

due back from add 1-5-07

FYI

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

December 18, 2006

TO: Alderman Ashanti Hamilton
FROM: Loyce C. Robinson
Consumer Environmental Health Manager
RE: 6221 N. Teutonia Avenue

The attached application and information from the Milwaukee Police Department relate 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 Utilities and Licenses 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 simply 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. You need contact us ONLY if you intend to file an objection related to the stipulations cited at the end of this letter.

Please contact Loyce Robinson at 286-5776 or lrobin@milwaukee.gov if you plan to file an objection, or if you have further questions.

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
 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 12/18/06 DATE OF APPLICATION 12/13/06

ADDRESS OF BUSINESS 6221 N Teutonia CITY MILWAUKEE STATE WI ZIP 53209

APPLICANT Tessie Fehlhaber
 (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) 12/17/62 HOME TELEPHONE NUMBER(S) 414-915-5755

HOME ADDRESS(S) 5314 N 64th CITY MILWAUKEE STATE WI ZIP 53218

BUSINESS NAME MAMA T'S CAFE/SANDWICH SHOP E-MAIL ADDRESS _____

BUSINESS TELEPHONE NUMBER 414 358-1701 CELL PHONE NUMBER 414 915-5755 FAX NUMBER 445-1409

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____
 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? | <input checked="" type="checkbox"/> 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:
<u>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,</u>
_____ Do you use a <u>grinder</u> 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? |
| <input type="checkbox"/> 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? | |

ESTIMATED MONTHLY GROSS FOOD (not alcohol) SALES \$ 1000 SIGNATURE OF APPLICANT Tessie Fehlhaber

THIS BOX FOR HEALTH DEPARTMENT USE ONLY

Corporate ID # _____ Reg Agt/Other _____ Date of Birth _____
 New Operator Upgrade Food Service Other _____

Food Establishment <input type="checkbox"/> No Processing Fee\$ _____ <input checked="" type="checkbox"/> Processing Fee\$ <u>227.00</u> <input type="checkbox"/> AG Admin Fee\$ _____	Date Paid <u>12-12-06</u> Payment Type <u>CA</u> Rec'd By <u>TH</u> Food Dist# <u>2</u> W&M Dist# _____ Estab Number <u>19985</u> Aldermanic District # <u>1</u>	Inv No <u>121957, 121958, 121959</u> 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 checked="" type="checkbox"/> DOH Admin Fee\$ <u>5.00</u>	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)	Refund _____ Addl Fees Due _____
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Preinspection\$ <u>40.00</u> Site Evaluation\$ _____ Plan Exam Fee\$ <u>160.00</u> TOTAL\$ <u>437.00</u>	Certificate Of Food Protection Practices Required? Y/N _____ IF PROCESSING, COMPLETE BACK OF FORM.	Date Paid _____ Inv No _____ Payment Type _____ Rec'd By _____
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Restrictions And/Or Grandfathered Equipment _____

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

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: 12-12-06

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

6821 N. TEUTONIA AV.

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:

ESSIE L. FEHLHABER DOB: 12-17-1962

Person: Larnela DOB: _____
Yager

_____ DOB: _____

See police attachment DOB: _____

MILWAUKEE POLICE DEPARTMENT

LICENSE INVESTIGATION UNIT

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

DATE: 12/18/06

LICENSE TYPE: FOOD DEALER

No.

NEW: X

Application Date: 12/12/06

RENEWAL:

Expiration Date:

License Location: 6221 N. Teutonia Ave.

Aldermanic District:

Business Name:

Licensee/Applicant: FEHLHABER, Tessie L.

(Last Name, First Name, MI)

Date of Birth: 12/17/62

Male:

Female: X

Home Address:

City:

State:

Zip Code:

Home Phone:

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

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

1. On 03/17/85 the applicant was charged in Milwaukee County with Arson to Building §943.02(1)(a) (felony). The applicant was charged under a former name of Tessie L. YAGER. No further information.

Charge : Arson to Building
 Finding : Guilty, Circuit Court
 Sentence : 4 years prison
 Date : 11/20/95
 Case : 1995CF951174

2. On 5/26/06 the applicant was charged in the City of Milwaukee with a Building and Zoning Violation. No further information.

Charge : Building and Zoning Violation
 Finding : Arraignment for 12/28/06
 Sentence :
 Date :
 Case : 06012766