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**ROOMING HOUSE LICENSE APPLICATION/RENEWAL**  
 City of Milwaukee - Department of Neighborhood Services  
 841 N. Broadway Room 105  
 Milwaukee, WI 53202

1001 S 4TH E  
 Sep 12, 2008/2:17P  
 01-251515/H/\$166.0

1. ADDRESS OF LICENSED PREMISE: 1001 S 4TH
2. LICENSE APPLICANT:  
 Name: DAMON HONEGGER  
 Address: 2435 N 57TH  
 Street MILW City WI State 53210 Zip  
 Phone: 414-688-3001 Date of Birth: 3-18-49

NOTE: INDIVIDUAL APPLICANTS MUST PROVIDE FULL NAME, INCLUDING MIDDLE INITIAL, HOME ADDRESS, AND HOME PHONE. ALL APPLICANTS MUST PROVIDE A STREET ADDRESS ABOVE. A POST OFFICE BOX IS NOT ACCEPTABLE. HOWEVER, YOU MAY INDICATE A PREFERRED MAILING ADDRESS BELOW.

IF APPLICANT IS A NONRESIDENT OF MILWAUKEE COUNTY, A LOCAL REPRESENTATIVE INSIDE THE MILWAUKEE COUNTY LIMITS MUST BE AUTHORIZED BY THE OWNER/OPERATOR TO EXERCISE ALL MANAGEMENT AND CONTROL OF THE PREMISES. PLEASE PROVIDE THIS INFORMATION ON PAGE 2 IF APPLICABLE.

3. APPLICANT TYPE (Indicate one of the following):

- Individual
- Partnership List name, address, phone number and date of birth of all partners on Page 2.
- Corporation List name, address, phone number and date of birth of all officers and directors on Page 2.
- Other Type of organization LLC  
 List name, address, phone number and date of birth of all officers on Page 2.

4. IF THE APPLICANT OR ANY PARTNERS, OFFICERS OR DIRECTORS LISTED ON THIS APPLICATION HAVE EVER BEEN CONVICTED OF ANY OFFENSE OTHER THAN MINOR TRAFFIC VIOLATIONS, LIST DETAILS BELOW. (INCLUDE OTHER MUNICIPAL CODE CONVICTIONS, I.E. BUILDING CODE.) THERE IS NO STATUTE OF LIMITATIONS. FAILURE TO LIST ALL CONVICTIONS WILL RESULT IN AN OBJECTION TO THIS APPLICATION BY THE POLICE DEPARTMENT. USE A SEPARATE SHEET IF NECESSARY.

CHARGE	DATE	LOCATION	COURT	DISPOSITION OF CASE
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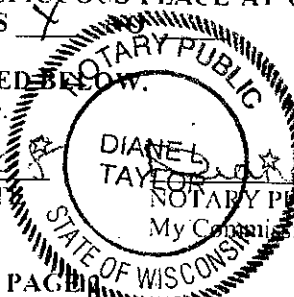
5. NUMBER OF ROOMERS PERMITTED BY CURRENT LICENSE 10
6. NUMBER OF ROOMERS OCCUPYING THE PREMISES AT TIME OF APPLICATION 10
7. NUMBER OF UNITS 3 NUMBER OF BATHROOMS 3
8. IS THE CURRENT LICENSE POSTED IN A CONSPICUOUS PLACE AT OR NEAR THE PRINCIPAL ENTRANCE TO THE DWELLING/FACILITY? YES

9. APPLICATION MUST BE SIGNED AND NOTARIZED BELOW.  
 The above information is true to the best of my knowledge.

Damon Honegger  
 APPLICANT'S SIGNATURE

DATE

9-8-08



Diane Taylor  
 NOTARY PUBLIC  
 My Commission Expires 4/19/2009

PLEASE GO TO PAGE 2

ADDRESS OF LICENSED PREMISE: 1728 ~~W~~ 1734 W. Mineral St

Name: Patrick Rudnick

Address: 4150 W. Squine  
Street  
Greenfield W. 53221  
City State Zip

Phone: 414-282-6201 Date of Birth: 8-23-73

NOTE: PROVIDE FULL NAME, INCLUDING MIDDLE INITIAL, HOME ADDRESS, AND HOME PHONE. YOU MUST INDICATE A STREET ADDRESS ABOVE. A POST OFFICE BOX IS NOT ACCEPTABLE. HOWEVER, YOU MAY INDICATE A PREFERRED MAILING ADDRESS BELOW.

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Name: Robert Rudnick

Address: 5027 ~~W~~ Santa Monica  
Street  
Whitefish Bay W. 53217  
City State Zip

Phone: 414-243-4404 Date of Birth: 12-22-77

NOTE: PROVIDE FULL NAME, INCLUDING MIDDLE INITIAL, HOME ADDRESS, AND HOME PHONE. YOU MUST INDICATE A STREET ADDRESS ABOVE. A POST OFFICE BOX IS NOT ACCEPTABLE. HOWEVER, YOU MAY INDICATE A PREFERRED MAILING ADDRESS BELOW.

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Name: Carol Rudnick

Address: N 78 W 15845 Bradley Circle  
Street  
Mesa Falls W 53051  
City State Zip

Phone: 262-251-3077 Date of Birth: \_\_\_\_\_

NOTE: PROVIDE FULL NAME, INCLUDING MIDDLE INITIAL, HOME ADDRESS, AND HOME PHONE. YOU MUST INDICATE A STREET ADDRESS ABOVE. A POST OFFICE BOX IS NOT ACCEPTABLE. HOWEVER, YOU MAY INDICATE A PREFERRED MAILING ADDRESS BELOW.

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