

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 2-1-10 DATE OF APPLICATION 12-11-09

ADDRESS OF BUSINESS 6222 W. Fond Du Lac CITY Milwaukee STATE WI ZIP 53218

APPLICANT Falls Eatery 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) Falls Eatery LLC CITY _____ STATE _____ ZIP _____

BUSINESS NAME Falls Eatery LLC E-MAIL ADDRESS _____

BUSINESS TELEPHONE NUMBER _____ CELL PHONE NUMBER 414-305-0100 FAX NUMBER _____

MAILING ADDRESS P.O. Box 327 CITY Wauwatosa STATE WI ZIP 53076

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:
<input type="checkbox"/> 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?
<input type="checkbox"/> Only given away or sold to the needy? | <input type="checkbox"/> Do you sell frozen or refrigerated prepackaged foods, such as meat, milk, eggs, ice cream, etc.?
<input type="checkbox"/> Do you sell fresh fruits and/or vegetables?
<input type="checkbox"/> Do you sell prepackaged foods such as canned/boxed goods, candy, chips, cereal, etc?
<input type="checkbox"/> 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,
<input type="checkbox"/> Do you use a grinder, slicer, band saw, and/or knives?
(Circle those you use)
<input type="checkbox"/> Are you a wholesale distributor of prepackaged foods?
<input type="checkbox"/> Are you a wholesale food manufacturer?
<input type="checkbox"/> If yes, do you have a retail shop at the same location? |
| <input type="checkbox"/> Are you selling beer or liquor?
<input type="checkbox"/> Is this a Mobile Service Base for a pushcart or truck selling meals?
<input type="checkbox"/> Is this a Bed and Breakfast?
<input type="checkbox"/> Is your building newly constructed?
<input type="checkbox"/> Are you doing any remodeling? If yes, what are your plans? | |

ESTIMATED MONTHLY GROSS FOOD (not alcohol) SALES \$ 6,000.00 SIGNATURE OF APPLICANT James A. Heyden

THIS BOX FOR HEALTH DEPARTMENT USE ONLY

Corporate ID # 1039038 Reg Agt/Other JAMES A. HEYDEN Date of Birth 11-27-1944

New Operator Upgrade Food Service Other _____

Food Establishment

- No Processing Fee\$ _____
 Processing Fee\$ _____
 AG Admin Fee\$ _____

Date Paid 12-7-09
 Payment Type CH Rec'd By JDH
 Food Dist# 2 W&M Dist# _____
 Estab Number 22802
 Aldermanic District # 2

Inv No _____
 Lic No _____
 Date Lic Printed _____
 HS ID No _____ EXP _____
 AG ID No _____

Restaurant

- Prepackaged Fee\$ _____
 Food Preparation Fee\$ 593.00
 Additional Site Fee\$ _____
 Meal Service\$ _____
 Bed and Breakfast\$ _____
 DOH Admin Fee\$ 45.00

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)
 Risk: 1 2 3 (Circle)
 Certificate Of Food Protection Practices
 Required? Y/N _____

Refund _____
 Addl Fees Due _____

Preinspection\$ 50.00
 Site Evaluation\$ _____
 Plan Exam Fee\$ _____

Date Paid _____ Inv No _____
 Payment Type _____ Rec'd By _____

TOTAL\$ 686.00 **IF PROCESSING, COMPLETE BACK OF FORM.**

Restrictions And/Or Grandfathered Equipment _____

SIGNATURE OF OPERATOR OR REGISTERED AGENT

RELEASE DATE

SIGNATURE OF SANITARIAN

Inspector/File

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: 12-8-09

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

10222 W FOND DU LAC AVE

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:

JAMES A. HEYDEN DOB: 11-27-1944
18350-4414-4427-08
1895 HIGHWAY 175
RICHFIELD, WI 53076 DOB: _____

NO POLICE ATTACHMENT WITH INFORMATION PROVIDED PO GILBERT GWINN

_____ DOB: _____

DEC 08 2009

_____ DOB: _____

CITY OF MILWAUKEE HEALTH DEPARTMENT

Disease Control and Environmental Health

841 North Broadway, Room 304

Milwaukee, WI 53202

414-286-3674

ADDRESS OF BUSINESS: 6222 W. FOND DU LAC AVE. M.W.
APPLICANT: FALLS CATERING LLC SJZM

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: [Handwritten Signature] Date: 1/4/19

12-22-09

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

December 8, 2009

TO: Alderperson Joe Davis, Sr.
FROM: Kevin Hulbert
Environmental Health Program Supervisor
RE: 6222 W. Fond du Lac Avenue

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 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 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.