

**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 5-7-10

DATE OF APPLICATION 2-26-10

ADDRESS OF BUSINESS 1412 N. 27th St CITY Milwaukee STATE WI ZIP 53208

APPLICANT Fozia Said  
 (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) 11-03-1968 HOME TELEPHONE NUMBER(S) 414-304-7879

HOME ADDRESS(S) 6384 S. 35th St #5 CITY Franklin STATE WI ZIP 53132

BUSINESS NAME Moeen's Food Mart E-MAIL ADDRESS Chamman\_42@yahoo.com

BUSINESS TELEPHONE NUMBER 414-344-9998 CELL PHONE NUMBER 414-202-8252 FAX NUMBER n/a

MAILING ADDRESS 6384 S. 35th St #5 CITY Franklin STATE WI ZIP 53132

For Billing?  For Licenses?

**ANSWER YES (Y) TO THE FOLLOWING ITEMS THAT APPLY TO YOUR BUSINESS**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Do you sell, cater or give away restaurant food (meals, appetizers, soup, sandwiches, pizza, hot dogs, etc.) that is:<br><u>Yes</u> Limited to individually wrapped/sealed single food servings supplied by a licensed processor?<br><u>No</u> Prepared by you from raw, canned, dried, packaged or frozen foods?<br>____ 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.?<br><u>Yes</u> Do you sell fresh fruits and/or vegetables?<br><u>Yes</u> Do you sell prepackaged foods such as canned/boxed goods, candy, chips, cereal, etc.?<br><del>Yes</del> 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,<br><u>No</u> Do you use a grinder, slicer, band saw, and/or knives? (Circle those you use)<br><u>No</u> Are you a wholesale distributor of prepackaged foods?<br><u>No</u> Are you a wholesale food manufacturer?<br>____ If yes, do you have a retail shop at the same location? |
| <u>No</u> Are you selling beer or liquor?<br><u>No</u> Is this a Mobile Service Base for a pushcart or truck selling meals?<br><u>No</u> Is this a Bed and Breakfast?<br><u>No</u> Is your building newly constructed?<br>____ Are you doing any remodeling? If yes, what are your plans?   |  |

ESTIMATED MONTHLY GROSS FOOD (not alcohol) SALES \$ 15000 SIGNATURE OF APPLICANT Fozia Said

**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 .....\$ 231  
 Processing Fee .....\$ \_\_\_\_\_  
 AG Admin Fee .....\$ 4.00  
 Date Paid 2-26-10  
 Payment Type cash Rec'd By zeh  
 Food Dist# 8 W&M-Dist# \_\_\_\_\_  
 Estab Number 22433  
 Aldermanic District # 4

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 .....\$ 50  
 Site Evaluation .....\$ \_\_\_\_\_  
 Plan Exam Fee .....\$ \_\_\_\_\_

TOTAL .....\$ 275.00 **IF PROCESSING, COMPLETE BACK OF FORM.**

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

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

3-15-10

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

March 1, 2010

TO: Alderperson Robert Bauman  
FROM: Kevin Hulbert  
Environmental Health Program Supervisor  
RE: 1412 N. 27<sup>th</sup> Street

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 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 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.
- h. A showing that the premises proposed for licensing will be a convenience store as defined in s. 68-4.3-1, whether or not exempt as provided in s. 68-4.3-3, and that the proposed operation of the premises will tend to contribute to neighborhood incidents and conditions identified in par. g as the result of an over-concentration of convenience stores in the neighborhood. Evidence that a neighborhood is adequately served by existing retail food establishments may be considered in reaching a determination about whether granting a new license will result in over concentration.

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: 2-26-10

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

1412 N. 27TH 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:

FOZIA SAAD DOB: 11-03-1968

3230-2406-8903-05

63843. 35TH ST #5

FRANKLIN, WI 53132 DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

*No police report with information provided.*

*P.O. Kukurusho*

**FEB 28 2010**

**CITY OF MILWAUKEE HEALTH DEPARTMENT**

Disease Control and Environmental Health

841 North Broadway, Room 304

Milwaukee, WI 53202

414-286-3674

ADDRESS OF BUSINESS: 1412 N 27th St Milwaukee WI 53208

REGISTERED AGENT / OTHER: Fozia Sajid

**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: Fozia Sajid Date: 2/26/10