



**CITY OF MILWAUKEE  
OFFICE OF THE CITY CLERK**

Wednesday, July 09, 2025

**COMMITTEE MEETING NOTICE**


AD 09

MCCRANEY, Kevin D, Agent  
TR3 OS LLC  
4105 N 49th St  
Milwaukee, WI 53216

You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall or you may attend virtually using the link below.

**Tuesday, July 22, 2025 at 09:55 AM**

The access code is <https://meet.goto.com/827697613>. Please see the enclosed best practices document for further instructions.

**Regarding:** Your Food Dealer and Food Peddler Licenses Application as agent for "TR3 OS LLC" for "TR3 OS" at 8103 W TOWER Av. 

There is a possibility that your application may be denied for one or more of the following reasons: The recommendation of the committee regarding the application shall be based on evidence presented at the hearing. Per MCO 85-2.7-4, probative evidence concerning whether or not a new license should be granted may be presented on the following subjects: whether or not the applicant meets the municipal requirements, the appropriateness of the location and premises where the licensed premises is to be located and whether use of the premises for the purposes or activities permitted by the license would tend to facilitate a public or private nuisance or create undesirable neighborhood problems such as disorderly patrons, unreasonably loud noise, litter, and excessive traffic and parking congestion. Probative evidence relating to these matters may be taken from the plan of operation submitted with the license application, if any, but shall not include the content of any music. Evidence regarding the fitness of the location of the premises to be maintained as the principal place of business, including but not limited to whether there is an overconcentration of businesses of the type for which the license is sought; whether the proposal is consistent with any pertinent neighborhood business or development plans, or the location's proximity to areas where children are typically present. The applicant's record in operating similarly licensed premises; and whether or not the applicant has been charged with or convicted of any felony, misdemeanor, municipal offense or other offense, the circumstances of which substantially relate to the activity to be permitted by the license being applied for or any other factor which reasonably relates to the public health, safety or welfare may also be considered. See attached police report or correspondence.

**Notice for applicants with  
warrants or unpaid fines:**

**Proof of warrant satisfaction or payment of fines must be submitted at the hearing on the above date and time. Failure to comply with this requirement may result in a delay of the granting/denial of your application.**

Failure to appear at this meeting may result in the denial of your license. Individual applicants must appear only in person or by an attorney. Corporate or Limited Liability applicants must appear only by the agent designated on the application or by an attorney. Partnership applicants must appear by a partner listed on the application or by an attorney. If you wish to do so and at your own expense, you may be accompanied by an attorney of your choosing to represent you at this hearing.

You will be given an opportunity to speak on behalf of the application and to respond and challenge any charges or reasons given for the denial. No petitions can be accepted by the committee, unless the people who signed the petition are present at the committee hearing and willing to testify. You may present witnesses under oath and you may also confront and cross-examine opposing witnesses under oath. If you have difficulty with the English language, you should bring an interpreter with you, at your expense, so that you can answer questions and participate in your hearing.

You may examine the application file at this office during regular business hours prior to the hearing date. Inquiries regarding this matter may be directed to the person whose signature appears below.

Limited parking for persons attending meetings during normal business hours is available at reduced rates (5 hour limit) at the Milwaukee Center on the southwest corner of Kilbourn Avenue and Water Street. You must present a copy of the meeting notice to the parking cashier.

PLEASE NOTE: Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through sign language interpreters or other auxiliary aids. For additional information or to request this service, contact the Council Services Division ADA Coordinator at (414) 286-2998, Fax - (414) 286-3456, TDD - (414) 286-2025.

**JIM OWCZARSKI, CITY CLERK**

BY: \_\_\_\_\_



**Jim Cooney  
License Division Manager**

**If you have questions regarding this notice, please contact the License Division at (414) 286-2238.**

200 E. Wells Street, Room 105, City Hall, Milwaukee, WI 53202. [www.milwaukee.gov/license](http://www.milwaukee.gov/license)  
Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: [License@milwaukee.gov](mailto:License@milwaukee.gov)



# WISCONSIN DEPARTMENT OF CORRECTIONS

Governor Tony Evers / Secretary

Division of Community Corrections / Region 3 Office

Date: 6/9/25

To: Milwaukee Common Council/Licensing Division

From: Agent Cherisse Alexander Campbell - 31508

It was brought to my attention that a client under our supervision, Kevin McCraney has applied for a Food Dealer – Restaurant Base Kitchen and Food Peddler Motorized License from the City of Milwaukee. McCraney is currently on an Extended Supervision term that is scheduled to discharge on 7/4/35 for the offense of 1st-Degree Reckless Homicide.

