

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: 11/07/2024

RE: Ambulance Company's Application for Approval

Attached is a copy of Bell Ambulance's application 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 application and accompanying documentation.

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

Thank you.

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

CC: DC Michael Cieciva



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) 935-7200

September 23, 2024

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:

- Bell Ambulance, INC.

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

Regards,

A handwritten signature in black ink, appearing to read 'J B Norman', with a long horizontal flourish extending to the right.

JEFFREY B. NORMAN
CHIEF OF POLICE

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

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: 85

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 30th day of AUGUST, 2024

Individual/Corporate President/Partner: [Signature]

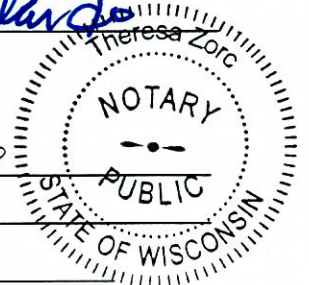
Additional Partner/Corporate Vice President: [Signature]

Notary Public, State of Wisconsin: [Signature]

My commission expires: 11/03/2024

Corporate Secretary: [Signature]

Corporate Treasurer: [Signature]



Do Not Write Below This Line

Clerk

License#

New

Renewal

Date Filled

Date Granted