CITY OF MILWAUKEE HEALTH DEPARTMENT- Consumer Environmental Health
841 N Broadway Room 304 Milwaukee WI 53202 (Telephone 414.286.3674 Fax 414.286.5164)

FOOD DEALER LICENSE APPLICATION (License year is July 1-June 30)

PLEASE PRINT CLEARLY TARGET OPENING DATE 6-15-09 DATE OF APPLICATION 6-4-09

ADDRESS OF BUSINESS 1845 N. 12th CITY Milwaukee STATE WI ZIP 53205

APPLICANT Leanell Smith
(Must be a legal entity as in a sole proprietor(s) or a Corporation, Ltd Partnership, or LLC registered with the Dept of Financial Institutions)

If applying in your own personal name(s) as opposed to a Corporation or LLC, also complete the following two lines:

DATE OF BIRTH(S) 02-18-1977 HOME TELEPHONE NUMBER(S) 414-202-3588

HOME ADDRESS(S) 6222 W. fairmount Ave. CITY Milwaukee STATE WI ZIP 53216

BUSINESS NAME Families first food Market E-MAIL ADDRESS

BUSINESS TELEPHONE NUMBER CELL PHONE NUMBER 414-202-3588 FAX NUMBER

MAILING ADDRESS 1845 N. 12th St. CITY Milwaukee STATE WI ZIP 53205

☐ For Billing? ☐ For Licenses?

ANSWER YES (Y) TO THE FOLLOWING ITEMS THAT APPLY TO YOUR BUSINESS

Do you sell, cater or give away restaurant food (meals, appetizers, soup, sandwiches, pizza, hot dogs, etc.) that is:

- ✓ Limited to individually wrapped/sealed single food servings supplied by a licensed processor?
- ___ Prepared by you from raw, canned, dried, packaged or frozen foods?
- ___ Only given away or sold to the needy?

- ___ Are you selling beer or liquor?
- ___ Is this a Mobile Service Base for a pushcart or truck selling meals?
- ___ Is this a Bed and Breakfast?
- ___ Is your building newly constructed?
- ___ Are you doing any remodeling? If yes, what are your plans?

___

- ✓ Do you sell frozen or refrigerated prepackaged foods, such as meat, milk, eggs, ice cream, etc.?
- ___ Do you sell fresh fruits and/or vegetables?
- ✓ Do you sell prepackaged foods such as canned/boxed goods, candy, chips, cereal, etc?
- ___ Circle which of the following items you prepare in your store: coffee, espresso, cappuccino, latte, deli salads, fruit cups, ice, soft-serve ice cream, yogurt, slushies, candy, popcorn, cotton candy, snow cones, shaved ice, cakes, pastries, cookies,
- ___ Do you use a grinder, slicer, band saw, and/or knives? (Circle those you use)
- ___ Are you a wholesale distributor of prepackaged foods?
- ___ Are you a wholesale food manufacturer?
- ___ If yes, do you have a retail shop at the same location?

ESTIMATED MONTHLY GROSS FOOD (not alcohol) SALES $ 2500.00 SIGNATURE OF APPLICANT Leanell Smith

THIS BOX FOR HEALTH DEPARTMENT USE ONLY

Corporate ID # Reg Agt/Other Date of Birth

☐ New Operator ☐ Upgrade Food Service ☐ Other

Food Establishment
- ☒ No Processing Fee ..... $ 221
- ☐ Processing Fee ..... $
- ☒ AG Admin Fee ..... $ 14.50

State

Restaurant
- ☐ Prepackaged Fee ..... $
- ☐ Food Preparation Fee ..... $
- ☐ Additional Site Fee ..... $
- ☐ Meal Service ..... $
- ☐ Bed and Breakfast ..... $
- ☐ DOH Admin Fee ..... $

Preinspection ..... $ 50
Site Evaluation ..... $
Plan Exam Fee ..... $
TOTAL ..... $ 285.50

Date Paid 6-4-09
Payment Type CS Rec'd By Teb
Food Dist# 5 W&M Dist#
Estab Number 222537
Aldermanic District # 15

Weighing/Measuring Devices? Y/N
Previous Operator If Mail:

Date Old Oper OB
Type Of Estab
Convenience Store Y/N
Fire Type: FULL VENT NA MALL (Circle)
Risk: 1 2 3 (Circle)
Certificate Of Food Protection Practices Required? Y/N

Inv No
Lic No
Date Lic Printed
HS ID No EXP
AG ID No

Refund

Addl Fees Due

Date Paid Inv No
Payment Type Rec'd By

IF PROCESSING, COMPLETE BACK OF FORM.

Restrictions And/Or Grandfathered Equipment

SIGNATURE OF OPERATOR OR REGISTERED AGENT RELEASE DATE SIGNATURE OF SANITARIAN

Inspector/File

CITY OF MILWAUKEE HEALTH DEPARTMENT
Consumer Environmental Health Division
841 N Broadway, Room 304, Milwaukee WI 53202
Telephone: 414.286.3674 Fax: 414.286.5164

Date: 9-2-09 ~~10-19-07~~

A Food Dealer License or Tattoo/Body Piercing Application has been submitted for the following address:

1845 N. 18TH ST

Please run a background check on the following individual(s) associated with this application and return your results to the above fax number as soon as possible:

LEANELL C. SMITH DOB: 2-8-77
3530-5237-7558-00
6222 W. FAIRMOUNT AVE
MILWAUKEE, WI 53218

_____ DOB: _____

_____ DOB: _____

_____ DOB: _____

Could you please rush this one?

Thanks,
Tim Helm

No police department attachment with information provided. P.O. Kukowski

SEP 02 2009