This letter is to inform you that such a licensure would not be in violation of their rules/conditions of supervision. If circumstances change, we will take measures appropriately, including action that may affect such licensure. We made this decision based in part, on the following information:

**A - Residence Stability:** Client has maintained residence stability **Yes**.

**B - Reporting History:** Client has maintained required contacts with agent **Yes**.

**C - Police Contact:** Client has had police contact while on supervision **Yes**.

**D - Overall level of cooperation:** has client complied with referrals and services designed to address criminogenic needs **Yes**.

**\*\*\*\* DCC recommends license not be granted due the following: (check one)**

- \* ☐ License/employment has a direct nexus to committing offense.\_
- \* ☐ License/employment would have a negative impact on the client based on specific treatment needs.  
(HIPPA prohibits the disclosure of specific treatment needs)
- \* ☐ Sex offenses.

**In providing the information within this letter, the Department of Corrections assumes no liability for the Council's reliance on such information.**

Sincerely,

*Cherisse Alexander Campbell*

P&P Agent

*Camille Ross*

Corrections Field Supervisor





# WISCONSIN DEPARTMENT OF CORRECTIONS

Governor Tony Evers / Secretary

Division of Community Corrections / Region 3 Office

Date: 6/9/25

To: Milwaukee Common Council/Licensing Division

From: Agent Joshua Prost

It was brought to my attention that a client under our supervision, BILLY CLARK, has applied for a Food Dealer's license from the City of Milwaukee. Client BILLY CLARK is currently on an PAROLE term that is scheduled to discharge on 11/17/37 for the offense of 1st-Degree Reckless Homicide.

This letter is to inform you that such a licensure would NOT be in violation of their rules/conditions of supervision. If circumstances change, we will take measures appropriately, including action that may affect such licensure. We made this decision based in part, on the following information:

**A - Residence Stability:** Client has maintained residence stability **Yes**.

**B - Reporting History:** Client has maintained required contacts with agent **Yes**.

**C - Police Contact:** Client has had police contact while on supervision **Yes**.

**D - Overall level of cooperation:** has client complied with referrals and services designed to address criminogenic needs **Yes**.

**\*\*\*\* DCC recommends license not be granted due the following: (check one)**

- \* ☐ License/employment has a direct nexus to committing offense.\_
- \* ☐ License/employment would have a negative impact on the client based on specific treatment needs.  
(HIPPA prohibits the disclosure of specific treatment needs)
- \* ☐ Sex offenses.

**In providing the information within this letter, the Department of Corrections assumes no liability for the Council's reliance on such information.**

Sincerely,

Joshua Prost  
R&P Agent

Ernette Griggs  
Corrections Field Supervisor

# MILWAUKEE POLICE DEPARTMENT

## LICENSING

### CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

**DATE:** 06/06/25

**LICENSE TYPE:** FOOD PEDDLER

**NEW:** ☒

**RENEWAL:** ☐

**No. 371738**

**Application Date:**

**License Location:**

**Business Name:** TR3

**Licensee/Applicant:** McCraney, Kevin  
(Last Name, First Name, MI)

**Date of Birth:** 02/24/77

**Home Address:** 4105 N 49<sup>th</sup> St

**City:** Milwaukee

**State:** WI **Zip Code:** 53216

**Home Phone:**

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

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

1. The applicant is currently on Parole for 1<sup>st</sup> Degree Reckless Homicide. Email notification to the Wisconsin Department of Corrections on 06/06/25 requesting they provide information to the License Division regarding the probation/parole status and the end date of the status.
2. Billy O Clark (50% Shareholder) is currently on Parole for 1<sup>st</sup> Degree Reckless Homicide. Email notification to the Wisconsin Department of Corrections on 06/05/25 requesting they provide information to the License Division regarding the probation/parole status and the end date of the status.

