

**City
of
Milwaukee**

Health Department

Tom Barrett
Mayor

Bevan K. Baker, FACHE
Commissioner of Health

Administration

Frank P. Zeidler Municipal Building, 841 North Broadway, 3rd Floor, Milwaukee, WI 53202-3653 phone (414) 286-3521 fax (414) 286-5990
web site: www.milwaukee.gov/health

May 7, 2010

Rebecca Grill
License Division Manager
200 E. Wells Street, Room 105
Milwaukee, WI 53202

Dear Ms. Grill:

Based on criteria listed in the Milwaukee Code of Ordinances Chapter 68-4.11, the City of Milwaukee Health Department formally submits the attached objection to the release of the Food Dealer's License for Farah Mini Mart, LLC located at 4431 W North Av. doing business as Farah Mini Mart by, Alderman Willie L. Hines, Jr. The mailing address for the applicant is 6455 S 20th St Apt#1 Oak Creek, WI 53154.

Should you have any questions, please feel free to contact my office at 414-286-3521.

Sincerely,

Bevan K. Baker, FACHE
Commissioner of Health

Think Health. Act Now!

Hulbert, Kevin

From: Reese, Barbara
Sent: Wednesday, May 05, 2010 3:44 PM
To: Hulbert, Kevin
Subject: Food license at 4431 W. North Av.

Good afternoon Kevin:
Alderman Hines does not support the food license at 4431 W. North Av, Mr. Othman Farah.
This application needs to go to the Licensing Committee.

Barbara J.Reese
Legislative Assistant
15th Aldermanic District
City Hall, Room 205
200 E. Wells Street
Milwaukee, WI 53202
(414)-286-3272
breese@milwaukee.gov

5.10.10

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

April 26, 2010

TO: Ald. Willie L. Hines, Jr.
FROM: Kevin Hulbert
Environmental Health Program Supervisor
RE: 4431 W North Av

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 and License 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: 4/26/10

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

4431 W. NORTH 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:

OTHMAN A. FARAH DOB: 11-29-82
6455 S. 20TH ST #1 OAK CREEK, WI 53154
WI DC FC00-6418-2409-03

DOB: _____

DOB: _____

See Police Attachment DOB: _____

APR 26 2010 *Ma*

MILWAUKEE POLICE DEPARTMENT LICENSE INVESTIGATION UNIT

CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

DATE: 04/26/10

LICENSE TYPE: FOOD DEALER

NEW: X

RENEWAL:

No.

Application Date: 04/26/10

Expiration Date:

License Location: 4431 W. North Ave.

Aldermanic District:

Business Name:

Licensee/Applicant: FARAH, Othman A.

(Last Name, First Name, MI)

Date of Birth: 11/29/82

Male: X

Female:

Home Address: 6455 S. 20th St.

City: Oak Creek

State: WI

Zip Code: 53154

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 04/29/08 the applicant was cited in the City of Milwaukee for Sale of Cigarettes to Minor/Underage at 4431 W. North Ave.

Charge : Sale of Cigarettes to Minor/Underage

Finding : Guilty, Municipal Court

Sentence : \$152.00 fine

Date : 06/26/06

Case : 06052757

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 5/1/10 DATE OF APPLICATION 4/23/10
 ADDRESS OF BUSINESS 4431 W North Ave CITY Milwaukee STATE WI ZIP 53208
 APPLICANT Farah mini mart 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) 11-29-1982 HOME TELEPHONE NUMBER(S) 414-708-6440
 HOME ADDRESS(S) 6455 S 20th St Apt = 1 CITY Oak Creek STATE WI ZIP 53154
 BUSINESS NAME Farah mini mart LLC E-MAIL ADDRESS _____
 BUSINESS TELEPHONE NUMBER 414-449-3417 CELL PHONE NUMBER 414-708-6440 FAX NUMBER _____
 MAILING ADDRESS 4431 W North Ave CITY Milwaukee STATE WI ZIP 53208
 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?
_____ Prepared by you from raw, canned, dried, packaged or frozen foods?
_____ Only given away or sold to the needy? | <u>yes</u> Do you sell frozen or refrigerated prepackaged foods, such as meat, milk, eggs, ice cream, etc.?
<u>yes</u> Do you sell fresh fruits and/or vegetables?
<u>yes</u> 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:
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,
_____ Do you use a grinder, 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? |
| <u>NO</u> Are you selling beer or liquor?
<u>NO</u> Is this a Mobile Service Base for a pushcart or truck selling meals?
<u>NO</u> 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 \$ 15,000 SIGNATURE OF APPLICANT [Signature]

