



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

Thursday, September 15, 2022

**COMMITTEE MEETING NOTICE**

Cleatrice Jamerson-Colbert

7018 W MEDFORD Av  
Milwaukee, WI 53218

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You are requested to attend a virtual hearing to be held on:

**Tuesday, September 27, 2022 at 11:00 AM**

**Regarding:** Your Disabled Loading Zone License Application.

This meeting will be held via GoToMeeting. Please see the enclosed best practices document for further instructions. The access code is <https://meet.goto.com/953593573>. If you wish to call in, please call [+1 \(872\) 240-3412](tel:+18722403412) and use Access Code: 953-593-573.

There is a possibility that your application may be denied for one or more of the following reasons: Objections to the granting this loading zone due to land use and parking availability in the block where the loading zone is requested, the roadway geometrics in the block in which the loading and unloading zone is requested, the requested hours of the loading zone and the impact of the loading zone on the surrounding neighborhood.

**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 attend this meeting may result in the denial of your license. Individual applicants and partnership applicants must attend or attend by an attorney. The agent or attorney for corporate or limited liability applicants must attend. 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 attend the virtual hearing and are 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 request an interpreter attend the meeting with you, at your expense, so that you can answer questions and participate in your hearing.

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 meeting, please contact the staff assistant, Yadira Melendez at (414) 286-2775 or [stasst5@milwaukee.gov](mailto:stasst5@milwaukee.gov)**



Thursday, September 15, 2022



# Notice of Public Hearing

Blank Notices

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Cleatrice Jamerson-Colbert  
Disabled Loading Zone License Application at 7016 W Medford Av.

**Tuesday, September 27, 2022 at 11:00 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 virtually on 09/27/2022 at 11:00 AM. 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 will be asked to do so by phone or internet and 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 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 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	6941 W FOND DU LAC AVE	MILWAUKEE, WI 53218-3919
CURRENT OCCUPANT	6945 W FOND DU LAC AVE	MILWAUKEE, WI 53218-3919
CURRENT OCCUPANT	6959 W FOND DU LAC AVE	MILWAUKEE, WI 53218-3920
CURRENT OCCUPANT	6959 W FOND DU LAC AVE, A	MILWAUKEE, WI 53218-3920
CURRENT OCCUPANT	6985 W FOND DU LAC AVE	MILWAUKEE, WI 53218-3920
CURRENT OCCUPANT	6994 W MEDFORD AVE	MILWAUKEE, WI 53218-3929
CURRENT OCCUPANT	7012 W MEDFORD AVE	MILWAUKEE, WI 53218-3931
CURRENT OCCUPANT	7014 W MEDFORD AVE	MILWAUKEE, WI 53218-3931
CURRENT OCCUPANT	7016 W MEDFORD AVE	MILWAUKEE, WI 53218-3931
CURRENT OCCUPANT	7017 W FOND DU LAC AVE	MILWAUKEE, WI 53218-3846
CURRENT OCCUPANT	7018 W MEDFORD AVE	MILWAUKEE, WI 53218-3931
CURRENT OCCUPANT	7022 W MEDFORD AVE	MILWAUKEE, WI 53218-3931
CURRENT OCCUPANT	7022A W MEDFORD AVE	MILWAUKEE, WI 53218-3931
CURRENT OCCUPANT	7027 W FOND DU LAC AVE	MILWAUKEE, WI 53218-3846
CURRENT OCCUPANT	7028 W MEDFORD AVE	MILWAUKEE, WI 53218-3931
CURRENT OCCUPANT	7029 W FOND DU LAC AVE	MILWAUKEE, WI 53218-3846
CURRENT OCCUPANT	7034 W MEDFORD AVE	MILWAUKEE, WI 53218-3931
CURRENT OCCUPANT	7034A W MEDFORD AVE	MILWAUKEE, WI 53218-3931
CURRENT OCCUPANT	7040 W MEDFORD AVE	MILWAUKEE, WI 53218-3931
CURRENT OCCUPANT	7040A W MEDFORD AVE	MILWAUKEE, WI 53218-3931
CURRENT OCCUPANT	7046 W MEDFORD AVE	MILWAUKEE, WI 53218-3931
CURRENT OCCUPANT	7046A W MEDFORD AVE	MILWAUKEE, WI 53218-3931
CURRENT OCCUPANT	7050 W MEDFORD AVE	MILWAUKEE, WI 53218-3931
CURRENT OCCUPANT	7050A W MEDFORD AVE	MILWAUKEE, WI 53218-3931
CURRENT OCCUPANT	7054 W MEDFORD AVE	MILWAUKEE, WI 53218-3931
CURRENT OCCUPANT	7054A W MEDFORD AVE	MILWAUKEE, WI 53218-3931

Blank Notices

Total Records: 26

Radius 250.0 feet and Center of Circle: 7016 W Medford Av



# NEW LOADING ZONE APPLICATION

OFFICE OF THE CITY CLERK LICENSE DIVISION  
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202  
(414) 286-2238 LICENSE@MILWAUKEE.GOV

AD 2

ccl-lz 9/19/16

OFFICE USE ONLY	
App #	340922
Date	8/5/22
Paid	_____
AD	_____
Granted	_____
License #	_____

Check the box for the loading zone type, complete that entire section, and sign below at the ►.  
Loading Zones are not parking spaces.  
They are areas for loading/unloading passengers and packages, and are for use by the general public.

