



**CITY OF MILWAUKEE  
OFFICE OF THE CITY CLERK**

Monday, June 16, 2025

**COMMITTEE MEETING NOTICE**

AD 09

RAECAL D FRIAR  
C/O Yolanda Jackson  
611 N WATER ST #414  
Sheboygan, WI 53081

You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall or you may attend virtually using the link below.

**Tuesday, July 01, 2025 at 09:10 AM**

The access code is <https://meet.goto.com/731648413>. Please see the enclosed best practices document for further instructions.

**Regarding:** Your Food Dealer and Food Peddler Licenses Application  "SLOPPY PLATE" at 8103 W TOWER Av.

There is a possibility that your application may be denied for one or more of the following reasons: The recommendation of the committee regarding the application shall be based on evidence presented at the hearing. Per MCO 85-2.7-4, probative evidence concerning whether or not a new license should be granted may be presented on the following subjects: whether or not the applicant meets the municipal requirements, the appropriateness of the location and premises where the licensed premises is to be located and whether use of the premises for the purposes or activities permitted by the license would tend to facilitate a public or private nuisance or create undesirable neighborhood problems such as disorderly patrons, unreasonably loud noise, litter, and excessive traffic and parking congestion. Probative evidence relating to these matters may be taken from the plan of operation submitted with the license application, if any, but shall not include the content of any music. Evidence regarding the fitness of the location of the premises to be maintained as the principal place of business, including but not limited to whether there is an overconcentration of businesses of the type for which the license is sought; whether the proposal is consistent with any pertinent neighborhood business or development plans, or the location's proximity to areas where children are typically present. The applicant's record in operating similarly licensed premises; and whether or not the applicant has been charged with or convicted of any felony, misdemeanor, municipal offense or other offense, the circumstances of which substantially relate to the activity to be permitted by the license being applied for or any other factor which reasonably relates to the public health, safety or welfare may also be considered. See attached police report or correspondence.

**Notice for applicants with  
warrants or unpaid fines:**

**Proof of warrant satisfaction or payment of fines must be submitted at the hearing on the  
above date and time. Failure to comply with this requirement may result in a delay of the  
granting/denial of your application.**

Failure to appear at this meeting may result in the denial of your license. Individual applicants must appear only in person or by an attorney. Corporate or Limited Liability applicants must appear only by the agent designated on the application or by an attorney. Partnership applicants must appear by a partner listed on the application or by an attorney. If you wish to do so and at your own expense, you may be accompanied by an attorney of your choosing to represent you at this hearing.

You will be given an opportunity to speak on behalf of the application and to respond and challenge any charges or reasons given for the denial. No petitions can be accepted by the committee, unless the people who signed the petition are present at the committee hearing and willing to testify. You may present witnesses under oath and you may also confront and cross-examine opposing witnesses under oath. If you have difficulty with the English language, you should bring an interpreter with you, at your expense, so that you can answer questions and participate in your hearing.

You may examine the application file at this office during regular business hours prior to the hearing date. Inquiries regarding this matter may be directed to the person whose signature appears below.

Limited parking for persons attending meetings during normal business hours is available at reduced rates (5 hour limit) at the Milwaukee Center on the southwest corner of Kilbourn Avenue and Water Street. You must present a copy of the meeting notice to the parking cashier.

PLEASE NOTE: Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through sign language interpreters or other auxiliary aids. For additional information or to request this service, contact the Council Services Division ADA Coordinator at (414) 286-2998, Fax - (414) 286-3456, TDD - (414) 286-2025.

