

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 Carla Marie 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) 464-2886

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

For Billing? For Licenses?

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

Do you sell, cater or give away restaurant food (meals, appetizers, soup, sandwiches, pizza, hot dogs, etc.) that is:

Limited to individually wrapped/sealed single food servings supplied by a licensed processor?

Prepared by you from raw, canned, dried, packaged or frozen foods?

Only given away or sold to the needy?

Are you selling beer or liquor?

Is this a Mobile Service Base for a pushcart or truck selling meals?

Is this a Bed and Breakfast?

Is your building newly constructed?

Are you doing any remodeling? If yes, what are your plans?

Do you sell frozen or refrigerated prepackaged foods, such as meat, milk, eggs, ice cream, etc.?

Do you sell fresh fruits and/or vegetables?

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)

Are you a wholesale distributor of prepackaged foods?

Are you a wholesale food manufacturer?

If yes, do you have a retail shop at the same location?

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

No Processing Fee\$ 135

Processing Fee\$ _____

AG Admin Fee\$ _____

Date Paid 8-23-07

Payment Type CA Rec'd By mm

Food Dist# 4 W&M Dist# _____

Estab Number _____

Aldermanic District # 2

Inv No _____

Lic No _____

Date Lic Printed _____

HS ID No _____ EXP _____

AG ID No _____

Restaurant

Prepackaged Fee\$ _____

Food Preparation Fee\$ _____

Additional Site Fee\$ _____

Meal Service\$ _____

Bed and Breakfast\$ _____

DOH Admin Fee\$ _____

Weighing/Measuring Devices? Y/N _____

Previous Operator If Mall: _____

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 _____

Preinspection\$ 40

Site Evaluation\$ _____

Plan Exam Fee\$ _____

TOTAL\$ 175

Date Paid _____ Inv No _____

Payment Type _____ Rec'd By _____

IF PROCESSING, COMPLETE BACK OF FORM.

Restrictions And/Or Grandfathered Equipment _____

SIGNATURE OF OPERATOR OR REGISTERED AGENT _____

RELEASE DATE _____

SIGNATURE OF SANITARIAN _____