

ROOMING HOUSE LICENSE APPLICATION/RENEWAL

City of Milwaukee
Department of Neighborhood Services
841 N. Broadway 10th Floor
Milwaukee, WI 53202

LYON ST. 708 E
SEP 21 2008/2:25 PM
04-0151125/H/* 130.00

1. ADDRESS OF LICENSED PREMISE: 708 E. Lyon Street
2. LICENSE APPLICANT:

Name: E & E MANAGEMENT
Address: 9470 N. Broadmoor Road Milwaukee, WI 53217 Street
City State Zip

Phone: 414 352-5070 Date of Birth: N/A

NOTE: INDIVIDUAL APPLICANTS MUST PROVIDE FULL NAME, INCLUDING MIDDLE INITIAL, HOME ADDRESS, AND HOME PHONE. ALL APPLICANTS MUST PROVIDE A STREET ADDRESS ABOVE. A POST OFFICE BOX IS NOT ACCEPTABLE. HOWEVER, YOU MAY INDICATE A PREFERRED MAILING ADDRESS BELOW.

IF APPLICANT IS A NONRESIDENT OF MILWAUKEE COUNTY, A LOCAL REPRESENTATIVE INSIDE THE MILWAUKEE COUNTY LIMITS MUST BE AUTHORIZED BY THE OWNER/OPERATOR TO EXERCISE ALL MANAGEMENT AND CONTROL OF THE PREMISES. PLEASE PROVIDE THIS INFORMATION ON PAGE 2 IF APPLICABLE.

3. APPLICANT TYPE (Indicate one of the following):

- Individual
 Partnership List name, address and phone number of all partners on Page 2.
 Corporation List name, address and phone number of all officers and directors on Page 2.
 Other Type of organization _____ List name, address and phone number of all officers on Page 2.

4. IF THE APPLICANT OR ANY PARTNERS, OFFICERS OR DIRECTORS LISTED ON THIS APPLICATION HAVE EVER BEEN CONVICTED OF ANY OFFENSE OTHER THAN MINOR TRAFFIC VIOLATIONS, LIST DETAILS BELOW. (INCLUDE OTHER MUNICIPAL CODE CONVICTIONS, I.E. BUILDING CODE.) THERE IS NO STATUTE OF LIMITATIONS. FAILURE TO LIST ALL CONVICTIONS WILL RESULT IN AN OBJECTION TO THIS APPLICATION BY THE POLICE DEPARTMENT. USE A SEPARATE SHEET IF NECESSARY.

<u>CHARGE</u>	<u>DATE</u>	<u>LOCATION</u>	<u>COURT</u>	<u>DISPOSITION OF CASE</u>
N/A				

5. NUMBER OF ROOMERS PERMITTED BY CURRENT LICENSE 16
6. NUMBER OF ROOMERS OCCUPYING THE PREMISES AT TIME OF APPLICATION 16
7. NUMBER OF UNITS 14 NUMBER OF BATHROOMS 2
8. IS THE CURRENT LICENSE POSTED IN A CONSPICUOUS PLACE AT OR NEAR THE PRINCIPAL ENTRANCE TO THE DWELLING/FACILITY? YES X NO _____

9. APPLICATION MUST BE SIGNED AND NOTARIZED BELOW.

The above completed information is true to the best of my knowledge.

Kenneth Schubert
SIGNATURE

Sept 9/05
DATE

Bob Reedy
NOTARY PUBLIC

My Commission Expires 3/11/07

APPLICANT'S

PLEASE GO TO PAGE 2

ADDRESS OF LICENSED PREMISE: 708 E. Lyon Street

Name: Kenneth Eichenbaum Street
Address: 9470 N. Broadmoor Rd. City
Milwaukee, WI 53217 State Zip

Phone: 414 352-5070 Date of Birth: 8-6-31

NOTE: PROVIDE FULL NAME, INCLUDING MIDDLE INITIAL, HOME ADDRESS, AND HOME PHONE. YOU MUST INDICATE A STREET ADDRESS ABOVE. A POST OFFICE BOX IS NOT ACCEPTABLE. HOWEVER, YOU MAY INDICATE A PREFERRED MAILING ADDRESS BELOW.

Note: New Address:

Name: Fred Eichenbaum Street
Address: 5060 Governors Walk Drive City
Canton, GA 30114 State Zip

Phone: 678-524-3904 Date of Birth: 6-13-28

NOTE: PROVIDE FULL NAME, INCLUDING MIDDLE INITIAL, HOME ADDRESS, AND HOME PHONE. YOU MUST INDICATE A STREET ADDRESS ABOVE. A POST OFFICE BOX IS NOT ACCEPTABLE. HOWEVER, YOU MAY INDICATE A PREFERRED MAILING ADDRESS BELOW.

Name: _____ Street
Address: _____ City
State Zip

Phone: _____ Date of Birth: _____

NOTE: PROVIDE FULL NAME, INCLUDING MIDDLE INITIAL, HOME ADDRESS, AND HOME PHONE. YOU MUST INDICATE A STREET ADDRESS ABOVE. A POST OFFICE BOX IS NOT ACCEPTABLE. HOWEVER, YOU MAY INDICATE A PREFERRED MAILING ADDRESS BELOW.

PLEASE ATTACH ADDITIONAL PAGE(S) IF NECESSARY.