JIM OWCZARSKI, CITY CLERK



BY: \_\_\_\_\_

Jim Cooney  
License Division Manager

**If you have questions regarding this notice, please contact the License Division at (414) 286-2238.**

200 E. Wells Street, Room 105, City Hall, Milwaukee, WI 53202. [www.milwaukee.gov/license](http://www.milwaukee.gov/license)  
Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: License@milwaukee.gov



# WISCONSIN DEPARTMENT OF CORRECTIONS

Governor Tony Evers / Secretary

Division of Community Corrections / Region 3 Office

Date: 5/27/25

To: Milwaukee Common Council/Licensing Division  
From: Michelle Beightol Probation/Parole Unit 708

It was brought to my attention that a client under our supervision, Raecal Friar, has applied for a food truck license from the City of Milwaukee. Client Raecal Friar is currently on an 12 month term that is scheduled to discharge on 11/1/25 for the offense of Retail Theft-Intentionally Take(misdemeanor), Bail Jumping(misdemeanor).

This letter is to inform you that such a licensure would not be in violation of their rules/conditions of supervision. If circumstances change, we will take measures appropriately, including action that may affect such licensure. We made this decision based in part, on the following information:

**A - Residence Stability:** Client has maintained residence stability **Yes**.

**B - Reporting History:** Client has maintained required contacts with agent **Yes**.

**C - Police Contact:** Client has had police contact while on supervision **Yes**.

**D - Overall level of cooperation:** has client complied with referrals and services designed to address criminogenic needs **Yes**.

**\*\*\*\* DCC recommends license not be granted due to the following: (check one)**

- \*  License/employment has a direct nexus to committing offense.
- \*  License/employment would have a negative impact on the client based on specific treatment needs.  
(HIPPA prohibits the disclosure of specific treatment needs)
- \*  Sex offenses.

**In providing the information within this letter, the Department of Corrections assumes no liability for the Council's reliance on such information.**

Sincerely,

Michelle Beightol

P&P Agent

Adam Bielinski

Corrections Field Supervisor

# MILWAUKEE POLICE DEPARTMENT

## LICENSING

### CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

**DATE:** 05/22/25

**LICENSE TYPE:** FOOD PEDDLER

**NEW:**

**RENEWAL:**

**No. 380082**

**Application Date:**

**License Location:** 8103 W Tower

**Business Name:** Sloppy Plate

**Licensee/Applicant:** Friar, Raecal

(Last Name, First Name, MI)

**Date of Birth:** 09/06/96

**Home Address:** 611 N Water St

**City:** Sheboygan

**State:** WI **Zip Code:** 53081

**Home Phone:**

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

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

1. On 07/14/15, the applicant was charged with 5 counts of Theft Movable Property in Kenosha County Circuit Court.

**Charge1-5: Theft Movable Property**

**Finding:** Guilty

**Sentence:** 3 years Prison; 3 years extended supervision

**Date:** 10/19/16

**Case:** 2015CM000861

2. On 02/10/16, the applicant was charged with Battery-Domestic Violence in Kenosha County Circuit Court.

**Charge:** Battery DV

**Finding:** Guilty

**Sentence:** 18 Months' Probation

**Date:** 02/14/17

**Case:** 2016CF000161

3. On 07/28/20, the applicant was charged with Possession of Marijuana in Sheboygan County Circuit Court.

Charge: Possession of Marijuana  
Finding: Guilty  
Sentence: Fine  
Date: 09/09/20  
Case: 2020FO000290

4. On 10/05/20, the applicant was charged with Disorderly Conduct and Criminal Damage to Property (Domestic Abuse) in Manitowoc County Circuit Court.

Charge1: Disorderly Conduct  
2: Criminal Damage to Property  
Finding1: Guilty  
2: Dismissed Read In  
Sentence: Fine  
Date: 2020CM000538

5. On 04/01/21, the applicant was charged with Operate w/o Carrying License and 3 counts of Bail Jumping in Sheboygan County Circuit Court.

Charge1: Operate w/o Carry License  
2-4: Bail Jumping  
Finding1: Guilty  
2-4: Dismissed Read In  
Sentence: Fine  
Date: 02/04/22  
Case: 2021CM000179

6. On 06/14/21, the applicant was charged with OWI(2<sup>nd</sup>); Operate with Restricted Controlled Substance and Operate While Revoked due to Refusal in Manitowoc County Circuit Court.

