

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 1/13/10 DATE OF APPLICATION 1/13/10
 ADDRESS OF BUSINESS 848 N 27 ST CITY MIL STATE WI ZIP 53208
 APPLICANT JOES CONSTRUCTION SERVICE LLC
(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) 07/08/1980 HOME TELEPHONE NUMBER(S) 414 628 0929
 HOME ADDRESS(S) 4823 S 22 PL CITY MIL STATE WI ZIP 53221
 BUSINESS NAME NMR Retail and Wholesale Tobacco E-MAIL ADDRESS _____
 BUSINESS TELEPHONE NUMBER (414) 935-0426 CELL PHONE NUMBER 414 628 0929 FAX NUMBER 414 935 0438
 MAILING ADDRESS 4823 S 22 PL CITY MIL STATE WI ZIP 53221
 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"/> Do you sell frozen or refrigerated prepackaged foods, such as meat, milk, eggs, ice cream, etc.? |
| <input checked="" type="checkbox"/> Limited to individually wrapped/sealed single food servings supplied by a licensed processor? | <input checked="" type="checkbox"/> Do you sell fresh fruits and/or vegetables? |
| <input checked="" type="checkbox"/> Prepared by you from raw, canned, dried, packaged or frozen foods? | <input checked="" type="checkbox"/> Do you sell prepackaged foods such as canned/boxed goods, candy, chips, cereal, etc.? |
| <input checked="" type="checkbox"/> Only given away or sold to the needy? | <input checked="" 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 checked="" type="checkbox"/> Are you selling beer or liquor? | <input checked="" type="checkbox"/> Do you use a grinder, slicer, band saw, and/or knives? (Circle those you use) |
| <input checked="" type="checkbox"/> Is this a Mobile Service Base for a pushcart or truck selling meals? | <input checked="" type="checkbox"/> Are you a wholesale distributor of prepackaged foods? |
| <input checked="" type="checkbox"/> Is this a Bed and Breakfast? | <input checked="" type="checkbox"/> Are you a wholesale food manufacturer? |
| <input checked="" type="checkbox"/> Is your building newly constructed? | <input checked="" type="checkbox"/> If yes, do you have a retail shop at the same location? |
| <input checked="" type="checkbox"/> Are you doing any remodeling? If yes, what are your plans?
<u>recess for OCCURRANCE LICENSE</u> | |

ESTIMATED MONTHLY GROSS FOOD (not alcohol) SALES \$ 3000/5000 SIGNATURE OF APPLICANT [Signature]

THIS BOX FOR HEALTH DEPARTMENT USE ONLY
 Corporate ID # 0031673 Reg Agt/Other YOUSEF N ALI Date of Birth 7.8.80
 New Operator Upgrade Food Service Other

Food Establishment	Date Paid <u>1/13/10</u>	Inv No <u>2860-</u>
<input checked="" type="checkbox"/> No Processing Fee\$ <u>201</u>	Payment Type <u>CA</u> Rec'd By <u>AG</u>	Lic No <u>5746</u>
<input type="checkbox"/> Processing Fee\$	Food Dist# <u>8</u> W&M Dist#	Date Lic Printed
<input checked="" type="checkbox"/> AG Admin Fee\$ <u>4.50</u>	Estab Number <u>22851</u>	HS ID No <u>110613</u> EXP
	Aldermanic District #	AG ID No

Restaurant	Weighing/Measuring Devices? Y/N	Refund
<input type="checkbox"/> Prepackaged Fee\$	Previous Operator If Mall:	
<input type="checkbox"/> Food Preparation Fee\$		
<input type="checkbox"/> Additional Site Fee\$	Date Old Oper OB	
<input type="checkbox"/> Meal Service\$	Type Of Estab	Addl Fees Due
<input type="checkbox"/> Bed and Breakfast\$	Convenience Store Y/N	
<input type="checkbox"/> DOH Admin Fee\$	Fire Type: FULL VENT NA MALL (Circle)	
Preinspection\$ <u>50.00</u>	Risk: 1 2 3 (Circle)	
Site Evaluation\$ <u>89.00</u>	Certificate Of Food Protection Practices	Date Paid
Plan Exam Fee\$	Required? Y/N	Payment Type
TOTAL\$ <u>302.50</u>	IF PROCESSING, COMPLETE BACK OF FORM.	Rec'd By

Restrictions And/Or Grandfathered Equipment _____

SIGNATURE OF OPERATOR OR REGISTERED AGENT _____ RELEASE DATE _____ SIGNATURE OF SANITARIAN _____

CITY OF MILWAUKEE HEALTH DEPARTMENT

Consumer Environmental Health
841 North Broadway, Room 304
Milwaukee, WI 53202
414-286-3674

ADDRESS OF BUSINESS: 848 N 27 ST MIL. WI. 53208

APPLICANT: Yousef N. Ali

IMPORTANT NOTICE: The Milwaukee Health Department's acceptance of your application and payment does not give you permission to operate. It is illegal to operate without a license. You may only operate upon receiving written approval from the Milwaukee Health Department.

