

3-17-10

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

March 3, 2010

TO: Willie L. Hines, Jr.
FROM: Kevin Hulbert
Environmental Health Program Supervisor
RE: 2478 N 38th St

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 and License 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.

CITY OF MILWAUKEE HEALTH DEPARTMENT
Consumer Environmental Health Division
841 N Broadway, Room 304, Milwaukee WI 53202
Telephone: 414.286.3674 Fax: 414.286.5164

Date: 3.8.10

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

2478 N. 38TH ST.

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:

ADLI A DAHADHA DOB: 3-24-76
0880 S. MADELINE AVE #1 MILWAUKEE, WI
WIDL D300-0017-6104-00 03001
DOB: _____

NO POLICE ATTACHMENT WITH INFORMATION PROVIDED DO GILBERT GWINN

MAR 03 2010

DOB: _____

DOB: _____

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 4/1/2010 DATE OF APPLICATION 3/3/2010

ADDRESS OF BUSINESS 2478 N 38th CITY Milwaukee STATE WI ZIP 53210

APPLICANT Atari Food LLC
 (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) _____ HOME TELEPHONE NUMBER(S) _____
 HOME ADDRESS(S) _____ CITY _____ STATE _____ ZIP _____

BUSINESS NAME Atari Food LLC E-MAIL ADDRESS Adli.Dahadha@yahoo.com

BUSINESS TELEPHONE NUMBER 414 334 0516 CELL PHONE NUMBER 414 241 0895 FAX NUMBER _____

MAILING ADDRESS 2478 N 38th CITY Milwaukee STATE WI ZIP 53210
 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:
_____ Limited to individually wrapped/sealed single food servings supplied by a licensed processor?
<input checked="" type="checkbox"/> 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? | <input checked="" type="checkbox"/> Do you sell frozen or refrigerated prepackaged foods, such as meat, milk, eggs, ice cream, etc.?
<input checked="" 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)
_____ 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 \$ 65000 SIGNATURE OF APPLICANT Adli Dahadha

THIS BOX FOR HEALTH DEPARTMENT USE ONLY
 Corporate ID # ASG 2287 Reg Agt/Other ADLI DAHADHA Date of Birth 3.24.70
 New Operator Upgrade Food Service Other

Food Establishment <input checked="" type="checkbox"/> No Processing Fee\$ <u>221.00</u> <input type="checkbox"/> Processing Fee\$ _____ <input checked="" type="checkbox"/> AG Admin Fee\$ <u>4.00</u>	Date Paid <u>3.3.10</u> Payment Type <u>CA</u> Rec'd By <u>AG</u> Food Dist# <u>7</u> W&M Dist# _____ Estab Number <u>20039</u> Aldermanic District # <u>15</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 type="checkbox"/> Food Preparation Fee\$ _____ <input type="checkbox"/> Additional Site Fee\$ _____ <input type="checkbox"/> Meal Service\$ _____ <input type="checkbox"/> Bed and Breakfast\$ _____ <input type="checkbox"/> 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)	Refund _____ Add'l Fees Due _____
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Preinspection\$ <u>50.00</u> Site Evaluation\$ _____ Plan Exam Fee\$ _____ TOTAL\$ <u>370.00</u>	Risk: 1 2 3 (Circle) _____ Certificate Of Food Protection Practices Required? Y/N _____	Date Paid _____ Inv No _____ Payment Type _____ Rec'd By _____
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IF PROCESSING, COMPLETE BACK OF FORM.

Restrictions And/Or Grandfathered Equipment _____

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

WISCONSIN
ADULT IDENTIFICATION CARD

DOB: [REDACTED]
ISSUE DATE: 01-04-2010
EXPIRES: 03-24-2014

ADILIA DAHADHA
5680 S MADELINE AVE #1
MILWAUKEE, WI 53221

Adil Dahadha
DUPLICATE

CITY OF MILWAUKEE HEALTH DEPARTMENT

Disease Control and Environmental Health

841 North Broadway, Room 304

Milwaukee, WI 53202

414-286-3674

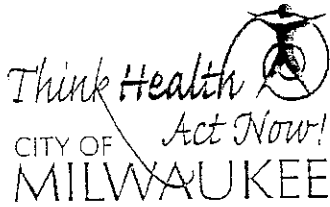
ADDRESS OF BUSINESS: 2478 N 38th Milwaukee WI 53210

REGISTERED AGENT / OTHER: Adli Dahanha

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: Adli Dahanha Date: 3/3/2010



FAX TRANSMISSION

FRANK P. ZEIDLER MUNICIPAL BUILDING

HEALTH DEPARTMENT

841 North Broadway, Milwaukee, WI 53202

Tom Barrett, Mayor
Bevan K. Baker,
Commissioner of Health

(414) 286-3521

www.milwaukee.gov/health

From Fax #

286-5164

To: <i>Ch Hines / Barbara Ross</i>	Date: <i>3-26-10</i>
Fax # <i>286-3456</i>	No. of Pages including this cover sheet: <i>7</i>
From: <i>Kevin Hulbert</i>	
Subject: <i>FDL Application / 2478 N. 38th St</i>	

COMMENTS:

CONFIDENTIALITY NOTICE

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