Charge1: OWI(2<sup>nd</sup>)  
2-3: Oper Restricted Controlled Substance; OAR  
Finding1: Dismissed Read In  
2-3: Guilty  
Sentence: 25 days local jail; DL revoked for 12 months  
Date: 12/14/21  
Case: 2021CT000246  
Friar,

7. On 08/04/21, the applicant was charged with Possession of THC and 5 counts of Bail Jumping in Sheboygan County Circuit Court:

Charge1: Possession of THC  
2-7: Bail Jumping  
Finding1: Guilty  
2: Guilty  
3-7: Dismissed Read In  
Sentence: 12 Month's local jail; Probation revoked  
Date: 04/19/22  
Case: 2021CM000403

8. On 08/12/21, the applicant was charged with Operate without Carry License and 6 counts of Bail Jumping in Sheboygan County Circuit Court.

Charge1: Operate w/o Carry License

2-7: Bail Jumping

Finding1: Guilty

2-7: Dismissed Read In

Sentence: Fine

Date: 02/04/22

Case: 2021CM000417

9. On 01/12/23, the applicant was charged with Operate Carry License and 2 counts of Bail Jumping in Sheboygan County Circuit Court.

Charge1-2: Bail Jumping

3: Oper w/o Carry License

Finding1 & 3: Guilty

2: Dismissed Read In

Sentence: Fine

Date: 06/22/23

Case: 2023CM000027

10. On 06/16/23, the applicant was charged with Retail Theft and 3 counts Bail Jumping in Fond du Lac County Circuit Court.

Charge1: Retail Theft

2-4: Bail Jumping

Finding1-3: Guilty

4: Dismissed Read In

Sentence: 9 months local jail; 12 months' probation

Date: 11/01/24

Case: 2023CF000522

11. On 09/09/24, the applicant was charged with OAR; Possession of Cocaine-2<sup>nd</sup> (Felony); Bail Jumping (Felony) in Sheboygan County Circuit Court.

Charges: OAR; Poss Cocaine; Bail Jumping

Finding: Pre-Trial 05/22/25

Sentence:

Date:

Case: 2024CF000477

12. On 09/19/24, the applicant was charged with OAR; 2 counts of Bail Jumping (Felony); Possession of THC and Carry Concealed Weapon in Sheboygan County Circuit Court.

Charge: OAR; Bail Jumping; Possession THC/ CCW

Finding: Pre-Trial 05/22/25

Sentence:

Date:

Case: 2024CF000499

13. On 10/01/24, the applicant was charged with OAR and Bail Jumping in Sheboygan County Circuit Court.

Charge: OAR /Bail Jumping

Finding: Pre-trial 05/22/25

Sentence:

Date:

Case: 2024CM000594

14. On 10/15/24, the applicant was charged with 2 counts of Felony Bail Jumping in Sheboygan County Circuit Court.

Charge1-2: Bail Jumping

Finding: Pre-Trial 05/22/25

Sentence:

Date:

Case: 2024CF000558

15. On 12/18/24, the applicant was charged with 2 counts of Felony Bail Jumping and 1 count misdemeanor Bail Jumping in Sheboygan County Circuit Court.

Charge1-3: Bail Jumping

Finding: Pre-Trial 05/22/25

Sentence:

Date:

Case: 2024CF000678

16. The applicant is currently on Probation for Item 10. Email notification to the Wisconsin Department of Corrections on 05/22/25 requesting they provide information to the License Division regarding the probation/parole status and the end date of the status.