# MILWAUKEE POLICE DEPARTMENT

## LICENSING

### CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

**DATE:** 09/27/24

**LICENSE TYPE:** FOOD

**NEW:** ☒

**RENEWAL:** ☐

**No. 371737**

**Application Date:**

**License Location:** 8103 W Tower

**Business Name:** TR3 OS

**Licensee/Applicant:** McCraney, Kevin D  
(Last Name, First Name, MI)

**Date of Birth:** 02/24/77

**Home Address:** 4105 N 49<sup>th</sup> St

**City:** Milwaukee

**State:** WI **Zip Code:** 53216

**Home Phone:**

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

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

1. The applicant is currently on Parole for 1<sup>st</sup> Degree Reckless Homicide (95CF03566). Email notification to the Wisconsin Department of Corrections on 09/27/24 requesting they provide information to the License Division regarding the probation/parole status and the end date of the status.





Wednesday, July 09, 2025



# Notice of Public Hearing

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MCCRANEY, Kevin D, Agent  
TR3 OS at 8103 W Tower Av  
Food Dealer and Food Peddler Licenses Application

**Tuesday, July 22, 2025 at 9:55 AM**

To whom it may concern:

The above application has been made by the above named applicant(s). This requires approval from the Licenses Committee and the Common Council of the City of Milwaukee. The hearing before the Licenses Committee will take place on 7/22/2025 at 9:55 AM in Room 301-B, Third Floor, City Hall. This is a public hearing. Those wishing to view the proceeding are able to do so via the City Channel – Channel 25 on Spectrum Cable – or on the Internet at <http://city.milwaukee.gov/citychannel>. Those wishing to provide oral testimony via internet are asked to contact the staff assistant, Yadira Melendez at (414) 286-2775 or [stasst5@milwaukee.gov](mailto:stasst5@milwaukee.gov) for necessary information. Please make such requests no later than one business day prior to the start of the meeting. You are not required to attend the hearing, but please see the information below if you would like to provide testimony. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing.

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## **Important details for those wishing to provide information for the Licenses Committee to consider when making its recommendation:**

1. The license application is scheduled to be heard at the above time. Due to other hearings running longer than scheduled, you may have to wait some time to provide your testimony.
2. You must appear in person and testify as to matters that you have personally experienced or seen. (You cannot provide testimony for your neighbor, parent or anyone else; this is considered hearsay and cannot be considered by the committee.)
3. No letters or petitions can be accepted by the committee (unless the person who wrote the letter or the persons who signed the petition are present at the committee hearing and willing to testify).
4. Persons opposed to the license application are given the opportunity to testify first; supporters may testify after the opponents have finished.
5. When you are called to testify, you will be sworn in and asked to give your name, and address. (If your first and/or last names are uncommon please spell them.)
6. You may then provide testimony.
  - a. Include only information relating to the above license application.
  - b. Include only information you have personally witnessed or seen.
  - c. Provide concise and relevant information detailing how this business has affected or may affect the peaceful enjoyment of your neighborhood.
  - d. If by the time you have the opportunity to testify, the information you wish to share has already been provided to the committee, you may state that you agree with the previous testimony. Redundant or repetitive testimony will not assist the committee in making its recommendation.
7. After giving your testimony, the members of the Licenses Committee and the licensee may ask questions regarding the testimony you have given or other factors relating to the license application.
8. Business Competition is not a valid basis for denial or non-renewal of a license.  
**Please Note: If you have submitted an objection to the above application your objection cannot be considered by the committee unless you personally testify at the hearing.**

OCCUPANT	MAIL ADDRESS	CITY STATE ZIP
CURRENT OCCUPANT	7942 W BRADLEY RD	MILWAUKEE, WI 53223-3230
CURRENT OCCUPANT	8012 W BRADLEY RD	MILWAUKEE, WI 53223-3232
CURRENT OCCUPANT	8022 W BRADLEY RD	MILWAUKEE, WI 53223-3232
CURRENT OCCUPANT	8104 W BRADLEY RD	MILWAUKEE, WI 53223-3234
CURRENT OCCUPANT	8110 W BRADLEY RD	MILWAUKEE, WI 53223-3234

