



Tom Barrett  
Mayor

Bevan K. Baker, FACHE  
Commissioner of Health

Administration

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Frank P. Zeidler Municipal Building, 841 North Broadway, 3rd Floor, Milwaukee, WI 53202-3653    phone (414) 286-3521    fax (414) 286-5990  
web site: [www.milwaukee.gov/health](http://www.milwaukee.gov/health)

March 24<sup>th</sup>, 2010

Rebecca Grill  
License Division Manager  
200 E. Wells Street, Room 105  
Milwaukee, WI 53202

Dear Ms. Grill:

Based on criteria listed in the Milwaukee Code of Ordinances Chapter 68-4.11, the City of Milwaukee Health Department formally submits the attached objection to the release of the Food Dealer's License for Take N Bake To Go LLC located at 7405 W Villard Ave doing business as Take N Bake To Go by, Alderman Joe Davis, Sr.. The mailing address for the applicant is 9831 W Carmen Av.

Should you have any questions, please feel free to contact my office at 414-286-3521.

Sincerely,

A handwritten signature in black ink that reads "Bevan K. Baker (RUF)".

Bevan K. Baker, FACHE  
Commissioner of Health

*Think Health. Act Now!*

## Hulbert, Kevin

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**From:** Morton, Sherman  
**Sent:** Tuesday, March 23, 2010 11:16 AM  
**To:** Hulbert, Kevin  
**Subject:** 7405 W. Villard

Kevin,

Alderman Davis would like to put is this letter of objection to this license, We put in a call to the applicant. Alderman Davis would like to se a plan of operation due to this address seems to be located inside a gas station. Please refer to License Committee.

Thank You for your assistance.....

Sherman T. Morton, Legislative Aide  
To Alderman Joe Davis, Sr.  
2nd Aldermanic District  
City Hall, Room 205  
200 E. Wells Street  
Milwaukee, WI. 53202  
414-286-3787 Office  
414-286-0916 Fax  
[sherman.morton@milwaukee.gov](mailto:sherman.morton@milwaukee.gov)

3-26-10

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

March 12, 2010

TO: Alderperson Joe Davis, Sr.  
FROM: Kevin Hulbert  
Environmental Health Program Supervisor  
RE: 7405 W. Villard Avenue

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 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.
- h. A showing that the premises proposed for licensing will be a convenience store as defined in s. 68-4.3-1, whether or not exempt as provided in s. 68-4.3-3, and that the proposed operation of the premises will tend to contribute to neighborhood incidents and conditions identified in par. g as the result of an over-concentration of convenience stores in the neighborhood. Evidence that a neighborhood is adequately served by existing retail food establishments may be considered in reaching a determination about whether granting a new license will result in over concentration.

**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 March 16, 2010 DATE OF APPLICATION March 2010

ADDRESS OF BUSINESS 7405 W. Villard Ave CITY Milwaukee STATE WI ZIP 53218

APPLICANT Take & Bake To Go LLC Tiffany Bennett-Johnnikin  
 (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)

Take & Bake To Go LLC  
 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) 2-19-80 HOME TELEPHONE NUMBER(S) (414) 535-0714

HOME ADDRESS(S) 9831 W. Carmen Ave CITY Milwaukee STATE WI ZIP 53225

BUSINESS NAME Take & Bake To Go LLC E-MAIL ADDRESS \_\_\_\_\_

BUSINESS TELEPHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER (414) 406-2052 FAX NUMBER \_\_\_\_\_

MAILING ADDRESS 9831 W. Carmen Ave CITY Milwaukee STATE WI ZIP 53225

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

ESTIMATED MONTHLY GROSS FOOD (not alcohol) SALES \$ 6000.00 SIGNATURE OF APPLICANT Tiffany Bennett-Johnnikin

**THIS BOX FOR HEALTH DEPARTMENT USE ONLY**  
 Corporate ID # \_\_\_\_\_ (Reg Agt/Other) TIFFANY S. BENNETT-JOHNNIKIN Date of Birth 2-19-1988

