



Tom Barrett
Mayor

Bevan K. Baker, FACHE
Commissioner of Health
Administration

CITY OF MILWAUKEE


2007 SEP 19 PM 2: 12

RONALD D. LEONHARDT
CITY CLERK

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

MEMORANDUM

TO: Ronald Leonhardt
City Clerk

FROM: Bevan K. Baker, FACHE
Commissioner of Health 

DATE: September 18, 2007

SUBJECT: Objection to License – 7530 West Appleton Avenue

Enclosed is an objection from Alderman Joe Davis regarding the license application filed by Cartralle G. Jones with the Milwaukee Health Department on August 22, 2007. Mr. Jones' application is for a Food Dealer License at the above noted address.

I am notifying your office of the objection as required in Section 68-4-11 of the Milwaukee Code of Ordinances (MCO). In addition, in accordance with MCO Section 68-4-11, whenever an objection is related to Section 68-4-11 of the MCO, the City Clerk must notify the licensee of the licensing committee's intention to hear the matter.

Should you have any questions or require additional information, please do not hesitate to contact me or Loyce Robinson, Division Manager Consumer Environmental Health, at 286-3674.

Attachment

c: Alderman Joe Davis
2nd Aldermanic District
Loyce C. Robinson, Manager
Consumer Environmental Health Division

Think Health. Act Now!

Robinson, Loyce

From: Morton, Sherman
Sent: Thursday, September 13, 2007 9:56 AM
To: Robinson, Loyce
Subject: RE: 7530 W. Appleton

Loyce,

Due to the severity and seriousness of the police report for Mr. Jones. Alderman Davis will be in opposition to the granting of a food license for the applicant Mr. Cartralle Jones and the premises known as 7530 W. Appleton Ave.

If there are further questions please contact our office.

Sherman T. Morton, Legislative Aide
2nd Aldermanic District
City Hall, Room 205
200 E. Wells Street
Milwaukee, WI. 53202
414-286-3787 Office
414-286-3456 Fax
smorto@milwaukee.gov

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 ASAP DATE OF APPLICATION 8-22-07

ADDRESS OF BUSINESS 7530 W Appleton Ave CITY MILWAUKEE STATE WI ZIP 53216

APPLICANT Cartralle Jones

(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) 12/24/76 HOME TELEPHONE NUMBER(S) (414) 468-2886

HOME ADDRESS(S) 4163 N 72nd Street CITY MILWAUKEE STATE WI ZIP 53216

BUSINESS NAME Sweets n Treats E-MAIL ADDRESS _____

BUSINESS TELEPHONE NUMBER 393-9953 CELL PHONE NUMBER 304-4897 FAX NUMBER _____

MAILING ADDRESS 4163 N 72nd CITY MILWAUKEE STATE WI ZIP 53216

For Billing? For Licenses?

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

- | | |
|--|--|
| <input 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 checked="" type="checkbox"/> Do you sell frozen or refrigerated prepackaged foods, such as meat, milk, eggs, ice cream, etc.?
<input 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?
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,
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?
If yes, do you have a retail shop at the same location? |
| <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? | |

ESTIMATED MONTHLY GROSS FOOD (not alcohol) SALES \$? 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	Date Paid <u>8-23-07</u>	Inv No _____
<input checked="" type="checkbox"/> No Processing Fee\$ <u>135</u>	Payment Type <u>CA</u> Rec'd By <u>mm</u>	Lic No _____
<input type="checkbox"/> Processing Fee\$ _____	Food Dist# <u>4</u> W&M Dist# _____	Date Lic Printed _____
<input type="checkbox"/> AG Admin Fee\$ _____	Estab Number _____	HS ID No _____ EXP _____
	Aldermanic District # <u>2</u>	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\$ _____	Date Old Oper OB _____	
<input type="checkbox"/> Additional Site Fee\$ _____	Type Of Estab _____	Addl Fees Due _____
<input type="checkbox"/> Meal Service\$ _____	Convenience Store Y/N _____	
<input type="checkbox"/> Bed and Breakfast\$ _____	Fire Type: FULL VENT NA MALL (Circle)	
<input type="checkbox"/> DOH Admin Fee\$ _____	Risk: 1 2 3 (Circle)	
Preinspection\$ <u>40</u>	Certificate Of Food Protection Practices	Date Paid _____ Inv No _____
Site Evaluation\$ _____	Required? Y/N _____	Payment Type _____ Rec'd By _____
Plan Exam Fee\$ _____		

TOTAL\$ 175 **IF PROCESSING, COMPLETE BACK OF FORM.**

Restrictions And/Or Grandfathered Equipment _____

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

MILWAUKEE POLICE DEPARTMENT LICENSE INVESTIGATION UNIT

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

DATE: 06/07

LICENSE TYPE: FOOD DEALER

No

NEW: X

Application Date: 06/11/07

RENEWAL:

Expiration Date:

License Location: ~~2508 W Hopkins Street~~

Aldermanic District:

Business Name: *new location 7530 W. Appleton Ave*

Licensee/Applicant: Jones, Cartralle G

(Last Name, First Name, MI)

Date of Birth: 12/24/076

Male:

Female:

Home Address: 4163 N 72nd Street

City: Milwaukee

State: W

Zip Code: 53206

Home Phone:

This report is written by Police Officer Kristyn Kukowski, assigned to the License Investigation Unit, Days.

The Milwaukee Police Department's investigation regarding this application revealed the following.

1. On 06/27/96, applicant was charged with Possession of Controlled Substance-Cocaine in Milwaukee County.

Charge:	Possession of Controlled Substance-Cocaine
Finding:	Guilty
Sentence:	6 months HOC/18 months probation
Case:	96CM607774
Date:	07/22/96

2. On 09/23/99, applicant was charged with Possession of THC (2nd+ Offense) in Milwaukee County.

Charge:	Possession of THC (2 nd + Offense)
Finding:	Guilty
Sentence:	1 year state prison/license suspended- imposed and stayed 6 mnths/ 2 years probation
Case:	99CF004891
Date:	02/02/00

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Jones, Cartralle G

3. On 10/20/00, applicant was charged with 2nd Degree Reckless Homicide in Milwaukee County. On 04/20/01 the charge was modified to Substantial Battery PTAC and Habitual Criminality

Charge: Substantial Battery PTAC/ Habitual Criminality
Finding: Guilty
Sentence: 5 years State Prison/ 5 years extended probation
Date: 04/19/01
Case: CF005407

Applicant currently has an open warrant for Resisting/Obstructing An Officer. (00093022)
Applicant is on probation for 940.19 (3) until 10/20/10. Letter mailed on warrant and probation on 06/11/07.