Blank Notice

Total Records: 5

Radius 250 feet and Center of the Circle: 8103 W Tower Av





## FOOD DEALER LICENSE APPLICATION FOR SHARED KITCHEN USERS

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 (Individual, Partnership, Corp or LLC): TA30S LLC

Business Name: TA30S

Premises (Shared Kitchen) Address: 8103 W Tower Avenue, Milwaukee, WI 53223

### BUSINESS OPERATIONS

☒ Base for Mobile Vendor (Peddler) ☐ Base for Temporary Event ☐ Caterer ☐ Other: \_\_\_\_\_

### FOOD PROCESSING

What type of food items will be sold?

☒ **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.

What percent of food items will be meals? 100% %

☐ **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.

What percent of food items will be retail? \_\_\_\_\_ %

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

Will any food processing be done at the shared kitchen? ☐ 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.

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: BEEF • CHICKEN • FISH • SHRIMP • ETC

### PLAN OF OPERATION

- How are grounds kept clean? ☒ Sweep ☒ Pressure Wash ☒ Pick Up Litter ☐ Other: \_\_\_\_\_
- How often will grounds be cleaned? ☒ Daily ☐ Weekly ☒ As Needed ☐ Monthly ☐ Other: \_\_\_\_\_
- Grounds cleaned by: ☒ Licensee ☒ Building Owner ☐ Employees ☐ Hired Maintenance ☐ Other: \_\_\_\_\_
- How are noise issues prevented and/or addressed? ☐ Security ☐ Call Police ☐ Signs Posted ☒ Other: monitoring by owner
- Will a sound amplification system be used? ☒ No ☐ Yes If yes, describe: \_\_\_\_\_
- Number of Garbage Cans: Inside: 4 Locations: Prep Ares in Kitchen and Office  
Outside: 1 Locations: Parking Lot
- Name of solid waste contractor: ☐ Advanced Disposal ☒ Waste Management ☐ Other: \_\_\_\_\_
- Is there a loading zone? ☒ No ☐ Yes
- Are there security cameras? ☐ No ☒ Yes If yes, how many? 9 and list locations: Throughout Kitchen, Office and Garage



**PREMISES DESCRIPTION**

- a. Are other businesses operating in the same building? ☐ No ☒ Yes If Yes, Describe: caterers, bakers and food trucks
- b. 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 Other: Describe: \_\_\_\_\_
- c. Describe Location: ☐ Major Thoroughfare ☒ Secondary Street ☐ Other: \_\_\_\_\_
- d. Nearest Major Cross Street: 76th Street
- e. Describe Building: ☒ Free Standing Building ☐ Strip Mall ☐ Other: \_\_\_\_\_
- f. Describe Premises Structure: ☒ Single Story ☐ Multi-Story - # of Stories \_\_\_\_\_ ☐ Other: \_\_\_\_\_
- g. Describe Surrounding Area: ☐ Commercial ☐ Residential ☒ Industrial ☐ Other: \_\_\_\_\_
- h. Building Owner Name: Suzanne Wagner Phone Number: 414-559-3716  
 Building Owner Address: 432 Madero Drive, Thiensville, WI 53092

**SHARED KITCHEN AGREEMENT**

SERVICES/FACILITIES (check all that will be used at the shared kitchen):

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Dry food storage                     | <input checked="" type="checkbox"/> Handwashing facilities                              | <input checked="" type="checkbox"/> Refrigeration / frozen food storage         |
| <input checked="" type="checkbox"/> Restroom facilities                  | <input type="checkbox"/> Equipment / utensil storage                                    | <input checked="" type="checkbox"/> Warewashing facilities (3 compartment sink) |
| <input type="checkbox"/> Chemical storage                                | <input type="checkbox"/> Facilities to prepare or package food                          | <input type="checkbox"/> Utilities: electrical connection                       |
| <input checked="" type="checkbox"/> Garbage / recycling disposal         | <input checked="" type="checkbox"/> Potable water connection                            | <input type="checkbox"/> Peddlers: overnight parking                            |
| <input checked="" type="checkbox"/> Waste water tank disposal facilities | <input checked="" type="checkbox"/> Waste water tank disposal facilities w/ grease trap |   |