All Food Dealer and Tattoo/Body Piercing applicants are subject to a police background check. If certain criminal activity is identified through the police background check, the Common Council is advised and may decide to hold a hearing as to whether the license should be granted. Anyone can file an objection showing reasons why the license should not be issued, which may result in a Common Council hearing. If there is no objection and the establishment is in compliance with health requirements, the license can usually be approved and issued in about a month. In the case of an objection resulting in a Common Council hearing, the process of deciding whether a license will be issued may take several months.

Signature of Applicant:

~~Yousef N. Ali~~

Date:

1/13/10

CITY OF MILWAUKEE HEALTH DEPARTMENT
Disease Control and Environmental Health
841 North Broadway, Room 304
Milwaukee, WI 53202

January 14, 2010

TO: Robert Bauman
FROM: Kevin Hulbert
Environmental Health Program Supervisor
RE: 848 N 27th St

The attached letter from the Milwaukee Police Department relates to an applicant for a new food license in your district.

City ordinance 68-4-3 states licenses must be issued to those who meet requirements unless there is an objection by the health commissioner, the department of neighborhood services, the common council member in whose district the food establishment is located, or any neighbor or other interested person. Such objections must be heard before the Utilities and Licenses Committee. Only causes listed in 68-4-11 (reproduced at the end of this letter) serve as cause for license denial by the Committee.

Neither the Health Department nor, to our knowledge, the Police Department, are making a request to deny the license application for this individual. We are forwarding this information to you for your information.

Unless we hear from you in ten (10) business days, we will continue processing the license application under the food code. *If you wish to expedite the release of this license prior to the ten days OR file an objection related to the stipulations cited at the end of this letter, please contact me at 286-5747 or khulbe@milwaukee.gov.*

Thank you for your help in keeping Milwaukee healthy.

Chapter 68-4(11)

11. CAUSES FOR COUNCIL DENIAL, REVOCATION OR SUSPENSION OF LICENSE. An application for a new or renewal food dealer's license may be denied, or any license issued under this section may be suspended or revoked, by the common council for any of the following causes:

- a Failure of the applicant or licensee to meet the statutory and municipal license qualifications, except for failure to meet sanitary or other health-related qualifications or other circumstances described in s. 68-6 as grounds for license revocation or suspension by the commissioner of health.
- b A false or materially incorrect statement made by the applicant in his or her application.
- c Violation of any provision of this section by the applicant, licensee or any employee of the food establishment.
- d The conviction of the applicant or licensee, his or her agent, manager, operator or any other employee for sale or possession with intent to sell any controlled substance or for any felony related to the licensed operation which, in the judgment of the common council, is pertinent to the license being applied for or renewed.
- e A showing that the applicant or licensee has violated any state law or city ordinance prohibiting the sale of tobacco products to underage persons.
- f The violation of any of the excise laws of the state.
- g A showing that the licensed premises has been the source of congregations of persons which have resulted in one or more of the following:
 - g-1. Disturbance of the peace.
 - g-2. Illegal drug activity.
 - g-3. Public drunkenness.
 - g-4. Drinking in public.
 - g-5. Harassment of passers-by.
 - g-6. Gambling.
 - g-7. Prostitution.
 - g-8. Sale of stolen goods.
 - g-9. Public urination.
 - g-10. Theft.
 - g-11. Assaults.
 - g-12. Battery.
 - g-13. Acts of vandalism, including graffiti.
 - g-14. Excessive littering.
 - g-15. Loitering.
 - g-16. Illegal parking.
 - g-17. Loud noise at times when the licensed operation is open for business.
 - g-18. Traffic violations.
 - g-19. Curfew violations.
 - g-20. Lewd conduct.
 - g-21. Display of materials harmful to minors, pursuant to s. 106-9.6.