Monday, June 16, 2025



# Notice of Public Hearing

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FRIAR, Raecal D  
Sloppy Plate at 8103 W Tower Av  
Food Dealer and Food Peddler Licenses Application

**Tuesday, July 01, 2025 at 9:10 AM**

To whom it may concern:

The above application has been made by the above named applicant(s). This requires approval from the Licenses Committee and the Common Council of the City of Milwaukee. The hearing before the Licenses Committee will take place on 7/1/2025 at 9:10 AM in Room 301-B, Third Floor, City Hall. This is a public hearing. Those wishing to view the proceeding are able to do so via the City Channel – Channel 25 on Spectrum Cable – or on the Internet at <http://city.milwaukee.gov/citychannel>. Those wishing to provide oral testimony via internet are asked to contact the staff assistant, Yadira Melendez at (414) 286-2775 or [stasst5@milwaukee.gov](mailto:stasst5@milwaukee.gov) for necessary information. Please make such requests no later than one business day prior to the start of the meeting. You are not required to attend the hearing, but please see the information below if you would like to provide testimony. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing.

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## **Important details for those wishing to provide information for the Licenses Committee to consider when making its recommendation:**

1. The license application is scheduled to be heard at the above time. Due to other hearings running longer than scheduled, you may have to wait some time to provide your testimony.
2. You must appear in person and testify as to matters that you have personally experienced or seen. (You cannot provide testimony for your neighbor, parent or anyone else; this is considered hearsay and cannot be considered by the committee.)
3. No letters or petitions can be accepted by the committee (unless the person who wrote the letter or the persons who signed the petition are present at the committee hearing and willing to testify).
4. Persons opposed to the license application are given the opportunity to testify first; supporters may testify after the opponents have finished.
5. When you are called to testify, you will be sworn in and asked to give your name, and address. (If your first and/or last names are uncommon please spell them.)
6. You may then provide testimony.
  - a. Include only information relating to the above license application.
  - b. Include only information you have personally witnessed or seen.
  - c. Provide concise and relevant information detailing how this business has affected or may affect the peaceful enjoyment of your neighborhood.
  - d. If by the time you have the opportunity to testify, the information you wish to share has already been provided to the committee, you may state that you agree with the previous testimony. Redundant or repetitive testimony will not assist the committee in making its recommendation.
7. After giving your testimony, the members of the Licenses Committee and the licensee may ask questions regarding the testimony you have given or other factors relating to the license application.
8. Business Competition is not a valid basis for denial or non-renewal of a license.  
**Please Note: If you have submitted an objection to the above application your objection cannot be considered by the committee unless you personally testify at the hearing.**

OCCUPANT	MAIL ADDRESS	CITY STATE ZIP
CURRENT OCCUPANT	7942 W BRADLEY RD	MILWAUKEE, WI 53223-3230
CURRENT OCCUPANT	8012 W BRADLEY RD	MILWAUKEE, WI 53223-3232
CURRENT OCCUPANT	8022 W BRADLEY RD	MILWAUKEE, WI 53223-3232
CURRENT OCCUPANT	8104 W BRADLEY RD	MILWAUKEE, WI 53223-3234
CURRENT OCCUPANT	8110 W BRADLEY RD	MILWAUKEE, WI 53223-3234

Blank Notice

Total Records: 5

Radius 250 feet and Center of the Circle: 8103 W Tower Av



## FOOD DEALER LICENSE APPLICATION FOR SHARED KITCHEN USERS

OFFICE OF THE CITY CLERK, LICENSE DIVISION  
CITY HALL, 200 E. WELLS ST, ROOM 105, MILWAUKEE, WI 53202  
(414) 286-2238 • [license@milwaukee.gov](mailto:license@milwaukee.gov) • [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

Legal Entity Name (Individual, Partnership, Corp or LLC): Sloppy Plate

Business Name: Sloppy Plate

Premises (Shared Kitchen) Address: 8103 W Tower Ave, Milwaukee, WI 53223

### BUSINESS OPERATIONS

Base for Mobile Vendor (Peddler)  Base for Temporary Event  Caterer  Other: \_\_\_\_\_

### FOOD PROCESSING

What type of food items will be sold?