**HOURS OF OPERATION AT THE SHARED KITCHEN**

DAY OF WEEK	Start Time (include am / pm)	End Time (include am / pm)
Sunday	<u>Close</u>	<u>Close</u>
Monday	<u>9 AM</u>	<u>11 AM</u>
Tuesday	<u> </u>	<u> </u>
Wednesday	<u> </u>	<u> </u>
Thursday	<u> </u>	<u> </u>
Friday	<u> </u>	<u> </u>
Saturday	<u> </u>	<u> </u>

I, the shared kitchen user, will utilize the services/facilities at this kitchen during the days/times indicated above. I will notify the City Clerk's Office (License Division) prior to discontinuing use of the kitchen. I will maintain an updated schedule of use of the kitchen with the City Clerk's Office (License Division) and keep a written log of the dates/times I am actually at the kitchen. (Peddlers: I will report to the facility at least once each operating day for cleaning and servicing.)

Print Name(s): Arctus Fenn  
Kevin M. Craney  
 Sole Proprietor, Partners of 20% or More Shareholder

Signature(s): Kevin M. Craney Arctus Fenn Date: \_\_\_\_\_

**FOR COMPLETION BY THE SHARED KITCHEN OWNER**

Kitchen Owner's Business Name: The Neighborhood Kitchen

I, the shared kitchen owner, acknowledge I have entered into an agreement with the user to utilize the services/facilities at this kitchen and agree to provide the user access to the kitchen on the days/times indicated above. I will maintain a written log of the dates/times the user is actually at the facility. I will promptly notify the City Clerk's Office (License Division) if this agreement is terminated or if the user fails to use the kitchen on the days/times they have indicated. I acknowledge that as the primary operator of the kitchen I am responsible for the maintenance and sanitation of the kitchen, and as such, I acknowledge I am responsible for maintaining the services/facilities being provided to the user in compliance with the Wisconsin Food Code.

Print Name: Suzanne Wagner

Signature: Suzanne Wagner

Date: Sept. 23, 24



# FOOD PEDDLER PLAN OF OPERATION

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: TR300 LLCPremises Address: 8103 Tower AVE Milwaukee WI 53223

## 1. Mobile Unit Description Food TRAILER

Mobile Unit Type: ☒ Motorized Vehicle - includes a peddler truck, vehicle, or trailer that must be pulled by a motorized vehicle  
☐ Pushed, Pedaled, or Pulled Vehicle - does not require a motorized vehicle to move from site to site  
☐ Carried Container

Provide the following information:

Color ORANGE Length 13'2 ft Width 6'7 ft Height 6'9 ftMake \_\_\_\_\_ Model PST-TN100 Year \_\_\_\_\_License Plate Number (if applicable) \_\_\_\_\_ VIN (if applicable) LTNAES85D3B32303

## 2. Food Operations

What type of food items will be sold?

### ☒ 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.

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

ATTACHED →Will food processing be done on the mobile unit? ☐ No ☒ Yes

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

Will food that requires temperature control be sold? ☐ No ☒ Yes Foods requiring temperature control include dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultryIf yes, list the food items: CHEESE • MEAT • BEEF • SHRIMP • CHICKEN • SAUCESDo you intend to sell ice cream, popsicles, or other frozen confections? ☒ No ☐ Yes

If yes, you must also obtain an Ice Cream Peddler License. Submit your Ice Cream Peddler License Application with this application. If anyone else will be operating the mobile unit, they must also obtain an Ice Cream Peddler License.

## 3. Litter & Noise

A. Who will be operating the cart/vehicle? ☒ Licensee ☒ EmployeesB. How will the area around the cart/vehicle be kept clean? ☒ Sweep ☒ Pick Up litter ☒ Garbage Cans ☐ Other \_\_\_\_\_C. How often will the area around the cart/vehicle be checked for litter? ☐ Hourly ☒ Daily/Nightly ☐ Other \_\_\_\_\_D. Who will keep the area around the cart/vehicle clean? ☒ Licensee ☒ Employees ☐ Other \_\_\_\_\_E. How will noise issues be addressed/prevented? ☒ By the cart operator ☒ Police will be called ☒ Other KINDNESSF. How will disruptive behaviors to surrounding neighbors be addressed/prevented? ☒ By the cart operator ☒ Police will be called☒ Other KINDNESS



#### 4. Service Base

Food peddlers must obtain a Food Dealer License for their service base. If you do not have a base, you must obtain a variance from the Health Dept.

