



CITY OF MILWAUKEE  
OFFICE OF THE CITY CLERK

Wednesday, February 22, 2023

COMMITTEE MEETING NOTICE

AD 03

CIMBRON, Linda M, Agent  
WISCONSIN CVS PHARMACY, LLC  
ONE CVS DRIVE #23062A  
WOONSOCKET, RI 02895

You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall or you may attend virtually using the link below.

**Tuesday, March 07, 2023 at 09:25 AM**

The access code is <https://meet.goto.com/446591181>. If you wish to call in: +1 (571) 317-3122 and use Access Code: 446-591-181  
Please see the enclosed best practices document for further instructions.

**Regarding:** Your Food Dealer and Weights & Measures License Renewal Applications as agent for "WISCONSIN CVS PHARMACY, LLC" for "CVS PHARMACY #876 [redacted] 1650 N FARWELL Av.

There is a possibility that your application may be denied for one or more of the following reasons: The recommendation of the committee regarding the application shall be based on evidence presented at the hearing. Per MCO 85-4-4, unless otherwise specified in the code, probative evidence concerning non-renewal, suspension or revocation may include evidence of the following: failure of the applicant to meet municipal qualifications, pending charges against or the conviction of any felony, misdemeanor, municipal offense or other offense, the circumstances of which substantially relate to the circumstances of the particular licensed or permitted activity, by the applicant or by any employee or other agent of the applicant. If the activities of the applicant involve a licensed premises, whether the premises tends to facilitate a public or private nuisance or has been the source of congregations of persons which have resulted in any of the following: disturbance of the peace; illegal drug activity; public drunkenness; drinking in public; harassment of passers-by; gambling; prostitution; sale of stolen goods; public urination; theft; assaults; battery; acts of vandalism including graffiti, excessive littering, loitering, illegal parking, loud noise at times when the licensed premise is open for business; traffic violations; curfew violations; lewd conduct; display of materials harmful to minors, pursuant to s. 106-9.6; or any other factor which reasonably relates to the public health, safety and welfare, or failure to comply with the approved plan of operation. See attached police report or correspondence.

**Notice for applicants with warrants or unpaid fines:**

**Proof of warrant satisfaction or payment of fines must be submitted at the hearing on the above date and time. Failure to comply with this requirement may result in a delay of the granting/denial of your application.**

Failure to appear at this meeting may result in the denial of your license. Individual applicants must appear only in person or by an attorney. Corporate or Limited Liability applicants must appear only by the agent designated on the application or by an attorney. Partnership applicants must appear by a partner listed on the application or by an attorney. If you wish to do so and at your own expense, you may be accompanied by an attorney of your choosing to represent you at this hearing. You will be given an opportunity to speak on behalf of the application and to respond and challenge any charges or reasons given for the denial. No petitions can be accepted by the committee, unless the people who signed the petition are present at the committee hearing and willing to testify. You may present witnesses under oath and you may also confront and cross-examine opposing witnesses under oath. If you have difficulty with the English language, you should bring an interpreter with you, at your expense, so that you can answer questions and participate in your hearing.

You may examine the application file at this office during regular business hours prior to the hearing date. Inquiries regarding this matter may be directed to the person whose signature appears below.

Limited parking for persons attending meetings in City Hall is available at reduced rates (5 hour limit) at the Milwaukee Center on the southwest corner of East Kilbourn and North Water Street. Parking tickets must be validated in the first floor information booth in City Hall.

PLEASE NOTE: Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through sign language interpreters or other auxiliary aids. For additional information or to request this service, contact the Council Services Division ADA Coordinator at (414) 286-2998, Fax - (414) 286-3456, TDD - (414) 286-2025.

JIM OWCZARSKI, CITY CLERK

BY: \_\_\_\_\_

Jim Cooney  
License Division Manager

**If you have questions regarding this notice, please contact the License Division at (414) 286-2238.**

200 E. Wells Street, Room 105, City Hall, Milwaukee, WI 53202. [www.milwaukee.gov/license](http://www.milwaukee.gov/license)  
Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: License@milwaukee.gov

no case

Black Phone for Met 10  
-lip phone

They Broke my Hand <sup>Back</sup> Leg

CVS Drug Store Took  
my phone made me fall

1650 North Foxwell Ave  
OBJECTION

They have Black Lady Lat Payment To  
Change every thing They Took my phone  
They kept my phone my receipt and money  
they use tool on my Leg Back Hand That  
Burr when I was sleep I don't No  
any one they will not let me use  
my Title 19 medical card I don't have  
money for transportation they tell my KIC  
and other what to do to me doctor  
was told to say I am crazy so no one  
will believe or help me

**REDACTED RECORD**

Milwaukee WI



OFFICE OF THE CITY CLERK  
Milwaukee, Wisconsin

# INSTRUCTIONS FOR FILING A CLAIM AGAINST THE CITY OF MILWAUKEE

To file a claim against the City a claimant must comply with Section 893.80(1), Wis. Stats., a copy of which is printed at the bottom of this instruction sheet. Generally the statute requires the claimant to submit to the City Clerk:

1. A document stating the circumstances of the claim which must be signed by the claimant, or his/her agent or attorney. This document should be filed within 120 days of the event.
2. A document stating the address of the claimant and a statement of the relief sought. If money damages are sought, a specific sum must be stated.

*(The above information may be combined in a single document.)*

The following information should also be submitted to allow the City to promptly act on your claim:

1. Proof of the amount of the claim by means of either itemized receipts or two itemized estimates.
2. A phone number where the claimant can be reached during business hours as well as the claimant's e-mail address, if any.
3. As detailed a description of the incident as possible, including the date, time and place.

All information should be submitted to:

**City Clerk**  
**ATTN: CLAIMS**  
200 E. Wells St., Room 205  
Milwaukee, WI 53202-3567

### ADDITIONAL INFORMATION

Before you can file a lawsuit against the City of Milwaukee for reimbursement, State law requires that you first follow the claim procedures established by the City Clerk.

Filing a claim against the City does not automatically guarantee reimbursement from the City. However, the City examines each claim on an individual basis in determining if reimbursement is legally required.

In order to obtain reimbursement for a claim against the City, you must prove that the City or its employees acted unlawfully or negligently.

Only the City Attorney or the Common Council and the Mayor can authorize payment of a claim against the City. Any other representations made by City employees are not legally binding on the City.

**REDACTED RECORD**

893.80 Claims against governmental bodies or officers, agents or employees; notice of injury; limitation of damages and suits. (1) Except as provided in subs. (1g), (1m), (1p) and (8), no action may be brought or maintained against any volunteer fire company organized under ch. 213, political corporation, governmental subdivision or agency thereof nor against any officer, official, agent or employee of the corporation, subdivision or agency for acts done in their official capacity or in the course of their agency or employment upon a claim or cause of action unless:

(a) Within 120 days after the happening of the event giving rise to the claim, written notice of the circumstances of the claim signed by the party, agent or attorney is served on the volunteer fire company, political corporation, governmental subdivision or agency and on the officer, official, agent or employee under s. 801.11. Failure to give the requisite notice shall not bar action on the claim if the fire company, corporation, subdivision or agency had actual notice of the claim and the claimant shows to the satisfaction of the court that the delay or failure to give the requisite notice has not been prejudicial to the defendant fire company, corporation, subdivision or agency or to the defendant officer, official, agent or employee; and

(b) A claim containing the address of the claimant and an itemized statement of the relief sought is presented to the appropriate clerk or person who performs the duties of a clerk or secretary for the defendant fire company, corporation, subdivision or agency and the claim is disallowed.

