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MILWAUKEE HEALTH DEP

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CITY OF MILWAUKEE HEALTH DEPARTMENT - Consumer Environmental Health-841 N Broadway-Rm 304-Milwaukee-WI-53202 (414-286-3874)

LICENSE APPLICATION

SITE EVALUATION APPLICATION

PLEASE PRINT CLEARLY

TARGET OPENING DATE: Aug 24, 06

TODAY'S DATE: Aug 24, 06

ADDRESS OF BUSINESS: 6715 W Villard Ave

ZIP: 53218

APPLICANT: Billy Hill  
Must be legal entity - Corporation, Ltd. Partnership, Ltd. Liability Corp. (registered with the Secretary of State); or individual(s)

BIRTH DATE: 3-22-72

HOME ADDRESS: 4422A N 36th Street

CITY: MI

ZIP: 53209

MAIL ADDRESS: (Lic Also(Y/N?)) 1

CITY:

ZIP:

BUSINESS NAME: The Sweet Shop

HOME TEL NO: 305-5254

BUSINESS TEL NO: 305-5254

CHECK THE ITEMS THAT APPLY TO YOUR BUSINESS:

- New construction  Remodeling. If so, what are your plans \_\_\_\_\_
- Selling restaurant food that is limited to individually wrapped, hermetically sealed, single food servings supplied by a licensed processor.
- Selling meals that are prepared from raw, canned, dried, packaged or frozen foods.
- Selling prepackaged non-potentially hazardous grocery items, such as bread, candy, canned goods, produce, ice, etc.
- Selling prepackaged potentially hazardous grocery items, such as milk, cheese, meats, etc.
- Making or selling deli-salads, fruits cups, ice, etc. If so, what \_\_\_\_\_
- Using a grinder, slicer, bandsaw, and/or knives. (Circle those you are using.) \_\_\_\_\_
- Using a soft-serve ice cream/yogurt machine or a slushy machine. (Circle those you are using.) \_\_\_\_\_
- Packaging/repackaging bulk foods such as spices, unwrapped candy, ice, etc. If so, what \_\_\_\_\_
- Making candy, sugar coated popcorn, cotton candy, sno cones, shaved ice, etc. If so, what \_\_\_\_\_
- Baking cakes, pastries, cookies, etc. If so, what \_\_\_\_\_
- Making espresso, cappuccino, or latte. If so, what \_\_\_\_\_
- Distributing. If so, what (i.e., candy, chips, meat, etc.) Candy
- Operating a bar and breakfast establishment U
- Selling beer or liquor. Have you applied for your liquor or beer license? (Yes/No) \_\_\_\_\_
- Wholesale food manufacturing. Retail shop at same location? (Yes/No) \_\_\_\_\_

ESTIMATED MONTHLY GROSS FOOD SALES: \$ 400<sup>00</sup>

SIGNATURE OF APPLICANT: Billy Hill

*This box is for Department use only.*

AGENT OF CORP: \_\_\_\_\_

ID NO: \_\_\_\_\_

CORP ADDRESS: \_\_\_\_\_

TYPE OF LICENSE AND REQUIRED FEE(S)  New Operator  Upgrade Food Estab  Upgrade Rest  Other \_\_\_\_\_

SITE EVALUATION ..... \$ \_\_\_\_\_

FOOD DEALER

Food Establishment

Processing Fee ..... \$ \_\_\_\_\_

No Processing Fee ..... \$ 150

AG Administrative Fee ..... \$ \_\_\_\_\_

Exempt-no hazardous food

Incidental to DOH

Restaurant

Prepackaged Fee ..... \$ \_\_\_\_\_

Food Preparation Fee ..... \$ \_\_\_\_\_

Additional Site Fee ..... \$ \_\_\_\_\_

DOH Administrative Fee ..... \$ \_\_\_\_\_

Incidental to AG

Preinspection ..... \$ 40

TOTAL ..... \$ 190

OTHER LICENSE:

Permit Fee ..... \$ \_\_\_\_\_

Administrative Fee ..... \$ \_\_\_\_\_

Preinspection Fee ..... \$ \_\_\_\_\_

TOTAL ..... \$ \_\_\_\_\_

DATE PAID: 8-24-06

CHECK NO: 1001 REC'D BY: teh

DISTRICT NO: Food: 2 W&M: \_\_\_\_\_

ESTAB NO: 19067

HS ID NO: \_\_\_\_\_ EXP: \_\_\_\_\_

AG ID NO: \_\_\_\_\_ CODE: \_\_\_\_\_

LIC NO: \_\_\_\_\_

DATE LIC ISSD: \_\_\_\_\_

REFUND: \_\_\_\_\_

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ADDL FEES DUE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE PAID: \_\_\_\_\_

CHECK NO: \_\_\_\_\_ REC'D BY: \_\_\_\_\_

LIC YEAR: \_\_\_\_\_ PR NO: \_\_\_\_\_

DATE PR ISSD: \_\_\_\_\_

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**BILLY D. HILL**  
**DOB: 3-22-72**

APPLICANT IS ON PROBATION FOR POCS-MARIJUANA THAT OCCURRED IN THE STATE OF TEXAS.

PO KUKOWSKI kh SEP 01 2006