



Fire Department

Aaron Lipski
Chief

Joshua Parish
Assistant Chief

David Hensley
Assistant Chief

Schuyler Belott
Assistant Chief

MEMORANDUM

TO: Jim Owczarski
City Clerk

FROM: David Hensley
Assistant Chief

DATE: 11/07/2024

RE: Ambulance Company's Application for Approval

Attached is a copy of Superior Air Ground Ambulance of Wisconsin's application for certification. Per Chapter 75-15-13, the City of Milwaukee Fire Department is to submit these to your office after receiving approval from the City of Milwaukee Police Department. That approval letter is attached, along with the application and accompanying documentation.

If you have any questions or required further information, please contact Deputy Chief Michael Cieciva at mcieci@milwaukee.gov or (414) 286-8981.

Thank you.

David Hensley
Assistant Chief
Bureau of EMS, Training, and Education

CC: DC Michael Cieciva



Milwaukee Police Department
Police Administration Building
749 West State Street
Milwaukee, Wisconsin 53233
<http://www.milwaukee.gov/police>

Jeffrey B. Norman
Chief of Police

(414) 935-7200

October 23, 2024

David Hensley
Assistant Chief
Milwaukee Fire Department

Assistant Chief Hensley,

Per your request, the Milwaukee Police Department's License Investigation Unit has investigated the following application for certification as a certified provider:

- Superior Air Ground Ambulance of Wisconsin

The Milwaukee Police Department approves the application pursuant to MCO 75-16-6.

Regards,

A handwritten signature in black ink, appearing to read 'J B A', with a large, stylized initial 'J' that loops around the first part of the name.

JEFFREY NORMAN
CHIEF OF POLICE

City of Milwaukee Fire Department

Application for Ambulance Certification

Fee Must Accompany Application.

The license period is from January 1 to December 31.

\$1,210.00 - New Applicants

\$1,100.00 - Renewals

Make check payable to the City of Milwaukee Fire Department

Check (✓) one: Individual
 Partnership
 Corporation

Check (✓) one: Certified Provider
 Limited Certified Provider
 Non-Transporting EMS Provider

1. NAME OF APPLICANT (If individual): N/A
Business Name: Superior Air Ground Ambulance of Wisconsin Phone: 800-832-2000
Business Address: N89W14452 Patrita Dr.
City: Menomonee Falls State: WI Zip: 53051

Have any people on this application been convicted of violating any federal or state laws, or local ordinances? Yes No
If yes, name of person(s), date, charge, and penalty: _____

2. PARTNERSHIP (If applicable):

Name: _____
Home Address: N/A
City: _____ State: _____ Zip: _____
Phone: _____ Date of Birth: _____
Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Date of Birth: _____

3. NAME OF CORPORATION _____

Address: Superior Air Ground Ambulance of Wisconsin
Date and Place of Incorporation: 10/2/2017. Milwaukee
President: David B Hill III
Home Address: 395 West Lake Street
City: Elmhurst State: IL Zip: 60126
Phone 800-832-2000 Date of Birth 12/29/56

Vice President: N/A

Home Address: none
City: _____ State: _____ Zip: _____
Phone _____ Date of Birth: _____

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Secretary: Kim Godden

Home Address: 395 West Lake Street

City: Elmhurst State: IL Zip: 60126

Phone 800-832-2000 Date of Birth 07/26/73

Treasurer: Darren Frasca

Home Address: 395 West Lake Street

City: Elmhurst State: IL Zip: 60126

Agent: Joseph Posey

Home Address: 140 East Rawson

City: Oak Creek State: WI Zip: 53154

4. OTHER REQUIREMENTS:

Do you have on file with the Fire Department, a valid and current certificate of insurance for this license period? See Attached

Yes No

Do you have a valid State of Wisconsin Inspection Certificate?

Yes No

Do you participate in the Emergency Medical Services System?

Yes No

If yes, list service area number: Greater Milwaukee and BayCare (6605032)(6605022)

Do you wish to participate in the Emergency Medical Services System?

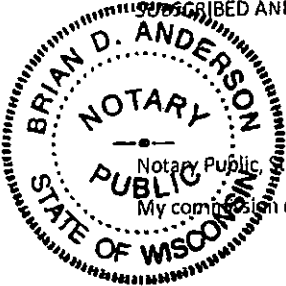
Yes No

Total number of vehicles in service: 54

Please attach a separate page listing all vehicles including city assigned number, and description (year, make and vin number).

- 5. The undersigned agrees to inform the Milwaukee Fire Department within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide those services offered under this license, permit, or franchise, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; 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.
- 6. The undersigned understand that this application does not entitle the applicants to a license and that the granting of licenses is solely in the discretion of the Common Council.
- 7. I have a knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 26th day of September, 2024



Individual/Corporate President/Partner: [Signature]

Additional Partner/Corporate Vice President: [Signature]
Notary Public, State of Wisconsin: Brian D. Anderson

My commission expires: 6-19-2027

Corporate Secretary: [Signature]

Corporate Treasurer: [Signature]

Do Not Write Below This Line

Clerk	License#	New	Renewal	Date Filled	Date Granted