Restaurant Items (meals):

MEALS include, but are not limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, nachos w/ cheese and meat, French fries, cooked or deep fried vegetables/fruit, cooked cheese curds, corn dogs, egg rolls, salads.

What percent of food items will be meals? 100%

Retail Items (snacks and beverages):

RETAIL items include, but are not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino, tea, fruit juice, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, kettle corn, cotton candy, funnel cakes, fritters, tortilla chips w/ cheese.

What percent of food items will be retail? \_\_\_\_\_ %

All Applicants: Submit a menu or a list of food items sold.

Will any food processing be done at the shared kitchen?  No  Yes

Processing is defined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, extracting, fermenting, distilling, pickling, freezing, drying, smoking, or packaging.

Will any food that requires temperature control be sold?  No  Yes

(includes dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry)

If yes, list the types of food items: Eggs, Bacon, Beef, chicken

### PLAN OF OPERATION

a. How are grounds kept clean?  Sweep  Pressure Wash  Pick Up Litter  Other: \_\_\_\_\_

b. How often will grounds be cleaned?  Daily  Weekly  As Needed  Monthly  Other: \_\_\_\_\_

c. Grounds cleaned by:  Licensee  Building Owner  Employees  Hired Maintenance  Other: \_\_\_\_\_

d. How are noise issues prevented and/or addressed?  Security  Call Police  Signs Posted  Other: \_\_\_\_\_

e. Will a sound amplification system be used?  No  Yes If yes, describe: \_\_\_\_\_

f. Number of Garbage Cans: Inside: 1 Locations: Packing lot prep area in kitchen  
Outside: 1 Locations: Packing lot

g. Name of solid waste contractor:  Advanced Disposal  Waste Management  Other: \_\_\_\_\_

h. Is there a loading zone?  No  Yes

i. Are there security cameras?  No  Yes If yes, how many? 9 and list locations: Throughout kitchen

## PREMISES DESCRIPTION

a. Are other businesses operating in the same building?  No  Yes If Yes, Describe: caterers, food trucks

b. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage):  1<sup>st</sup> Floor  2<sup>nd</sup> Floor  Basement Storage Other: Describe: \_\_\_\_\_

c. Describe Location:  Major Thoroughfare  Secondary Street  Other: \_\_\_\_\_

d. Nearest Major Cross Street: 76th St

e. Describe Building:  Free Standing Building  Strip Mall  Other: \_\_\_\_\_

f. Describe Premises Structure:  Single Story  Multi-Story - # of Stories \_\_\_\_\_  Other: \_\_\_\_\_

g. Describe Surrounding Area:  Commercial  Residential  Industrial  Other: \_\_\_\_\_

h. Building Owner Name: Suzanne Wagner Phone Number: \_\_\_\_\_  
Building Owner Address: 432 Madero Dr. Thorneville, WI 53092

## SHARED KITCHEN AGREEMENT

SERVICES/FACILITIES (check all that will be used at the shared kitchen):

<input checked="" type="checkbox"/> Dry food storage	<input checked="" type="checkbox"/> Handwashing facilities	<input checked="" type="checkbox"/> Refrigeration / frozen food storage
<input type="checkbox"/> Restroom facilities	<input checked="" type="checkbox"/> Equipment / utensil storage	<input type="checkbox"/> Warewashing facilities (3 compartment sink)
<input type="checkbox"/> Chemical storage	<input checked="" type="checkbox"/> Facilities to prepare or package food	<input type="checkbox"/> Utilities: electrical connection
<input checked="" type="checkbox"/> Garbage / recycling disposal	<input type="checkbox"/> Potable water connection	<input type="checkbox"/> Peddlers: overnight parking
<input type="checkbox"/> Waste water tank disposal facilities	<input type="checkbox"/> Waste water tank disposal facilities w/ grease trap	