<input checked="" type="checkbox"/> <b>Disabled</b> Physician Certificate Required _____	Reason(s) for Disabled Loading Zone: <u>CAR/BUS THAT PICK ME UP/CROSS MY WALK</u> <u>THEY BLOCK WALK/CAN CROSS IN FRONT MY HOUSE ETC</u>
Full Legal Name of Disabled Loading Zone Individual Applicant: <u>CLEATRICE JAMERSON COLBERT</u>	Phone Number: <u>872-222-2698</u>
Address (include City, State, Zip Code): <u>7016 W. Medford Ave. MILWAUKEE WI 53218</u>	

<input type="checkbox"/> Regular (Business) <input checked="" type="checkbox"/> <b>Non-Profit</b>	Reason(s) for Loading Zone: <u>CARS BLOCK MY WALK/WHEEL CHAIR</u> <u>I CAN NEVER MY WALK WAY/CAB/BUS PICK ME UP/PARK</u>
Legal Entity Type (check one): <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> Partnership	
Legal Entity Name: <u>CAR TRUCK BLOCK FRONT MY SIDE WALK ENTRY/NEVER CAN CROSS</u>	Business Phone #: <u>872-222-2698</u>
Business/Trade Name: <u>CLEATRICE JAMERSON COLBERT</u>	Email Address: <u>PRIVATE PROPERTY</u>
Full Legal Name of Contact Person: <u>CLEATRICE JAMERSON COLBERT</u>	Contact Person's Phone #: <u>872-222-2698</u>
Contact Person's Address (include City, State, Zip Code): <u>PRIVATE PROPERTY/WHEEL CHAIR/WALK/PUSH WALKER ETC</u>	
Business Address the loading zone will be used for (include City, State, Zip Code): <u>7016 E 7018 W. MEDFORD AVE MILWAUKEE WISCONSIN 53218</u>	
Mailing Address (if different from business address): <u>7018 W. MEDFORD AVE MW WI 53218</u>	Tax Exempt # (Non Profits only): <u>2120627200</u>

The undersigned agrees to inform the City Clerk within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; 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.

I have knowledge of the City Ordinances currently regulating the license applied for herein, and say that I am the person named above and that all statements made in the foregoing application are true and correct.

Cleatrice Jamerson Colbert  
Signature of Sole Proprietor, Partner, Agent, Officer/Member, Applicant or Relative of Disabled Loading Zone Applicant

Cleatrice J. Colbert  
If Relative of Disabled Loading Zone Applicant, list relationship (for example: spouse, guardian, etc.)

### THIS SECTION IS FOR TRAFFIC ENGINEERING USE ONLY

Location 7016 W. Medford Avenue

Hours of use Anytime

Length 30 feet

- Regular Loading Zone \$275 \_\_\_\_\_
- Loading Zone over 30 feet (\$275 per 30 feet) \_\_\_\_\_
- Disabled Loading Zone \$50 50.00
- Non-Profit Loading Zone \$275 \_\_\_\_\_
- Non-Profit Loading Zone over 30 feet (\$275 per 30 feet) \_\_\_\_\_
- Parking Meter Removal \_\_\_\_\_ X \$60 Each \_\_\_\_\_

Total Fee Due \$50.00

Traffic Engineering Signature Dale Dietze

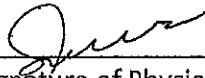
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CITY OF MILWAUKEE  
LICENSE DIVISION

PHYSICIAN'S CERTIFICATION OF DISABILITY STATEMENT

Date: 12/24/20

This certifies that CELESTICE JAMERSON COLBERT meets  
Name of Disabled Loading Zone Applicant

one of the conditions listed in 101-23.7-1-b of the Milwaukee Code of Ordinances.

  
\_\_\_\_\_  
Signature of Physician

Full Name of Physician: SYED N. HASNAIN

Address: 2745 W. Layton Ave, Suite 203  
Greenfield WI 53221

Phone Number: (414) 238 1354

This form must be submitted with the Loading Zone Application.

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION