

ROOMING HOUSE LICENSE APPLICATION/RENEWAL

City of Milwaukee
Department of Neighborhood Services
841 N. Broadway Room 105
Milwaukee, WI 53202

500 W MAPLE ST
Apr 03, 2006/9:12am
03-202309/D/#166.00

Recommend hold license

Received 4-4-06

24-

1. ADDRESS OF LICENSED PREMISE: 500 West Maple Street
2. LICENSE APPLICANT:

Name: DAVID G. MARTIN
Address: 2434 PASADENA BLVD WAUWATOSA, WI 53226
City State Zip
Phone: 414-302-7062 (A) Date of Birth: 04/25/43
414-297-7473 (W)

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>
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5. NUMBER OF ROOMERS PERMITTED BY CURRENT LICENSE 8

6. NUMBER OF ROOMERS OCCUPYING THE PREMISES AT TIME OF APPLICATION 6

7. NUMBER OF UNITS 8 NUMBER OF BATHROOMS 4

8. IS THE CURRENT LICENSE POSTED IN A CONSPICUOUS PLACE AT OR NEAR THE PRINCIPAL ENTRANCE TO THE DWELLING/FACILITY? YES NO

9. APPLICATION MUST BE SIGNED AND NOTARIZED BELOW.

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

[Signature] 3/8/06 [Signature] APPLICANT'S
SIGNATURE DATE NOTARY PUBLIC
My Commission Expires 6/2/06

PLEASE GO TO PAGE 2

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City of Milwaukee
Department of Neighborhood Services
CHRONOLOGICAL RECORD OF ENFORCEMENT

ADDRESS 500 W Maple SERIAL NO. _____
 DATE OF INSPECTION _____

DATE	ACTIVITY AND REMARKS	TYPE OF CONTACT	INSP. NUMBER	INITIALS
4-4-06	Received Application		140	RP
4-4-06	Phone! I called Dave Martin (297-9473) I left a recorded contact msg. I called 302-7062 I spoke with Mr Martin He said he will check his schedule and call me tomorrow		140	RP
4-5-06	Phone! I received a call from Dave Martin we scheduled an appointment for 4-13-2006 at 12:30.			
4-21-06	Phone! I called David Martin 302-7062 I spoke with Mr Martin and rescheduled for 4-25-2006 12:30		140	RP
4-25-06	Inspection; 83 code violations noted in Rooming House + Tavern Complex reference orders 5590581 + 5590582 issued 4-25-06. Recommend Hold on license.		140	RP