They Will Not Let Me Have Infection Pill  
 They put me on Insurance They Keep Coming In  
 When I am They Hunt With a Needle They Broke  
 my phone my Car my Hand Brake They Put Drugs  
 mess on my phone I get They Broke my  
 net 10 flip phone They Tell Doctor Hospital  
 Not To Help me They Broke my Back and Hand  
 with Hospital Tool When I am Sleep They Hunt  
 they mother father of kids follow me In Store  
 They Put kids picture In my phone  
 they will not let me see Eye Doctor They  
 Damage All my classes try to blind me  
 They will not let me have Infection  
 Pills 825 Moxcelling and I B Profen  
 for In fection they Damage All my Eye Medicine  
 Man come in Every Night Man on Hunt me  
 with A Needle He Make Blood Orange  
 They Hunt my poppy Ear They Broke my Teeth  
 when I was Sleep They Put me In Shelter  
 So Man can Hunt me Man Rape me  
 In Alington House Every Night Doctor Sax Street

REDACTED RECORD

they sign my Name to Insurance <sup>AC</sup>  
I Never Use They Let People  
Come In and Hunt me I am  
Homeless Trying to Stay for a Home  
When they will Not Let me Have  
a phone I Can Not See Good  
they Took Co19 Out of me The  
Put In Infection That Make you Have  
Small Bone it Hunt I Has 5 Co19  
Shot @ no Case paid Lady To put  
Infection Shot they Refuse to Give  
me Medication they Have me follow  
I was tole to let any One No when  
they do something to me. They  
Dismiss any one I Tell & No  
One Can Help me

REDACTED RECORD

they make people hurt me when I sleep



K

I Never Apply

740 West Peachtree St. NW  
Atlanta, GA 30308 (mail drop GA 17)

05/12/2022

They Will Not  
Let Me Get OR Pay for  
Plan Maxillion on IBS Profen  
for Infection  
They Hunt me when Sleep  
They Hunt my Eye Use Tool In my Nose  
Use Tool on me when Sleep  
Took Blood Test 2/19  
Put His finger In me  
3) I took All my Hair out  
Tell Doctor Use Pepper In my Eye  
Hospital about to Help me

Member ID #:  
Reference Number:  
Date(s) of Service:  
Servicing Provider:  
Requesting Provider:  
Service Requested:

Dear

Me Miss miss any one I Tole

Thank you for choosing Anthem Blue Cross and Blue Shield as your health plan. We want to make sure you understand the medical care being provided to you. This letter tells you about a recent decision we made about your health care coverage.

The request for the service(s) listed above has been approved. Your provider has also been notified.

This authorization is not a guarantee of payment/coverage. You must be eligible at the time the services are provided and you may be subject to cost-sharing amounts described in your Evidence of Coverage.

If you have questions or need further help with Anthem Blue Cross and Blue Shield concerns, please call our Member Services department at the phone number printed on your plan membership card. TTY users should call 711.

Sincerely,

Utilization Management Department  
Anthem Blue Cross and Blue Shield

**REDACTED RECORD**

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year or upon renewal.

AC

**Important plan information**



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**REDACTED RECORD**

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# INVOICE

## Downtown Veterinary Clinic

931 East Ogden Avenue  
Milwaukee, WI 53202  
414-323-7587

FOR:

Printed: ( )  
Date:  
Account:  
Invoice:

Date	For	Qty	Description	Price	Discoun.	Price
Services by			DVM			
06-13-22		1	Medical Exam			79.27
06-13-22			Ear Slide Analysis			0.00
06-13-22		1	Ear Cleaning Minor	40.12	40.12	0.00 **
06-13-22		1	Oti-Pack-M (per syringe)			67.04
06-13-22		1	DECLINED. Heartworm/Tick Test (			0.00
Services by Technician						
06-13-22		1	State Medical Waste Disposal Fee			0.00

Total charges, this invoice... 146.31  
 \*\*Total discount included: 40.12  
 Your old balance... -100.00  
 Total payment(s) received... 40.00  
 06-13-22 Cash payment 40.00  
 Your new balance... 6.31

Your invoice total reflects our Regular Client discount.

