



CITY OF MILWAUKEE  
OFFICE OF THE CITY CLERK

Monday, February 23, 2026

COMMITTEE MEETING NOTICE

AD 04

HART, Rebecca L, Agent  
LASH DOLLS MKE, LLC  
5516 W RITA DR  
WEST ALLIS, WI 53219

You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall or you may attend virtually using the link below.

**Tuesday, March 10, 2026 at 01:30 PM**

The access code is <https://meet.goto.com/399099205>. Please see the enclosed best practices document for further instructions.

**Regarding:** Your Tattoo & Body Piercing Establishment License Application as agent for "LASH DOLLS MKE, LLC" for "LASH DOLLS MILWAUKEE" at 316 N MILWAUKEE St #501.



There is a possibility that your application may be denied for one or more of the following reasons: The recommendation of the committee regarding the application shall be based on evidence presented at the hearing. Per MCO 85-2.7-4, probative evidence concerning whether or not a new license should be granted may be presented on the following subjects: whether or not the applicant meets the municipal requirements, the appropriateness of the location and premises where the licensed premises is to be located and whether use of the premises for the purposes or activities permitted by the license would tend to facilitate a public or private nuisance or create undesirable neighborhood problems such as disorderly patrons, unreasonably loud noise, litter, and excessive traffic and parking congestion. Probative evidence relating to these matters may be taken from the plan of operation submitted with the license application, if any, but shall not include the content of any music. Evidence regarding the fitness of the location of the premises to be maintained as the principal place of business, including but not limited to whether there is an overconcentration of businesses of the type for which the license is sought; whether the proposal is consistent with any pertinent neighborhood business or development plans, or the location's proximity to areas where children are typically present. The applicant's record in operating similarly licensed premises; and whether or not the applicant has been charged with or convicted of any felony, misdemeanor, municipal offense or other offense, the circumstances of which substantially relate to the activity to be permitted by the license being applied for or any other factor which reasonably relates to the public health, safety or welfare may also be considered. See attached police report or correspondence.

**Notice for applicants with warrants or unpaid fines:** Proof of warrant satisfaction or payment of fines must be submitted at the hearing on the above date and time. Failure to comply with this requirement may result in a delay of the granting/denial of your application.

Failure to appear at this meeting may result in the denial of your license. Individual applicants must appear only in person or by an attorney. Corporate or Limited Liability applicants must appear only by the agent designated on the application or by an attorney. Partnership applicants must appear by a partner listed on the application or by an attorney. If you wish to do so and at your own expense, you may be accompanied by an attorney of your choosing to represent you at this hearing.

You will be given an opportunity to speak on behalf of the application and to respond and challenge any charges or reasons given for the denial. No petitions can be accepted by the committee, unless the people who signed the petition are present at the committee hearing and willing to testify. You may present witnesses under oath and you may also confront and cross-examine opposing witnesses under oath. If you have difficulty with the English language, you should bring an interpreter with you, at your expense, so that you can answer questions and participate in your hearing.

You may examine the application file at this office during regular business hours prior to the hearing date. Inquiries regarding this matter may be directed to the person whose signature appears below.

Limited parking for persons attending meetings during normal business hours is available at reduced rates (5 hour limit) at the Milwaukee Center on the southwest corner of Kilbourn Avenue and Water Street. You must present a copy of the meeting notice to the parking cashier.

PLEASE NOTE: Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through sign language interpreters or other auxiliary aids. For additional information or to request this service, contact the Council Services Division ADA Coordinator at (414) 286-2998, Fax - (414) 286-3456, TDD - (414) 286-2025.

JIM OWCZARSKI, CITY CLERK

BY:

Jim Cooney  
License Division Manager

If you have questions regarding this notice, please contact the License Division at (414) 286-2238.

200 E. Wells Street, Room 105, City Hall, Milwaukee, WI 53202. [www.milwaukee.gov/license](http://www.milwaukee.gov/license)  
Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: [License@milwaukee.gov](mailto:License@milwaukee.gov)

# MILWAUKEE POLICE DEPARTMENT LICENSING

## CRIMINAL RECORD/ORDINANCE VIOLATION/INCIDENTS SYNOPSIS

DATE: 01/20/26  
LICENSE TYPE: TATTOO  
NEW:   
RENEWAL:

No. 389294  
Application Date:

License Location: 316 N Milwaukee  
Business Name: Lash Dolls

Licensee/Applicant: Hart, Rebecca L  
(Last Name, First Name, MI)

Date of Birth: 06/15/85

Home Address: 5516 W Rita Dr  
City: West Allis State: WI Zip Code: 53219  
Home Phone:

This report is written by Police Officer Penny Monreal, assigned to the License Investigation Unit, Days.

The Milwaukee Police Department's investigation regarding this application revealed the following:

1. On 03/09/18, the applicant was charged with Theft Business Setting >\$10,000; Fraudulent Use of Card >\$5-10,000 and Misappropriate Id-Obtain Money, all Felonies in Milwaukee County Circuit Court

Charge1-3: Theft Business Setting / Misappropriate ID/Fraudulent Use of Card  
Finding:  
Sentence: Pending Charges Status Conference 02/06/26  
Date:  
Case: 18CF001119



Monday, February 23, 2026



# Notice of Public Hearing

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HART, Rebecca L, Agent  
Lash Dolls Milwaukee at 316 N MILWAUKEE St #501  
Tattoo & Body Piercing Establishment License Application

**Tuesday, March 10, 2026 at 1:30 PM**

To whom it may concern:

The above application has been made by the above named applicant(s). This requires approval from the Licenses Committee and the Common Council of the City of Milwaukee. The hearing before the Licenses Committee will take place on 3/10/2026 at 1:30 PM in Room 301-B, Third Floor, City Hall. This is a public hearing. Those wishing to view the proceeding are able to do so via the City Channel – Channel 25 on Spectrum Cable – or on the Internet at <http://city.milwaukee.gov/citychannel>. Those wishing to provide oral testimony via internet are asked to contact the staff assistant, Yadira Melendez at (414) 286-2775 or [stasst5@milwaukee.gov](mailto:stasst5@milwaukee.gov) for necessary information. Please make such requests no later than one business day prior to the start of the meeting. You are not required to attend the hearing, but please see the information below if you would like to provide testimony. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing.

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## **Important details for those wishing to provide information for the Licenses Committee to consider when making its recommendation:**

1. The license application is scheduled to be heard at the above time. Due to other hearings running longer than scheduled, you may have to wait some time to provide your testimony.
2. You must appear in person and testify as to matters that you have personally experienced or seen. (You cannot provide testimony for your neighbor, parent or anyone else; this is considered hearsay and cannot be considered by the committee.)
3. No letters or petitions can be accepted by the committee (unless the person who wrote the letter or the persons who signed the petition are present at the committee hearing and willing to testify).
4. Persons opposed to the license application are given the opportunity to testify first; supporters may testify after the opponents have finished.
5. When you are called to testify, you will be sworn in and asked to give your name, and address. (If your first and/or last names are uncommon please spell them.)
6. You may then provide testimony.
  - a. Include only information relating to the above license application.
  - b. Include only information you have personally witnessed or seen.
  - c. Provide concise and relevant information detailing how this business has affected or may affect the peaceful enjoyment of your neighborhood.
  - d. If by the time you have the opportunity to testify, the information you wish to share has already been provided to the committee, you may state that you agree with the previous testimony. Redundant or repetitive testimony will not assist the committee in making its recommendation.
7. After giving your testimony, the members of the Licenses Committee and the licensee may ask questions regarding the testimony you have given or other factors relating to the license application.
8. Business Competition is not a valid basis for denial or non-renewal of a license.

**Please Note: If you have submitted an objection to the above application your objection cannot be considered by the committee unless you personally testify at the hearing.**





