

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 Event Medical Solution Inc.'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](mailto: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:

- Event Medical Solutions, INC.

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 Norman', written over a horizontal line.

JEFFREY NORMAN  
CHIEF OF POLICE

# 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): \_\_\_\_\_

Business Name: Event Medical Solutions, Inc Phone: 844-383-6863

Business Address: 2125 Point Blvd, Unit 200

City: Elgin State: IL Zip: 60123

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: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**3. NAME OF CORPORATION** BKS Solutions, Inc

Address: 2125 Point Blvd, Unit 200 Elgin, IL 60126

Date and Place of Incorporation: February 2011, Illinois

President: Karl Kuester

Home Address: 3s177 Arboretum Rd

City: Glen Ellyn State: IL Zip: 60137

Phone 630-204-0851 Date of Birth 06/11/1983

**Vice President:** Nicholas Birmingham

Home Address: 3000 Buena Park Rd

City: Burlington State: WI Zip: 53105

Phone 414-750-8010 Date of Birth: 09/16/86

Secretary: Maureen Schmitt

Home Address: 3924 Shiloh Dr

City: Johnsburg State: IL Zip: 60051

Phone 815-354-2706 Date of Birth 6/24/1966

Treasurer: Maureen Schmitt

Home Address: 3924 Shiloh Dr

City: Johnsburg State: IL Zip: 60051

Agent:

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**4. OTHER REQUIREMENTS:**

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

Do you wish to participate in the Emergency Medical Services System?  Yes  No

Total number of vehicles in service: \_\_\_\_\_

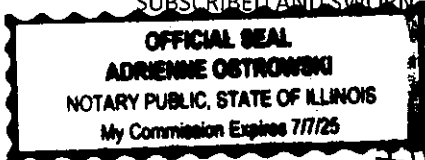
Please attach a separate page listing all vehicles including city assigned number, and description (year, make and vin number).

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 3rd day of September, 2024



Individual/Corporate President/Partner: [Signature]

Additional Partner/Corporate Vice President: [Signature]

Notary Public, State of Wisconsin: Adrienne Ostrowski

My commission expires: 7/7/2025

Corporate Secretary: Maureen A Schmitt

Corporate Treasurer: Maureen A Schmitt

Do Not Write Below This Line

Clerk	License#	New	Renewal	Date Filled	Date Granted