Reminders for:	(Weight: 33.6 lbs - 5y)	Last done
11-02-17	Heartworm Test/Tick Screen	
06-13-23	Health Assessment Exam	06-13-22

### Smuckers's weight history (in lbs)

06-13-22	33.60
04-01-19	38.80
01-07-19	37.00
05-04-18	34.00

REDACTED RECORD

Thank you for choosing Downtown Veterinary Clinic! In the event of an emergency, please contact: Mayfair Animal Hospital 414-897-8840. LIKE US ON FACEBOOK DOWNTOWN VET



AC

Reminder: Refer a friend and receive a \$10 credit to your account when they mention your name!!!

REDACTED RECORD



Wednesday, February 22, 2023



# Notice of Public Hearing

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CIMBRON, Linda M, Agent  
CVS PHARMACY #8763 at 1650 N FARWELL Av  
Food Dealer and Weights & Measures License Renewal Applications

**Tuesday, March 07, 2023 at 9:25 AM**

To whom it may concern:

The above application has been made by the above named applicant(s). This requires approval from the Licenses Committee and the Common Council of the City of Milwaukee. The hearing before the Licenses Committee will take place on 3/7/2023 at 9:25 AM in Room 301-B, Third Floor, City Hall. This is a public hearing. Those wishing to view the proceeding are able to do so via the City Channel – Channel 25 on Spectrum Cable – or on the Internet at <http://city.milwaukee.gov/citychannel>. Those wishing to provide oral testimony via phone or internet are asked to contact the staff assistant, Yadira Melendez at (414) 286-2775 or [stasst5@milwaukee.gov](mailto:stasst5@milwaukee.gov) for necessary information. Please make such requests no later than one business day prior to the start of the meeting. You are not required to attend the hearing, but please see the information below if you would like to provide testimony. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing.

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## Important details for those wishing to provide information for the Licenses Committee to consider when making its recommendation:

1. The license application is scheduled to be heard at the above time. Due to other hearings running longer than scheduled, you may have to wait some time to provide your testimony.
2. You must appear in person and testify as to matters that you have personally experienced or seen. (You cannot provide testimony for your neighbor, parent or anyone else; this is considered hearsay and cannot be considered by the committee.)
3. No letters or petitions can be accepted by the committee (unless the person who wrote the letter or the persons who signed the petition are present at the committee hearing and willing to testify).
4. Persons opposed to the license application are given the opportunity to testify first; supporters may testify after the opponents have finished.
5. When you are called to testify, you will be sworn in and asked to give your name, and address. (If your first and/or last names are uncommon please spell them.)
6. You may then provide testimony.
  - a. Include only information relating to the above license application.
  - b. Include only information you have personally witnessed or seen.
  - c. Provide concise and relevant information detailing how this business has affected or may affect the peaceful enjoyment of your neighborhood.
  - d. If by the time you have the opportunity to testify, the information you wish to share has already been provided to the committee, you may state that you agree with the previous testimony. Redundant or repetitive testimony will not assist the committee in making its recommendation.
7. After giving your testimony, the members of the Licenses Committee and the licensee may ask questions regarding the testimony you have given or other factors relating to the license application.
8. Business Competition is not a valid basis for denial or non-renewal of a license.  
**Please Note: If you have submitted an objection to the above application your objection cannot be considered by the committee unless you personally testify at the hearing.**























































