (if different than Business Address) 4273 W GRANADA ST | City, State ZIP Code Greenfield WI 53221 | |

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: _____
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
- Other (describe) _____

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