## HOURS OF OPERATION AT THE SHARED KITCHEN

DAY OF WEEK	Start Time (include am / pm)	End Time (include am / pm)
Sunday	<u>5 AM - 8 PM</u>	<u>8 AM</u>
Monday		
Tuesday		
Wednesday		
Thursday	<u>↓</u>	<u>↓</u>
Friday		
Saturday		

I, the shared kitchen user, will utilize the services/facilities at this kitchen during the days/times indicated above. I will notify the City Clerk's Office (License Division) prior to discontinuing use of the kitchen. I will maintain an updated schedule of use of the kitchen with the City Clerk's Office (License Division) and keep a written log of the dates/times I am actually at the kitchen. (Peddlers: I will report to the facility at least once each operating day for cleaning and servicing.)

Print Name(s): Raecon Fries

Sole Proprietor, Partners or 20% or More Shareholder

Signature(s): Raecon FriesDate: 4-29-25

## FOR COMPLETION BY THE SHARED KITCHEN OWNER

Kitchen Owner's Business Name: The Neighborhood Kitchen

I, the shared kitchen owner, acknowledge I have entered into an agreement with the user to utilize the services/facilities at this kitchen and agree to provide the user access to the kitchen on the days/times indicated above. I will maintain a written log of the dates/times the user is actually at the facility. I will promptly notify the City Clerk's Office (License Division) if this agreement is terminated or if the user fails to use the kitchen on the days/times they have indicated. I acknowledge that as the primary operator of the kitchen I am responsible for the maintenance and sanitation of the kitchen, and as such, I acknowledge I am responsible for maintaining the services/facilities being provided to the user in compliance with the Wisconsin Food Code.

Print Name: Suzanne WagnerSignature: Suzanne WagnerDate: 3-10-25



## FOOD PEDDLER PLAN OF OPERATION

OFFICE OF THE CITY CLERK, LICENSE DIVISION

CITY HALL, 200 E. WELLS ST, ROOM 105, MILWAUKEE, WI 53202

(414) 286-2238 • [license@milwaukee.gov](mailto:license@milwaukee.gov) • [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

Legal Entity: Sloppy Plate

Premises Address: 8103 w Tower

### 1. Mobile Unit Description

Mobile Unit Type:  Motorized Vehicle - includes a peddler truck, vehicle, or trailer that must be pulled by a motorized vehicle  
 Pushed, Pedaled, or Pulled Vehicle – does not require a motorized vehicle to move from site to site  
 Carried Container

Provide the following information:

Color orange Length 12 FT ft Width 7 ft Height \_\_\_\_\_ ft

Make \_\_\_\_\_ Model \_\_\_\_\_ Year 2024

License Plate Number (if applicable) \_\_\_\_\_ VIN (if applicable) \_\_\_\_\_

### 2. Food Operations

What type of food items will be sold?

Restaurant Items (meals):

MEALS include, but are not limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, nachos w/ cheese and meat, french fries, cooked or deep fried vegetables/fruit, cooked cheese curds, corn dogs, egg rolls, salads.

Retail Items (snacks and beverages):

RETAIL items include, but are not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino, tea, fruit juice, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, kettle corn, cotton candy, funnel cakes, fritters, tortilla chips w/ cheese.

All Applicants: Submit a menu or a list of food items sold.

Will food processing be done on the mobile unit?  No  Yes

Processing includes assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, extracting, fermenting, distilling, pickling, freezing, drying, smoking, or packaging

Will food that requires temperature control be sold?  No  Yes Foods requiring temperature control include dairy products such as milk, cheese, and ice cream, fish, shellfish, meat, poultry

If yes, list the food items: \_\_\_\_\_

Do you intend to sell ice cream, popsicles, or other frozen confections?  No  Yes

If yes, you must also obtain an Ice Cream Peddler License. Submit your Ice Cream Peddler License Application with this application. If anyone else will be operating the mobile unit, they must also obtain an Ice Cream Peddler License.

