

Fire Department

Aaron Lipski
Chief

Joshua Parish
Assistant Chief

David Hensley
Assistant Chief

Schuyler Belott
Assistant Chief

MEMORANDUM

TO: Jim Owczarski
City Clerk

FROM: David Hensley
Assistant Chief

DATE: 11/07/2023

RE: Ambulance Company's Application for Approval

Attached are copies of Bell and Curtis Ambulance's applications for certification. Per Chapter 75-15-13, the City of Milwaukee Fire Department is to submit these to your office after receiving approval from the City of Milwaukee Police Department. That approval letter is attached, along with the applications.

If you have any questions or required further information, please contact Deputy Chief Michael Ciecwa at mciecwa@milwaukee.gov or (414) 286-8981.

Thank you.

David Hensley
Assistant Chief
Bureau of EMS, Training, and Education

CC: DC Michael Ciecwa



Milwaukee Police Department
Police Administration Building
749 West State Street
Milwaukee, Wisconsin 53233
<http://www.milwaukee.gov/police>

Jeffrey B. Norman
Chief of Police

(414) 933-4444

November 6, 2023

David Hensley
Assistant Chief
Milwaukee Fire Department

Assistant Chief Hensley,

Per your request, the Milwaukee Police Department's License Investigation Unit has investigated the following application for certification as a certified provider:

- Curtis Universal Ambulance, INC.

The Milwaukee Police Department approves the application pursuant to MCO 75-16-6.

Regards,

JEFFREY NORMAN
CHIEF OF POLICE

A handwritten signature in black ink, appearing to read 'Paul Formolo'.

Formolo, Paul
Assistant Chief

Application for Ambulance Certification

Fee Must Accompany Application.

The license period is from January 1 to December 31.

\$1,100.00 - New Applicants and Renewals

Make check payable to the City of Milwaukee Fire Department

Check(✓) one: ☐ Individual
☐ Partnership
☒ Corporation

1. NAME OF APPLICANT (If individual):

Business Name: Curtis Universal Ambulance, Inc Phone: 414-276-7711

Business Address: 2266 N. Prospect Ave. Ste 440

City: Milwaukee State: WI Zip: 53202

Have any people on this application been convicted of violating any federal or state laws, or local ordinances? ☐ Yes ☐ No

If 'yes', name of person(s), date, charge, and penalty:

Mailing Address: PO Box 2007 Milwaukee, WI 53201-2007

2. PARTNERSHIP (If applicable):

Name:

Home Address:

City: State: Zip:

Phone: Date of Birth:

Name:

Home Address:

City: State: Zip:

Phone: Date of Birth:

3. NAME OF CORPORATION Curtis-Universal, Inc.

Address: 2266 N. Prospect Ave. Ste 440 Milwaukee, WI 53202

Date and Place of Incorporation: October 17th, 1969 - Wisconsin

President: James G. Baker, Jr.

Home Address: W310N8370 Kilbourne Rd.

City: Hartland State: WI Zip: 53029

Phone: 262-966-1853 Date of Birth: 12/17/1955

Vice President: James G. Baker, Jr.

Home Address: Same as above.

City: State: Zip:

Phone: Date of Birth:

Secretary: Debra Baker

Home Address: 203 Glenowen Dr

City: Hartland

State: WI

Zip: 53029

Phone _____

Date of Birth _____

Treasurer: James G. Baker, Jr.

Home Address: W310N8370 Kilbourne Rd

City: Hartland

State: WI

Zip: 53029

Agent: _____

Home Address: _____

City: _____

State: _____

Zip: _____

4. OTHER REQUIREMENTS:

Do you have on file with the Fire Department, a valid and current certificate of insurance for this license period?

☒ Yes ☐ No

Do you have a valid State of Wisconsin Inspection Certificate?

☒ Yes ☐ No

Do you participate in the Emergency Medical Services System?

☒ Yes ☐ No

If yes, list service area number: 3

Do you wish to participate in the Emergency Medical Services System?

☒ Yes ☐ No

Total number of vehicles in service: 20

Please attach a separate page listing all vehicles including city assigned number, and description (year, make and vin number).

5. The undersigned agrees to inform the Milwaukee Fire Department within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide those services offered under this license, permit, or franchise, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.
6. The undersigned understand that this application does not entitle the applicants to a license and that the granting of licenses is solely in the discretion of the Common Council.
7. I have a knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 15th day of September, 2023

Individual/Corporate President/Partner: James G. Baker Jr.

