

**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 9/11/06 DATE OF APPLICATION 9/19/06

ADDRESS OF BUSINESS 5922 W 76th ST CITY MILWAUKEE STATE WI ZIP 53218

APPLICANT EDGAR C BIRDSONG 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) 10/24/69 HOME TELEPHONE NUMBER(S) 372-8715

HOME ADDRESS(S) 2911 W 17th CITY MILWAUKEE STATE WI ZIP 53206

BUSINESS NAME BIRDSONG'S DISTRIBUTION E-MAIL ADDRESS \_\_\_\_\_

BUSINESS TELEPHONE NUMBER 438-4008 CELL PHONE NUMBER 241-8139 FAX NUMBER \_\_\_\_\_

MAILING ADDRESS 5922 W 76th ST CITY MILWAUKEE STATE WI ZIP 53218

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 \$ 100.00 SIGNATURE OF APPLICANT Edgar C Birdsong

**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 .....\$ 129.00  
 Processing Fee .....\$ \_\_\_\_\_  
 AG Admin Fee .....\$ 3.70

Date Paid 9-19-06  
 Payment Type \_\_\_\_\_ Rec'd By TEH  
 Food Dist# 2 W&M Dist# \_\_\_\_\_  
 Estab Number 19782  
 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 Mail: \_\_\_\_\_  
 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 \_\_\_\_\_  
 Date Paid \_\_\_\_\_ Inv No \_\_\_\_\_  
 Payment Type \_\_\_\_\_ Rec'd By \_\_\_\_\_

Preinspection .....\$ 40.00  
 Site Evaluation .....\$ \_\_\_\_\_  
 Plan Exam Fee .....\$ \_\_\_\_\_  
 TOTAL .....\$ 172.70

**IF PROCESSING, COMPLETE BACK OF FORM.**

Restrictions And/Or Grandfathered Equipment \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE OF OPERATOR OR REGISTERED AGENT \_\_\_\_\_ RELEASE DATE \_\_\_\_\_ SIGNATURE OF SANITARIAN \_\_\_\_\_