

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

9-7-09

DATE OF APPLICATION

8-25-09

ADDRESS OF BUSINESS

3732 W Uliet St

CITY Milwaukee

STATE WI

ZIP 53208

APPLICANT

Othman A Farah

(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)

11-29-82

HOME TELEPHONE NUMBER(S)

414-755-2493

HOME ADDRESS(S)

6455 S 20th St Apt 4

CITY Oak Creek

STATE WI

ZIP 53154

BUSINESS NAME

A-S Foods

E-MAIL ADDRESS

BUSINESS TELEPHONE NUMBER

CELL PHONE NUMBER

414-708-6440

FAX NUMBER

MAILING ADDRESS

4431 W North Ave

CITY Milwaukee

STATE WI

ZIP 53208

☐ 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 \$ 10,000

SIGNATURE OF APPLICANT

*[Signature]*

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 .....\$ 4.50

Date Paid

8-25-09

Payment Type

CA

Rec'd By

WK

Food Dist#

W&M Dist#

Etab Number

22572

Aldermanic District #

15

Inv No

144707-144709

Lic No

Date Lic Printed

HS ID No

EXP

AG ID No

Restaurant

☐ Prepackaged Fee .....\$

☐ Food Preparation Fee .....\$

☐ Additional Site Fee .....\$

☐ Meal Service .....\$

☐ Bed and Breakfast .....\$

☐ DOH Admin Fee .....\$

Weighing/Measuring Devices? Y/N

Previous Operator If Mail:

Date Old Oper OB

Type Of Etab

Convenience Store Y/N

Fire Type: FULL VENT NA MALL (Circle)

Risk: 1 2 3 (Circle)

Certificate Of Food Protection Practices

Required? Y/N

Refund

Add Fees Due

Preinspection .....\$ 50

Site Evaluation .....\$ 89

Plan Exam Fee .....\$

TOTAL .....\$ 364.50

**IF PROCESSING, COMPLETE BACK OF FORM.**

Date Paid

Inv No

Payment Type

Rec'd By

Restrictions And/Or Grandfathered Equipment

SIGNATURE OF OPERATOR OR REGISTERED AGENT

RELEASE DATE

SIGNATURE OF SANITARIAN

Inspector/File

H-382-R0806

**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: 8-25-09

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

3732 W. Vliet 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:

Othman A. Farah DOB: 11-29-82  
6455 S. 20<sup>th</sup> St., Oak Creek 53154  
F600-6418-2429-03

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

SEE POLICE ATTACHMENT

SEP 10 2009

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# MILWAUKEE POLICE DEPARTMENT

## LICENSE INVESTIGATION UNIT

### CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

DATE: 09/10/09  
LICENSE TYPE FOOD DEALER  
NEW : X  
RENEWAL:

No.  
Application Date: 09/10/09  
Expiration Date:

License Location: 3732 W. Vliet St.  
Business Name:

Aldermanic District:

Licensee/Applicant: FARAH, Othman A.  
(Last Name, First Name, MI)  
Date of Birth: 11/29/82

Male: X

Female:

Home Address: 6455 S. 20<sup>th</sup> St.  
City: Oak Creek  
Home Phone:

State: WI

Zip Code: 53154

This report is written by Police Officer Mary SIKORA, assigned to the License Investigation Unit, Days.

The Milwaukee Police Department's investigation regarding this application revealed the following:

1. On 04/29/06 the applicant was cited in the City of Milwaukee for Sale of Cigarettes to Minor/Underage at 4431 W. North Ave.

Charge : Sale of Cigarettes to Minor/Underage  
Finding : Guilty, Municipal Court  
Sentence : \$152.00 fine  
Date : 06/26/06  
Case : 06052757