Additional Partner/Corporate Vice President: James G. Baker Jr.

Notary Public, State of Wisconsin: [Signature]

My commission expires: 9/16/2023

Corporate Secretary: Debra Baker

Corporate Treasurer: James G. Baker Jr.

OMAR MAJID
Notary Public
State of Wisconsin

Do Not Write Below This Line

Clerk

License#

New

Renewal

Date Filled

Date Granted



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Police Administration Building
749 West State Street
Milwaukee, Wisconsin 53233
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Assistant Chief Hensley,

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- Bell Ambulance, INC.

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Regards,

JEFFREY NORMAN
CHIEF OF POLICE

Formolo, Paul

Assistant Chief

Application for Ambulance Certification

Fee Must Accompany Application.

The license period is from January 1 to December 31.

\$1,210.00 – New Applicants

\$1,100.00 - Renewals

Make check payable to the City of Milwaukee Fire Department

Check (✓) one: ☐ Individual
☐ Partnership
☒ Corporation

Check (✓) one: ☒ Certified Provider
☐ Limited Certified Provider
☐ Non-Transporting EMS Provider

1. NAME OF APPLICANT (If individual): _____

Business Name: BELL AMBULANCE, INC.

Phone: 414-486-2000

Business Address: 549 E WILSON ST

City: MILWAUKEE

State: WI

Zip: 53207-1635

Have any people on this application been convicted of violating any federal or state laws, or local ordinances? ☐ Yes ☒ No
If yes, name of person(s), date, charge, and penalty: _____

2. PARTNERSHIP (If applicable):

Name: _____

Home Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Date of Birth: _____

Name: _____

Home Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Date of Birth: _____

3. NAME OF CORPORATION BELL AMBULANCE, INC.

Address: 549 E WILSON ST, MILWAUKEE, WI 53207-1635

Date and Place of Incorporation: OCTOBER 1, 1978; WISCONSIN

President: R. A. ZEHETNER

Home Address: 212 E RAVINE DR

City: MEQUON

State: WI

Zip: 53092

Phone 262-241-1990

Date of Birth 06/15/1948

Vice President: JAMES P. LOMBARDO

Home Address: 549 E WILSON ST

City: MILWAUKEE

State: WI

Zip: 53207

Phone 414-486-4013

Date of Birth: 12/24/1952

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Secretary: VALERIE ZEHETNER

Home Address: 11811 N LAKE SHORE DR

City: MEQUON

State: WI

Zip: 53092

Phone 414-406-0567

Date of Birth 02/06/1978

Treasurer: WAYNE A. JURECKI

Home Address: 1111 N MARSHALL ST, UNIT 1002

City: MILWAUKEE

State: WI

Zip: 53202

Agent: WAYNE A. JURECKI

Home Address: 1111 N MARSHALL ST, UNIT 1002

City: MILWAUKEE

State: WI

Zip: 53202

4. OTHER REQUIREMENTS:

Do you have on file with the Fire Department, a valid and current certificate of insurance for this license period? ☒ Yes ☐ No

Do you have a valid State of Wisconsin Inspection Certificate? ☒ Yes ☐ No

Do you participate in the Emergency Medical Services System? ☒ Yes ☐ No

If yes, list service area number: 4

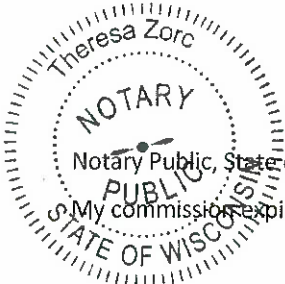
Do you wish to participate in the Emergency Medical Services System? ☒ Yes ☐ No

Total number of vehicles in service: 73

Please attach a separate page listing all vehicles including city assigned number, and description (year, make and vin number).

5. The undersigned agrees to inform the Milwaukee Fire Department within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide those services offered under this license, permit, or franchise, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.
6. The undersigned understand that this application does not entitle the applicants to a license and that the granting of licenses is solely in the discretion of the Common Council.
7. I have a knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sworn under oath, depose and say that i am the person named above and that all statements made in the foregoing application are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ day of _____, 20____.



Individual/Corporate President/Partner: [Signature]

Additional Partner/Corporate Vice President: [Signature]

Notary Public, State of Wisconsin: Theresa Zorc

My commission expires: 11/08/2024

Corporate Secretary: Valerie A. Zeltner

Corporate Treasurer: Wayne A. Jurecki

Do Not Write Below This Line

Clerk

License#

New

Renewal

Date Filled

Date Granted