### 3. Litter & Noise

A. Who will be operating the cart/vehicle?  Licensee  Employees

B. How will the area around the cart/vehicle be kept clean?  Sweep  Pick Up litter  Garbage Cans  Other \_\_\_\_\_

C. How often will the area around the cart/vehicle be checked for litter?  Hourly  Daily/Nightly  Other \_\_\_\_\_

D. Who will keep the area around the cart/vehicle clean?  Licensee  Employees  Other \_\_\_\_\_

E. How will noise issues be addressed/prevented?  By the cart operator  Police will be called  Other \_\_\_\_\_

F. How will disruptive behaviors to surrounding neighbors be addressed/prevented?  By the cart operator  Police will be called

Other \_\_\_\_\_

#### 4. Service Base

Food peddlers must obtain a Food Dealer License for their service base. If you do not have a base, you must obtain a variance from the Health Dept.

Check one:

I will obtain a food dealer license for my service base located in the City of Milwaukee.

I will obtain a food dealer license for my service base located outside the city of Milwaukee in another WI municipality. I will submit copies of the base license and health inspection report completed within the previous 12 month period to the License Division.

I will contact the City of Milwaukee Health Department to apply for a variance.

#### 5. Affirmation of Understanding – License Needed to Operate & Requirements

Read and initial each item confirming your understanding:

*RF* Health Department inspection and approval is required before my license may be issued.

*RF* A license must be issued for my service base or a variance obtained before my Food Peddler License may be issued.

*RF* The license must be issued and posted on the mobile unit prior to operating.

*RF* A current Food Peddler Itinerary must be on file with the License Division and at the service base.

*RF* I must keep a written log of all days I am at the service base, including the time I arrive and leave.

*RF* I must pick up trash during/after operation around my mobile unit.

*RF* I must safely dispose of liquid waste and grease at the service base.

*RF* I cannot store, cook or prepare food at a home or a private residence or personal garage or unlicensed facility.

*RF* I understand that clean water must come from a clean source that is not a home or private residence.

*RF* I must obey parking rules signage and traffic laws.

*RF* I have reviewed maps of areas that prohibit food trucks and mobile vendors.

*RF* I have reviewed maps of Density-Limited Food Truck Zones, and I understand that I must apply to operate in those Zones.

*RF* I understand that the mobile unit must return to its service base every 24 hours for servicing.

*RF* I understand that all items related to the operation of the mobile unit must be attached to the unit.

*Barber Frior*

Signature of Sole Proprietor, Partner, or 20% or more Shareholder

*Barber Frior*

Signature of Additional Partner

## FOOD PEDDLER ITINERARY

Business Name:

*Stopper Plate*

List all Vending Location Addresses	Check the Location Type	Circle the Days of the Week at this Location	Start Time (include am/pm)	End Time (include am/pm)
1508 S 8th St Sheboygan WI	<input type="checkbox"/> Public Way <input checked="" type="checkbox"/> Private Property <input type="checkbox"/> Event <input type="checkbox"/> Seasonal Market	Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat		
	<input type="checkbox"/> Public Way <input type="checkbox"/> Private Property <input type="checkbox"/> Event <input type="checkbox"/> Seasonal Market	Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat		
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	<input type="checkbox"/> Public Way <input type="checkbox"/> Private Property <input type="checkbox"/> Event <input type="checkbox"/> Seasonal Market	Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat		
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	<input type="checkbox"/> Public Way <input type="checkbox"/> Private Property <input type="checkbox"/> Event <input type="checkbox"/> Seasonal Market	Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat		

### SIGNATURE(S)

I understand that any changes I wish to make must be reported to the City Clerk (License Division) on an updated Itinerary form before any changes can be implemented. I will keep a copy of my current Itinerary on my mobile until and at my service base all times.

I understand that failure to maintain a current Itinerary with the City Clerk (License Division) may result in progressive enforcement action including citation and permit suspension and/or revocation.

*Raece Frasier*

Sole Proprietor, Partner, or 20% or more Shareholder

Additional Partner



