



City  
of  
Milwaukee

New  
Location  
09/17/08

### NEW LOADING ZONE APPLICATION

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

- Check one:  Individual or  Partnership (Fill out Section A, B, & D)  
 Corporation or LLC (Fill out Section B, C, & D)  
 Non-profit (Fill out Section B, C, & D)\*

Mail application & fee to the address listed above. Checks made payable to the City of Milwaukee.

Applications submitted incomplete or without the appropriate fee will be returned.

A	<b>INDIVIDUAL OR PARTNERSHIP:</b>	
	Full Legal Name (Last, First & Middle Initial)	Full Legal Name (Last, First & Middle Initial)
	Home Street Address:	Home Street Address:
	Home City, State, Zip Code:	Home City, State, Zip Code:
	Home Phone Number: ( ) -	Home Phone Number: ( ) -
B	Business Name: K.R. Mallak's	Business Phone Number: 414 481 - 9710
	Business Address (include City, State, Zip Code): 3674 S. Howell Ave., milw., WI 53207	
	Mailing Address (if different from above address): Same	
	Location of Loading Zone: 3674 S. Howell Ave.	
	Reason(s) for Loading Zone: Product deliveries / drop off for elderly clients with walkers	
C	Full Name of corporation or limited liability company: <sup>4080</sup> K.R. Mallak's Family Hair Design, Inc	
	*If non-profit, list tax exempt number: NONE	
	Agent:	
	Full Legal Name (Last, First & Middle Initial): Mallak-Shallow Kathleen R.	Home Phone Number: 414 529 - 7764
	Home Address (include City, State & Zip Code): 8610 Golden Lake Way, Franklin, WI 53132	
	President/Member	Vice President/Member
	Full Legal Name (Last, First & Middle Initial): Kathleen R. Mallak-Shallow	Full Legal Name (Last, First & Middle Initial): None
	Home Street Address: 8610 Golden Lake Way	Home Street Address: None
	Home City, State, Zip Code: Franklin, WI 53132	Home City, State, Zip Code: None
	Home Phone Number: 414 529 - 7764	Home Phone Number: ( ) - None

OVER

<b>C Cont.</b>	Secretary/Member	Treasurer/Member
	Full Legal Name (Last, First & Middle Initial): <u>none</u>	Full Legal Name (Last, First & Middle Initial): <u>none</u>
	Home Street Address: <u>none</u>	Home Street Address: <u>none</u>
	Home City, State, Zip Code: <u>none</u>	Home City, State, Zip Code: <u>none</u>
	Home Phone Number: ( ) -	Home Phone Number: ( ) <u>none</u>

**D** The undersigned agrees to inform the City Clerk within ten days of any substantial changes in the information supplied in this application. The undersigned 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 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.

I have knowledge of the City Ordinances currently regulating the license applied for herein, and say that I am the person named above and that all statements made in the foregoing application are true and correct.

Kathleen R. Mollak-Shalho  
Signature of Agent/Partner/Individual

**Office Use Only**

<b>Traffic Engineering:</b>	Curb Space Area Footage: <u>30'</u>
	Location where signs are to be placed: <u>3674 S. HOWELL AV. (07)</u>
	Hours of Use: <u>8AM - 7PM</u>
	<input checked="" type="checkbox"/> Regular Loading Zone \$195.00 <u>\$195.00</u>
	<input type="checkbox"/> Loading Zone over 30 feet (\$195.00 per 30 feet) _____
	<input type="checkbox"/> Disabled Loading Zone \$50.00 _____
	<input type="checkbox"/> Non-profit Loading Zone \$195.00 _____
<input type="checkbox"/> Non-profit Loading Zone over 30 feet (\$195.00 per 30 feet) _____	
<input type="checkbox"/> Parking Meter Removal _____ @ \$40.00 _____	
Total Fee <u>\$195.00</u>	
Reviewed by Traffic Engineering <u>JOE HALVOESON</u>	

<b>Aldersperson</b>	To be completed by the Local Aldersperson:
	<input checked="" type="checkbox"/> Recommend Approval
	<input type="checkbox"/> Objection
	<b>Check reason(s) for objection:</b>
	<input type="checkbox"/> The nature of land use in the block.
	<input type="checkbox"/> The availability of parking in the block
	<input type="checkbox"/> The roadway geometrics in the block
<input type="checkbox"/> The hours of the day or night when use is necessary or most convenient	
<input type="checkbox"/> The likely impact on the surrounding neighborhood	
<input type="checkbox"/> In the case of a disabled loading zone, the validity of the disability claimed	

T. Anthony Zielinski  
Local Aldersperson

Office Use Only: Initials JHO Filed: 11/30/09 AD: 14

Type: LZ License #: 817 Granted: MAR 03 2009 Issued: MAR 03 2009 JHO