

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 4-6-09 DATE OF APPLICATION 4-6-09
 ADDRESS OF BUSINESS 2027 W. JUNEAU LOWER REAR CITY MILWAUKEE STATE WI ZIP 53233
 APPLICANT Johnnie Little Sr
 (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) 3-1-77 HOME TELEPHONE NUMBER(S) 414 574-1283
 HOME ADDRESS(S) 2027 WEST JUNEAU LOWER REAR CITY MILWAUKEE STATE WI ZIP 53233
 BUSINESS NAME Johnnie's Candy Box E-MAIL ADDRESS DJStalker1@yahoo.com
 BUSINESS TELEPHONE NUMBER _____ CELL PHONE NUMBER 414574-1283 FAX NUMBER DJSTALKER
 MAILING ADDRESS 2027 WEST JUNEAU LOWER REAR CITY MILWAUKEE STATE WI ZIP 53233
 For Billing? For Licenses?

ANSWER YES (Y) TO THE FOLLOWING ITEMS THAT APPLY TO YOUR BUSINESS

- | | |
|--|---|
| <input checked="" type="checkbox"/> Do you sell, cater or give away restaurant food (meals, appetizers, soup, sandwiches, pizza, hot dogs, etc.) that is:
<input checked="" type="checkbox"/> limited to individually wrapped/sealed single food servings supplied by a licensed processor?
<input type="checkbox"/> Prepared by you from raw, canned, dried, packaged or frozen foods?
<input type="checkbox"/> Only given away or sold to the needy?
<input type="checkbox"/> Are you selling beer or liquor?
<input type="checkbox"/> Is this a Mobile Service Base for a pushcart or truck selling meals?
<input type="checkbox"/> Is this a Bed and Breakfast?
<input type="checkbox"/> Is your building newly constructed?
<input type="checkbox"/> Are you doing any remodeling? If yes, what are your plans? | <input type="checkbox"/> Do you sell frozen or refrigerated prepackaged foods, such as meat, milk, eggs, ice cream, etc.?
<input checked="" type="checkbox"/> Do you sell fresh fruits and/or vegetables?
<input checked="" type="checkbox"/> Do you sell prepackaged foods such as canned/boxed goods, candy, chips, cereal, etc?
<input type="checkbox"/> 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,
<input type="checkbox"/> Do you use a grinder, slicer, band saw, and/or knives? (Circle those you use)
<input type="checkbox"/> Are you a wholesale distributor of prepackaged foods?
<input type="checkbox"/> Are you a wholesale food manufacturer?
<input type="checkbox"/> If yes, do you have a retail shop at the same location? |
|--|---|

ESTIMATED MONTHLY GROSS FOOD (not alcohol) SALES \$ 100.00 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 <input checked="" type="checkbox"/> No Processing Fee\$ <u>130</u> <input type="checkbox"/> Processing Fee\$ _____ <input type="checkbox"/> AG Admin Fee\$ _____	Date Paid <u>4-6-09</u> Payment Type _____ Rec'd By <u>[Signature]</u> Food Dist# <u>9</u> W&M Dist# _____ Estab Number <u>22075</u> Aldermanic District # <u>4</u>	Inv No _____ Lic No _____ Date Lic Printed _____ HS ID No _____ EXP _____ AG ID No _____
Restaurant <input type="checkbox"/> Prepackaged Fee\$ _____ <input type="checkbox"/> Food Preparation Fee\$ _____ <input type="checkbox"/> Additional Site Fee\$ _____ <input type="checkbox"/> Meal Service\$ _____ <input type="checkbox"/> Bed and Breakfast\$ _____ <input type="checkbox"/> DOH Admin Fee\$ _____	Weighing/Measuring Devices? Y/N _____ Previous Operator If Mail: _____ Date Old Oper OB _____ Type Of Estab _____ 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 _____ Addl Fees Due _____ Date Paid _____ Inv No _____ Payment Type _____ Rec'd By _____
Preinspection\$ <u>45</u> Site Evaluation\$ _____ Plan Exam Fee\$ _____ TOTAL\$ <u>180</u>	IF PROCESSING, COMPLETE BACK OF FORM.	

Restrictions And/Or Grandfathered Equipment _____

SIGNATURE OF OPERATOR OR REGISTERED AGENT _____ RELEASE DATE _____ SIGNATURE OF SANITARIAN _____
 Inspector/File _____