THIS BOX FOR HEALTH DEPARTMENT USE ONLY
 Corporate ID # 1041741 Reg Agt/Other OTHMANA FARAH Date of Birth 11-29-82
 New Operator Upgrade Food Service Other _____

Food Establishment
 No Processing Fee\$ 221
 Processing Fee\$ _____
 AG Admin Fee\$ 4.00
Restaurant
 Prepackaged Fee\$ _____
 Food Preparation Fee\$ _____
 Additional Site Fee\$ _____
 Meal Service\$ _____
 Bed and Breakfast\$ _____
 DOH Admin Fee\$ _____
 Preinspection\$ 50
 Site Evaluation\$ _____
 Plan Exam Fee\$ _____
TOTAL\$ 275.00

Date Paid 4-23-10
 Payment Type CD Rec'd By AG
 Food Dist# 7 W&M Dist# _____
 Estab Number 23013
 Aldermanic District # 15
 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 _____

Inv No _____
 Lic No _____
 Date Lic Printed _____
 HS ID No _____ EXP _____
 AG ID No _____
 Refund _____
 Addl Fees Due _____
 Date Paid _____ Inv No _____
 Payment Type _____ Rec'd By _____

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

Disease Control and Environmental Health

841 North Broadway, Room 304

Milwaukee, WI 53202

414-286-3674

**CONVENIENCE FOOD STORE DETERMINATE
CHECKLIST**

4431 W NORTH AVE
ADDRESS OF BUSINESS

Othman Farah
OWNER OF BUSINESS

1. Is your primary business the sale of basic food items and in addition do you sell household products?

Basic food items may include, but are not limited to, **milk and dairy products, bread products, prepared sandwiches, frozen entrees, refrigerate food and baby food.**

✓
Yes No

Household products may include, but are not limited to, **cleaning products, paper products, baby products and pet food.**

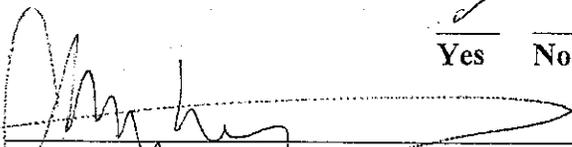
✓
Yes No

2. Is your business a gas station that sells basic food items and in addition sells household products mentioned in item 1. above?

 ✓
Yes No

3. Does your business contain less than 5,000 square feet of retail sales space?

✓
Yes No


Signature of Applicant

4-23-16
Date

CONVENIENCE FOOD STORE *
GAS STATION CONVENIENCE FOOD *

✓ YES NO
 YES ✓ NO

1/4
DUPLICATE

6455 S 20TH ST #1
OAK CREEK, WI 53154

FARAH

OTTMAN A

DOB: 11-29-1982

Exp: 11-29-2013

1088 85-19-2008

1088 85-19-2008

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WISCONSIN DRIVER LICENSE

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CITY OF MILWAUKEE HEALTH DEPARTMENT

Consumer Environmental Health
841 North Broadway, Room 304
Milwaukee, WI 53202
414-286-3674

ADDRESS OF BUSINESS: 4431 W North Ave - Milwaukee - WI 53208

APPLICANT: Othman Farah

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:



Date: 4-23-10