**Check one:**

- ☒ I will obtain a food dealer license for my service base located in the City of Milwaukee.
- ☐ I will obtain a food dealer license for my service base located outside the city of Milwaukee in another WI municipality. I will submit copies of the base license and health inspection report completed within the previous 12 month period to the License Division.
- ☐ I will contact the City of Milwaukee Health Department to apply for a variance.

#### 5. Affirmation of Understanding – License Needed to Operate & Requirements

**Read and initial each item confirming your understanding:**

- ☒ Health Department inspection and approval is required before my license may be issued. *RM BC*
- ☒ A license must be issued for my service base or a variance obtained before my Food Peddler License may be issued. *RM BC*
- ☒ The license must be issued and posted on the mobile unit prior to operating. *MC BR*
- ☒ A current Food Peddler Itinerary must be on file with the License Division and at the service base. *MC BR*
- ☒ I must keep a written log of all days I am at the service base, including the time I arrive and leave. *MC BR*

*Karen McCreary*  
\_\_\_\_\_  
Signature of Sole Proprietor, Partner, or 20% or more Shareholder

*Dusty Clark*  
\_\_\_\_\_  
Signature of Additional Partner



# FOOD PEDDLER ITINERARY

Business Name:

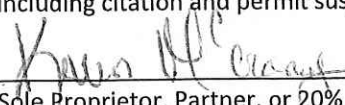
TR305

List all Vending Location Addresses	Check the Location Type	Circle the Days of the Week at this Location	Start Time (include am/pm)	End Time (include am/pm)
60 <sup>th</sup> Silverspring	<input checked="" type="checkbox"/> Public Way <input type="checkbox"/> Event	<input type="checkbox"/> Private Property <input type="checkbox"/> Seasonal Market	10:AM	6:PM
87 <sup>th</sup> Fond du lac	<input checked="" type="checkbox"/> Public Way <input type="checkbox"/> Event	<input checked="" type="checkbox"/> Private Property <input type="checkbox"/> Seasonal Market	7:PM	9:PM
92 Silverspring	<input checked="" type="checkbox"/> Public Way <input type="checkbox"/> Event	<input type="checkbox"/> Private Property <input type="checkbox"/> Seasonal Market	10:PM	2:AM
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	<input type="checkbox"/> Public Way <input type="checkbox"/> Event	<input type="checkbox"/> Private Property <input type="checkbox"/> Seasonal Market		