New Operator  Upgrade Food Service  Other  
**DO NOT ISSUE LICENSE UNTIL CORP INFO VERIFIED**

Food Establishment <input type="checkbox"/> No Processing Fee .....\$ _____ <input type="checkbox"/> Processing Fee .....\$ _____ <input type="checkbox"/> AG Admin Fee .....\$ _____	Date Paid <u>3-10-10</u> Payment Type <u>CA</u> Rec'd By <u>ten</u> Food Dist# <u>2</u> W&M Dist# _____ Estab Number _____ Aldermanic District # <u>2</u>	Inv No _____ Lic No _____ Date Lic Printed _____ HS ID No _____ EXP _____ AG ID No _____
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Restaurant <input type="checkbox"/> Prepackaged Fee .....\$ _____ <input checked="" type="checkbox"/> Food Preparation Fee .....\$ <u>523</u> <input type="checkbox"/> Additional Site Fee .....\$ _____ <input type="checkbox"/> Meal Service .....\$ _____ <input type="checkbox"/> Bed and Breakfast .....\$ _____ <input checked="" type="checkbox"/> DOH Admin Fee .....\$ <u>30</u>	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 _____
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Preinspection .....\$ <u>50</u> Site Evaluation .....\$ _____ Plan Exam Fee .....\$ _____	Date Paid _____ Inv No _____ Payment Type _____ Rec'd By _____
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TOTAL .....\$ 673 **IF PROCESSING, COMPLETE BACK OF FORM.**

Restrictions And/Or Grandfathered Equipment \_\_\_\_\_

SIGNATURE OF OPERATOR OR REGISTERED AGENT \_\_\_\_\_ RELEASE DATE \_\_\_\_\_ SIGNATURE OF SANITARIAN \_\_\_\_\_

CITY OF MILWAUKEE HEALTH DEPARTMENT  
 Consumer Environmental Health Division  
 841 N Broadway, Room 304, Milwaukee WI 53202  
 Telephone: 414.286.3574 Fax: 414.286.5164

Date: 3-10-10

A Food Dealer License or Tattoo/Body Piercing Application has been submitted for the following address:

7405 W. JILLARD AVE

Please run a background check on the following individual(s) associated with this application and return your results to the above fax number as soon as possible:

TIFFANY S. BENNETT-JOHNSON DOB: 2-19-1980  
8539-8178-0559-07  
9831 W. CARMEN AVE  
MILWAUKEE, WI 53225 DOB: \_\_\_\_\_

\_\_\_\_\_  
DOB: \_\_\_\_\_

NO POLICE ATTACHMENT WITH INFORMATION PROVIDED  
PO KUKOWSKI

*llh*

MAR 10 2010

**CITY OF MILWAUKEE HEALTH DEPARTMENT**

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

ADDRESS OF BUSINESS: 7405 W. Villard Ave

APPLICANT: Tiffany Bennett-Johnkin

**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.

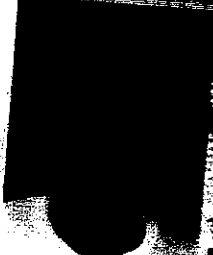
All Food Dealer and Tattoo/Body Piercing applicants are subject to a police background check. If certain criminal activity is identified through the police background check, the Common Council is advised and may decide to hold a hearing as to whether the license should be granted. Anyone can file an 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

Tiffany Bennett-Johnkin

Date: March 2010

**UNITED STATES GOVERNMENT**  
**POSTAGE WILL BE PAID BY ADDRESSEE**  
**POST OFFICE PERMIT NO. 100 MILWAUKEE, WIS.**



DOB 02-19-1980

DOB 02-19-2016

**TIFFANY S**  
**BENNETT-JOHNIKIN**  
9831 W CARMEN AVE  
MILWAUKEE, WI 53225

*T. Bennett-Johnkin*