

LICENSE APPLICATION

SITE EVALUATION APPLICATION

PLEASE PRINT CLEARLY

TARGET OPENING DATE: 6-15-99

TODAY'S DATE: 5-11-99

ADDRESS OF BUSINESS: 6220 W. Silver Spring Dr.

ZIP: 53218

APPLICANT: Paul's BEVERAGE CENTER L.L.C.

BIRTH DATE: \_\_\_\_\_

Must be legal entity—Corporation; Ltd. Partnership; Ltd. Liability Corp. (registered with the Secretary of State); or individual(s)

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP: \_\_\_\_\_

MAIL ADDRESS: (Lic Also(Y/N?)) \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP: \_\_\_\_\_

BUSINESS NAME: Paul's Beverage

HOME TEL NO: \_\_\_\_\_

BUSINESS TEL NO: 464 4188

CHECK THE ITEMS THAT APPLY TO YOUR BUSINESS:

- New construction  Remodeling. If so, what are your plans \_\_\_\_\_
- Selling restaurant food that is limited to individually wrapped, hermetically sealed, single food servings supplied by a licensed processor.
- Selling meals that are prepared from raw, canned, dried, packaged or frozen foods.
- Making or selling deli salads, fruits cups, etc. If so, what \_\_\_\_\_
- Using a grinder, slicer, bandsaw, and/or knives. (Circle those you are using.) \_\_\_\_\_
- Using a soft-serve ice cream/yogurt machine or a slushy machine. (Circle those you are using.) \_\_\_\_\_
- Packaging/repackaging bulk foods such as spices, unwrapped candy, ice, etc. If so, what \_\_\_\_\_
- Making candy, sugar coated popcorn, cotton candy, sno cones, shaved ice, etc. If so, what \_\_\_\_\_
- Baking cakes, pastries, cookies, etc. If so, what \_\_\_\_\_
- Selling prepackaged potentially hazardous grocery items, such as milk, cheese, meats, etc.
- Selling prepackaged non-potentially hazardous grocery items, such as bread, candy, canned goods, produce, ice, etc.
- Distributing. If so, what (i.e., candy, chips, meat, etc.) \_\_\_\_\_
- Selling beer or liquor. Have you applied for your liquor or beer license? (Yes/No) Yes
- Wholesale food manufacturing. Retail shop at same location? (Yes/No) \_\_\_\_\_

ESTIMATED MONTHLY GROSS FOOD SALES: \$ 400

SIGNATURE OF APPLICANT: Jack A. Castiglione (Agent)

This box is for Department use only.

AGENT OF CORP: Jack A. Castiglione

ID NO: P035508

CORP ADDRESS: 6220 W. Silver Spring Dr, Milw WI 53218

TYPE OF LICENSE AND REQUIRED FEE(S)  New Operator  Add Category  Upgrade Rest  Other \_\_\_\_\_

SITE EVALUATION	.....	\$ <u>169</u>
FOOD DEALER		
<input checked="" type="checkbox"/> Basic	.....	\$ <u>169</u>
<input type="checkbox"/> Restaurant	.....	\$ _____
<input type="checkbox"/> Rest (Addl Location)	.....	\$ _____
<input type="checkbox"/> Rest (Administrative)	.....	\$ _____
_____ Incidental to Ag		
<input type="checkbox"/> Retail Food Proc	.....	\$ _____
<input type="checkbox"/> Confectionery Food Proc	.....	\$ _____
<input type="checkbox"/> Bakery Food Proc	.....	\$ _____
<input type="checkbox"/> Ag Administrative	.....	\$ _____
<input checked="" type="checkbox"/> Exempt-no hazardous food		
_____ Incidental to Health		
<input checked="" type="checkbox"/> Preinspection	.....	\$ <u>20</u>
TOTAL	.....	\$ <u>99.00</u>

OTHER LICENSE:

Permit ..... \$ \_\_\_\_\_

Preinspection ..... \$ \_\_\_\_\_

TOTAL ..... \$ \_\_\_\_\_

WEIGHING/MEASURING DEVICES Y/N \_\_\_\_\_

PREVIOUS OPERATOR IF MALL: \_\_\_\_\_

DATE OLD OPER OB: \_\_\_\_\_

TYPE OF ESTAB: \_\_\_\_\_

DATE PAID: 6-8-99

CHECK NO: 3142 REC'D BY: [Signature]

DISTRICT NO: Food: 2 W&M: \_\_\_\_\_

ESTAB NO: 13219

LIC YEAR: 99-00 PR NO: 2840

DATE PR ISSD: 6-23-99

REFUND: \_\_\_\_\_

ADDL FEES DUE: \_\_\_\_\_

DATE PAID: \_\_\_\_\_

CHECK NO: \_\_\_\_\_ REC'D BY: \_\_\_\_\_

LIC YEAR: \_\_\_\_\_ PR NO: \_\_\_\_\_

DATE PR ISSD: \_\_\_\_\_

# PAYMENT REQUEST

## Food Dealer License

City of Milwaukee Health Department  
Disease Control and Environmental Health  
841 North Broadway, Room 315  
Milwaukee, WI 53202

Return with payment. This is not a license.

Payment due by **07/02/2008**

PAUL'S BEVERAGE CENTER  
6220 W SILVER SPRING DR  
MILWAUKEE, WI 53218

PAID  
JUL 01 2008  
MILWAUKEE

Contact Information  
Office Hours: 8:00 AM - 4:15 PM  
Phone: (414) 286-3674  
Fax: (414) 286-5164  
Web: [www.milwaukee.gov/citygov/health/CEH](http://www.milwaukee.gov/citygov/health/CEH)

Invoice Number: **133732**  
Establishment Number: 13219  
License Number: 79057  
Food District: 2 WaM District: None  
Date Issued: 06/02/2008

Licensee: PAUL'S BEVERAGE CENTER L.L.C.

Valid: 07/01/2008 - 06/30/2009

Establishment Address:  
6220 W SILVER SPRING DR  
MILWAUKEE, WI 53218

The fees that apply to your business are listed below. Pay this amount by the due date.

Qty	Description	Unit Price	Price
1	No Processing Fee, less than \$ 20,000.00	135.00	135.00
		<b>Balance Due</b>	<b>135.00</b>

Add late fee of \$ 40.00 if payment is not postmarked or delivered by: **07/02/2008**

Total amount paid

135

Establishment Name: PAUL'S BEVERAGE CENTER

Establishment Contacts:  
Phone (414) 464-4188

Ownership Contacts:  
Phone (414) 545-1106

Agreement: I hereby agree that a condition of the license herein applied for is that I allow inspection at all reasonable times, and that all information submitted is true and accurate.

Signature of Licensee or Designated Representative: \_\_\_\_\_

### Instructions

- Correct any of the above entries that are incorrect or missing.
- Indicate on this form if you no longer require this license.
- Payment may be in the form of cash, check, or credit card (VISA or MasterCard).
- Mail payment and this form to the address in the upper right hand corner of this form.
- The City by ordinance has established a fee for a duplicate license and a penalty fee for checks, credit, or debit card payments made to the Department and returned unpaid for any reason.
- PAY ON-LINE: [www.milwaukee.gov/payfee](http://www.milwaukee.gov/payfee)