## SIGNATURE(S)

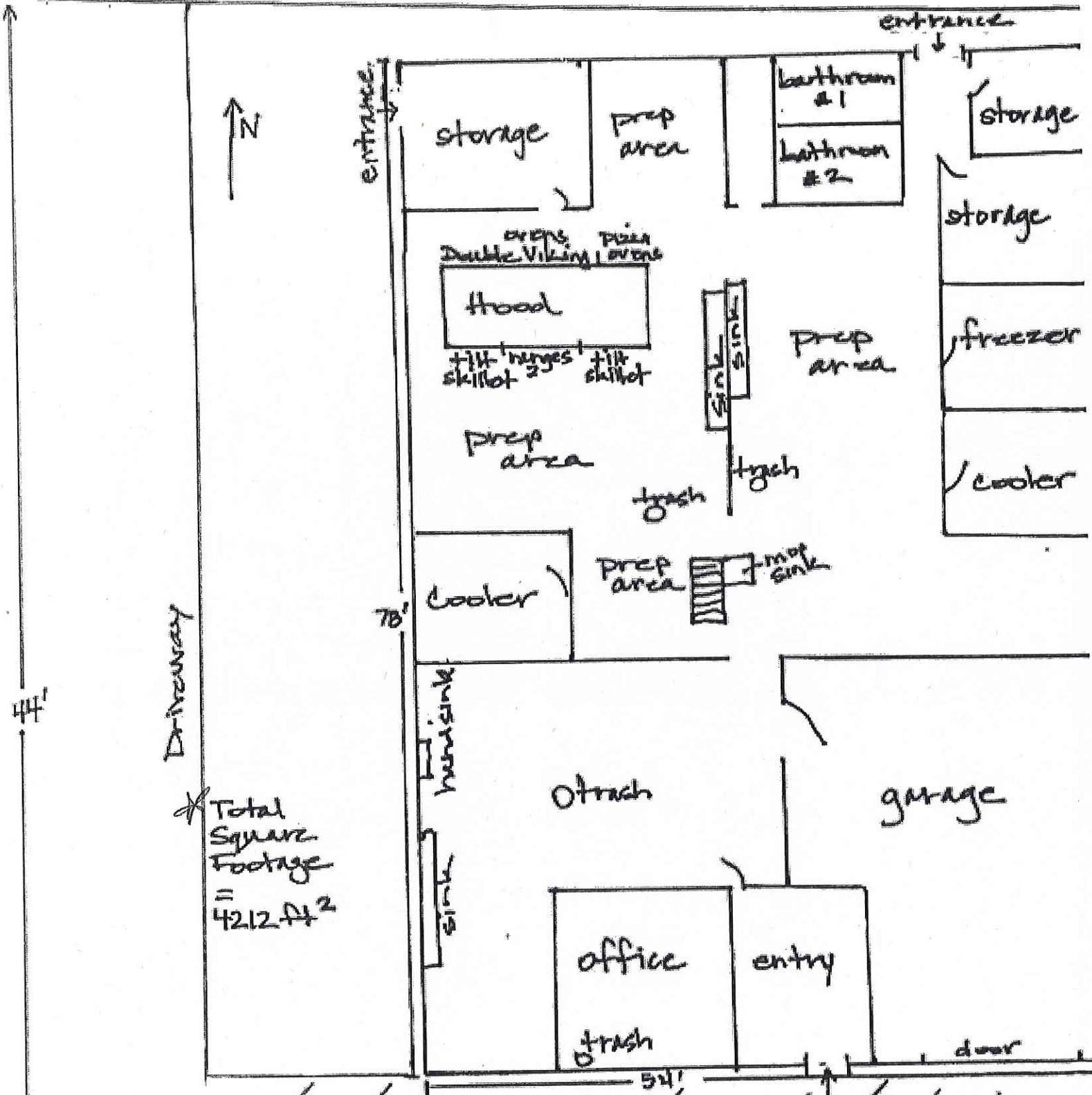
I understand that any changes I wish to make must be reported to the City Clerk (License Division) on an updated Itinerary form before any changes can be implemented. I will keep a copy of my current Itinerary on my mobile until and at my service base all times.

I understand that failure to maintain a current itinerary with the City Clerk (License Division) may result in progressive enforcement action including citation and permit suspension and/or revocation.

  
Sole Proprietor, Partner, or 20% or more Shareholder

  
Additional Partner

# W. Tower Avenue



dumpster

Legal Entity: TR305 LLC

Trade Name: TR305

Parking Area 60' x 78'

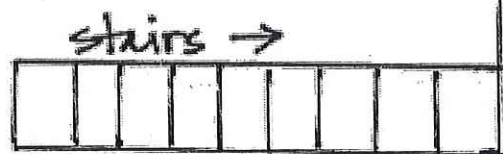
Agent: Kevin D. McCrany

8103 W Tower Ave, Milwaukee WI 53223

Date: 9.24.24



62' 5"



23'

Legal Entity Name TR305 LLC

Trade Name TR305

Agent Kevin D McCraney

8103 W. Tower Ave. Milwaukee, WI 53223

Date: 9-24-24



Food Truck

CHICKEN

MENU

BEEF

CHEESE

RICE

NOODLES

BREAD

POP

WATER

ONION

PEPPERS

SAUCES

HOT DOGS

HAMBURGERS

TACOS

FRIES

SOUP CREAM

Chili

BEANS

FISH

JUICE

TURKEY

~~VEGETARIAN~~

SHRIMP