CURRENT OCCUPANT	1725 N PROSPECT AVE# 902	MILWAUKEE, WI 53202-1931
CURRENT OCCUPANT	1725 N PROSPECT AVE# 903	MILWAUKEE, WI 53202-1931
CURRENT OCCUPANT	1725 N PROSPECT AVE# 904	MILWAUKEE, WI 53202-1931
CURRENT OCCUPANT	1725 N PROSPECT AVE# 905	MILWAUKEE, WI 53202-1931
CURRENT OCCUPANT	1725 N PROSPECT AVE# 906	MILWAUKEE, WI 53202-1931
CURRENT OCCUPANT	1725 N PROSPECT AVE# 907	MILWAUKEE, WI 53202-1931
CURRENT OCCUPANT	1725 N PROSPECT AVE# 908	MILWAUKEE, WI 53202-1931
CURRENT OCCUPANT	1725 N PROSPECT AVE# 909	MILWAUKEE, WI 53202-1931
CURRENT OCCUPANT	1725 N PROSPECT AVE# 910	MILWAUKEE, WI 53202-1931
CURRENT OCCUPANT	1725 N PROSPECT AVE# 911	MILWAUKEE, WI 53202-1931
CURRENT OCCUPANT	1725 N PROSPECT AVE# 912	MILWAUKEE, WI 53202-1931
CURRENT OCCUPANT	1725 N PROSPECT AVE# 913	MILWAUKEE, WI 53202-1931
CURRENT OCCUPANT	1725 N PROSPECT AVE# 914	MILWAUKEE, WI 53202-1931
CURRENT OCCUPANT	1725 N PROSPECT AVE# 915	MILWAUKEE, WI 53202-1931
CURRENT OCCUPANT	1725 N PROSPECT AVE# 916	MILWAUKEE, WI 53202-1931

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Total Records: 1142

Radius: 250.0 feet and Center of Circle: 1650 N Farwell Av



# BUSINESS LICENSE RENEWAL PLAN OF OPERATION

Office of the City Clerk License Division  
200 E. Wells St. Room 105, Milwaukee, WI 53202

Licenses to be Renewed	Renewal Fee(s)	
Food Dealer - FOOD 12695	\$575.00	Expiration Date: 2/23/2023 File By Date: 12/8/2022 Date Late Fee Begins: 12/9/2022 Late Fee Amount: \$75.00
Extended Hours -		
Filling Station -		
Cigarette & Tobacco -		
Weights & Measures - W&M 6445	\$250.00	
Sidewalk Dining -		
<b>TOTAL DUE</b>	<b>\$825</b>	

Legal Entity Name: WISCONSIN CVS PHARMACY, LLC

Premises Address: 1650 N FARWELL AV

## Changes Since Last Application?

Are there any changes in your plans to address litter, noise, and/or security?  No  Yes If yes, describe: \_\_\_\_\_

Are there any changes to the hours of operation (as listed on your current license)?  No  Yes If yes, describe: \_\_\_\_\_

Are there any changes to your current plan of operation or floor plan\*?  No  Yes If yes, describe: \_\_\_\_\_

\*If there are changes to the floor plan, a new floor plan must be submitted with this renewal application. A sample plan can be found online at [www.milwaukee.gov/licenses](http://www.milwaukee.gov/licenses) under License Forms and Related Information.

### Weights & Measures Licensees Only

Number/Type of Devices: SCANNERS = 4 OR MORE  
Are there any changes to the number or types of devices?  
 No  Yes If yes, contact our office for further instructions.

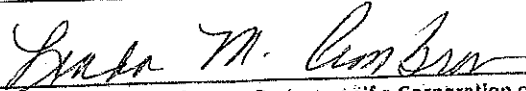
### Sidewalk Dining

Are there any changes to the sidewalk dining site plan?  
 No  Yes If yes, submit an updated site plan with this application.

### Food Dealer Licensees Only

Your current food license includes the following business operations: No Processing, Hazardous Foods, Sales \$200,001 - \$2,000,000, Food Store  
Are there any changes to your plan of operation (for example, adding processing, changing sales amount or complexity, etc.)?  No  Yes  
If yes, you must complete a "Request to Modify Food Establishment/Food Operation Plan" which can be obtained at [www.milwaukee.gov/licenses](http://www.milwaukee.gov/licenses) under "Forms and Related Information" or by contacting our office.

### All Applicants: Signature

  
Signature of Sole Proprietor; a Partner; or if a Corporation or LLC, the Agent must sign