

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

June 2, 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 A&I Petroleum, LLC located at 2502 W Wisconsin Av doing business as A&I Petroleum by, Ald. Robert Bauman. The mailing address for the applicant is 2502 W Wisconsin Av. Milwaukee, WI 53208

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

Sincerely,

Bevan K. Baker (RUF)

Bevan K. Baker, FACHE
Commissioner of Health

Think Health. Act Now!

Hulbert, Kevin

From: Bauman, Robert

Sent: Tuesday, June 01, 2010 2:30 PM

To: Hulbert, Kevin

Subject: RE: Food Dealer License at 2502 W. Wisconsin Ave.

Please be advised that I object to a food dealer license for A&I Petroleum LLC for the premises located at 2502 W. Wisconsin Ave. based on the factors enumerated in Chapter 68-4-10 of the Milwaukee Code of Ordinances.

Robert J. Bauman
Alderman, 4th District

6/1/2010

6-11-10

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

May 26, 2010

TO: Alderperson Robert Bauman
FROM: Kevin Hulbert
Environmental Health Program Supervisor
RE: 2502 W. Wisconsin 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 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.

2002 u. Wisconsin (the)

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
 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 7-1-10 DATE OF APPLICATION 5/16/10
 ADDRESS OF BUSINESS 2502 W. Wisconsin Ave CITY Milwaukee STATE WI ZIP 53208
 APPLICANT A & I Petroleum 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) _____ CITY _____ STATE _____ ZIP _____

BUSINESS NAME A & I E-MAIL ADDRESS _____

BUSINESS TELEPHONE NUMBER 414-933-2400 CELL PHONE NUMBER 414-975-1082 FAX NUMBER _____

MAILING ADDRESS 2502 W Wisconsin 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: | <input type="checkbox"/> Do you sell frozen or refrigerated prepackaged foods, such as meat, milk, eggs, ice cream, etc.? |
| <input checked="" type="checkbox"/> Limited to individually wrapped/sealed single food servings | <input type="checkbox"/> Do you sell fresh fruits and/or vegetables? |
| <input checked="" type="checkbox"/> supplied by a licensed processor? | <input type="checkbox"/> Do you sell prepackaged foods such as canned/boxed goods, candy, chips, cereal, etc.? |
| <input type="checkbox"/> Prepared by you from raw, canned, dried, packaged or frozen foods? | <input checked="" 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, popcorn, cotton candy, snow cones, shaved ice, cakes, pastries, cookies, |
| <input type="checkbox"/> Only given away or sold to the needy? | <input checked="" type="checkbox"/> Do you use a grinder, slicer, band saw, and/or knives? (Circle those you use) |
| <input type="checkbox"/> Are you selling beer or liquor? | <input type="checkbox"/> Are you a wholesale distributor of prepackaged foods? |
| <input type="checkbox"/> Is this a Mobile Service Base for a pushcart or truck selling meals? | <input type="checkbox"/> Are you a wholesale food manufacturer? |
| <input type="checkbox"/> Is this a Bed and Breakfast? | <input type="checkbox"/> If yes, do you have a retail shop at the same location? |
| <input type="checkbox"/> Is your building newly constructed? | |
| <input checked="" type="checkbox"/> Are you doing any remodeling? If yes, what are your plans? <u>Yes, new kitchen</u> | |

ESTIMATED MONTHLY GROSS FOOD (not alcohol) SALES \$ 20,000 SIGNATURE OF APPLICANT [Signature]

THIS BOX FOR HEALTH DEPARTMENT USE ONLY
 Corporate ID # AD45970 Reg Agt/Other YOUSAB MOHAMMAD Date of Birth 11-2-59
 New Operator Upgrade Food Service Other

Food Establishment
 No Processing Fee\$ _____
 Processing Fee\$ _____
 AG Admin Fee\$ _____

Date Paid 5-25-10
 Payment Type GN Rec'd By [Signature]
 Food Dist# 8 W&M Dist# 222
 Estab Number 23120 23130
 Aldermanic District # 4

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

Restaurant
 Prepackaged Fee\$ _____
 Food Preparation Fee\$ 1008
 Additional Site Fee\$ _____
 Meal Service\$ _____
 Bed and Breakfast\$ _____
 DOH Admin Fee\$ 30

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

Preinspection\$ 217
 Site Evaluation\$ _____
 Plan Exam Fee\$ _____
 TOTAL\$ 1277

IF PROCESSING, COMPLETE BACK OF FORM.

Restrictions And/Or Grandfathered Equipment _____

SIGNATURE OF OPERATOR OR REGISTERED AGENT _____ RELEASE DATE _____ SIGNATURE OF SANITARIAN _____

05/25/2010 10:10 4142865164

MILWAUKEE HEALTH DEP

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: 5-25-10

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

2502 W. WISCONSIN 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:

YOUNAS MOHAMMAD I DOB: 11-2-59
M530-9695-9402-07
13895 W. PRAIRIE LN
NEW BERLIN, WI 53151 DOB: _____

_____ DOB: _____

_____ DOB: _____

No Police Department Attachment, based on information provided.
P.O. Tracy TABLADON

MAY 26 2010

WISCONSIN

DRIVER LICENSE

SEX: M **HAIR: BLN** **EYES: BRO** **HEIGHT: 5'08"** **WEIGHT: 190**

DOB: 11-11-1989 **Issued: 04-03-2007**
Expires: 11-02-2015

YOUNAS I
MOHAMMAD
13895 W PRAIRE LN
NEW BERLIN, WI 53151

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

2502 W. Wisconsin Ave., Milw, WI.
ADDRESS OF BUSINESS 53208

A+J Petroleum LLC
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 [checked] No

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

Yes [checked] 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 [checked] No

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

Yes [checked] No

[Signature] Signature of Applicant

5-6-10 Date

CONVENIENCE FOOD STORE YES NO
GAS STATION CONVENIENCE FOOD [checked] YES NO

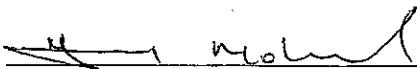
CITY OF MILWAUKEE HEALTH DEPARTMENT

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

ADDRESS OF BUSINESS: 2502 W. Wisconsin Ave. Milwaukee WI.
APPLICANT: A & I Petroleum LLC 53208

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: 5-6-10