

GRANVILLE HAVENWOODS ADVISORY COUNCIL BUSINESS QUESTIONNAIRE

Date

~~The Council will be reviewing all applications for business licenses and proposals for residential development projects in the Granville Havenwoods Development Area for consistency with the goals, needs, and desires of the Granville-Havenwoods community and its residents, businesses, property owners and other stakeholders. The Granville-Havenwoods Development Area is bounded by W. County Line Road, Good Hope Road, N. 43rd Street, and N. 107th Street. Additionally, the council would like to be informed of new businesses or developments coming into the Granville-Havenwoods Development Area or altering operations within the area. The Council would like to review those businesses' developments and possibly offer recommendations or provide input on them. Any recommendations made by the council are advisory only to the council and not binding.~~

Please be prepared to present on your business or proposed business for roughly 5 minutes. If you are not confident in your command of English, please bring a translator with you. Applicants must meet with the local Council member prior to appearing at this meeting and may be moved to the next meeting date, if the meeting runs long.

Individual Name: Jackie M Clayborn
INCLUDE ALL SURNAMES AND PRIOR NAMES:

~~Employer:~~ Clayborn Jackie @ gmail.com

1. What is the legal name and DBA name of your business?
 Learning with Passion Childcare

2. What is the address of your business or proposed business?
 9143 N 76th St Millersdale PA, 53223

3a. Are you a new or existing business?
 Existing business

3b. How many years have you been in business?
 6 years

4. Describe the products or services you offer. Include specific activities to be held at the proposed location. Include all the existing needs that applied for learning with passion provides licensed childcare services for infants, toddlers and young children. Services include full daycare, early childhood education, structured learning activities, indoor and outdoor play nap time accommodations and nutrition meals and snacks.

5. What problem does your business solve? Many parents struggle to find quality childcare closest to home. Our center provides a trusted nurturing environment that supports children's development while allowing parents to work with peace of mind.

6a. How will you involve the community? We will build relationships with local families, schools and community organizations. I plan to participate in neighborhood events and support local initiatives, and maintain open communication with parents and residents to ensure my daycare is becoming a positive part of the community.

6b. How will you give back to the community? Provide local jobs, offering family events and resources.

7. What are the business hours of operation? Monday through Sunday 5:00 am to 11:59 pm
8. Who is your target audience? Working parents and families in the surrounding areas seeking safe, reliable and quality childcare.
9a. Why do you want your business to be located within the 9th district? I currently have a home daycare in the same district, and I have received lots of calls from working parents seeking care.
9b. How will your business improve the 9th district? By providing essential services to families, create local employment opportunities, support early childhood education and contribute to positive neighborhood growth.
10. Who will maintain the exterior/priority of your establishment? The business owner and property management will ensure the exterior remains in good property maintenance.
11. Are you leasing or buying the building where your business will be located? Leasing
12. Describe your security design. Controlled entry, security cameras, locked doors and trained staff for all safety protocols.
13. Does your proposal involve any City approvals? If so, what are those approval processes? Yes the project requires special use approval through BOZA, building permits and childcare licensing approval.
14. What is the project timeline or schedule for your development or business, including any City approvals that are required? The expected timeline is between April and May 1st 2024.
15a. Do you have a written business plan? Yes
15b. Does your plan include a marketing plan? Yes
15c. Are you doing financing? If yes, with whom? Yes WUBTC
15d. What is your plan on hiring and how many full/part-time employees? 4-6 staff members including full time and part-time with additional hiring as enrollment grows.

15e. Are you going to hire within the community and how do you plan to recruit/train these individuals?

Yes. Local hire and staff training meetings and programs.

15f. What insurance coverage do you have?

Business and liability through All State.

16. If needed, have you contacted the Department of Public Works?

N/A

17. Do you have a contractor for plumbing, HVAC, and architect? If yes, who are they?

Yes, Amir Adam, landlord is responsible for HVAC system.

18. Have you obtained your seller's permit?

No

19. Have you registered with the Department of Financial Institutions?

In process

20. Do you have an accountant and a lawyer? If yes, who are they?

Not at the moment, working towards and plan to have before opening.

21. Do you currently have any unpaid financial judgments against you personally or any businesses you are involved with and/or in?

No

GRANVILLE-HAVENWOODS ADVISORY COUNCIL INDIVIDUAL QUESTIONNAIRE

Date

All individuals involved in the business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your application or renewal is not complete until all required individual questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) <i>Learning With Passion Childcare LLC</i>	
2. Business Trade Name or DBA <i>Learning with passion childcare</i>	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name <i>Clayborn</i>		2. First Name <i>Jackie</i>	
		3. M.I. <i>M</i>	
4. Relationship to Business (Title) <i>Owner/director</i>		5. Email <i>claybornjackie@yahoo.com</i>	
6. Phone <i>414-551-5515</i>			
7. Home Address <i>7080 N 44th</i>			
8. City <i>Milwaukee</i>		9. State <i>WI</i>	
		10. Zip Code <i>53223</i>	
		11. Date of Birth <i>1-30-1993</i>	
12. Driver License/State ID Number		13. Driver License/State ID State of Issuance	

Part C: Address History			
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			
		Years <i>32</i>	Months <i>11</i>
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1	City	State	Zip Code
<i>3718 N 39th St</i>	<i>Milwaukee</i>	<i>WI</i>	<i>53223</i>
Previous Address 2	City	State	Zip Code
<i>7080 N 44th St</i>	<i>Milwaukee</i>	<i>WI</i>	<i>53223</i>
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State	County	State	County
<i>WI</i>	<i>Milwaukee</i>		
State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 (If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.)

Law/Ordinance Violated	Location	Conviction Date	Was sentence completed?
N/A			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
N/A			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Penalty Imposed	Location	Conviction Date	Was sentence completed?
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date	Was sentence completed?
N/A			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

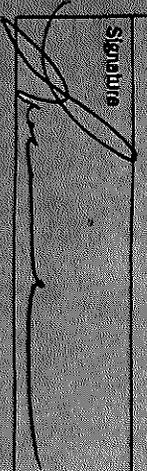
2. Are charges for any offenses currently pending against you (excluding traffic offenses) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

..... Yes No

..... Yes No

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of perjury, I have answered each of the above questions completely and truthfully.

Signature 	Date 1-26-26
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