CURRENT OCCUPANT	336 N MILWAUKEE ST# 301	MILWAUKEE, WI 53202-5902
CURRENT OCCUPANT	336 N MILWAUKEE ST# 302	MILWAUKEE, WI 53202-5902
CURRENT OCCUPANT	336 N MILWAUKEE ST# 303	MILWAUKEE, WI 53202-5902
CURRENT OCCUPANT	336 N MILWAUKEE ST# 304	MILWAUKEE, WI 53202-5902
CURRENT OCCUPANT	336 N MILWAUKEE ST# 305	MILWAUKEE, WI 53202-5902
CURRENT OCCUPANT	336 N MILWAUKEE ST# 306	MILWAUKEE, WI 53202-5902
CURRENT OCCUPANT	336 N MILWAUKEE ST# 307	MILWAUKEE, WI 53202-5902
CURRENT OCCUPANT	336 N MILWAUKEE ST# 400	MILWAUKEE, WI 53202-5902
CURRENT OCCUPANT	336 N MILWAUKEE ST# 401	MILWAUKEE, WI 53202-5902
CURRENT OCCUPANT	336 N MILWAUKEE ST# 402	MILWAUKEE, WI 53202-5902
CURRENT OCCUPANT	336 N MILWAUKEE ST# 403	MILWAUKEE, WI 53202-5902
CURRENT OCCUPANT	336 N MILWAUKEE ST# 404	MILWAUKEE, WI 53202-5902
CURRENT OCCUPANT	336 N MILWAUKEE ST# 405	MILWAUKEE, WI 53202-5902
CURRENT OCCUPANT	336 N MILWAUKEE ST# 406	MILWAUKEE, WI 53202-5902
CURRENT OCCUPANT	336 N MILWAUKEE ST# 407	MILWAUKEE, WI 53202-5902
CURRENT OCCUPANT	336 N MILWAUKEE ST# 500	MILWAUKEE, WI 53202-5902
CURRENT OCCUPANT	336 N MILWAUKEE ST# 501	MILWAUKEE, WI 53202-5902
CURRENT OCCUPANT	336 N MILWAUKEE ST# 502	MILWAUKEE, WI 53202-5902
CURRENT OCCUPANT	336 N MILWAUKEE ST# 503	MILWAUKEE, WI 53202-5902
CURRENT OCCUPANT	336 N MILWAUKEE ST# 504	MILWAUKEE, WI 53202-5902
CURRENT OCCUPANT	336 N MILWAUKEE ST# 505	MILWAUKEE, WI 53202-5902
CURRENT OCCUPANT	336 N MILWAUKEE ST# 506	MILWAUKEE, WI 53202-5902
CURRENT OCCUPANT	400 N BROADWAY# 1001	MILWAUKEE, WI 53202-5512
CURRENT OCCUPANT	400 N BROADWAY# 301	MILWAUKEE, WI 53202-5882
CURRENT OCCUPANT	400 N BROADWAY# 501	MILWAUKEE, WI 53202-5510
CURRENT OCCUPANT	400 N BROADWAY# 502	MILWAUKEE, WI 53202-5510
CURRENT OCCUPANT	400 N BROADWAY# 503	MILWAUKEE, WI 53202-5510
CURRENT OCCUPANT	400 N BROADWAY# 504	MILWAUKEE, WI 53202-5510
CURRENT OCCUPANT	400 N BROADWAY# 505	MILWAUKEE, WI 53202-5511
CURRENT OCCUPANT	400 N BROADWAY# 601	MILWAUKEE, WI 53202-5510
CURRENT OCCUPANT	400 N BROADWAY# 602	MILWAUKEE, WI 53202-5512
CURRENT OCCUPANT	400 N BROADWAY# 603	MILWAUKEE, WI 53202-5512
CURRENT OCCUPANT	400 N BROADWAY# 604	MILWAUKEE, WI 53202-5512
CURRENT OCCUPANT	400 N BROADWAY# 605	MILWAUKEE, WI 53202-5512
CURRENT OCCUPANT	400 N BROADWAY# 700	MILWAUKEE, WI 53202-5518
CURRENT OCCUPANT	400 N BROADWAY# 703	MILWAUKEE, WI 53202-5512
CURRENT OCCUPANT	400 N BROADWAY# 704	MILWAUKEE, WI 53202-5512
CURRENT OCCUPANT	400 N BROADWAY# 801	MILWAUKEE, WI 53202-5512
CURRENT OCCUPANT	400 N BROADWAY# 802	MILWAUKEE, WI 53202-5512
CURRENT OCCUPANT	400 N BROADWAY# 803	MILWAUKEE, WI 53202-5512
CURRENT OCCUPANT	400 N BROADWAY# 804	MILWAUKEE, WI 53202-5512
CURRENT OCCUPANT	400 N BROADWAY# 901	MILWAUKEE, WI 53202-5512
CURRENT OCCUPANT	400 N BROADWAY# 902	MILWAUKEE, WI 53202-5512
CURRENT OCCUPANT	400 N BROADWAY# 903	MILWAUKEE, WI 53202-5512
CURRENT OCCUPANT	400 N BROADWAY# 904	MILWAUKEE, WI 53202-5515

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Total Records: 138

Radius 250 feet and Center of the Circle: 316 N Milwaukee St



# BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 5/12/2020

Office of the City Clerk License Division  
200 E. Wells St. Room 105, Milwaukee, WI 53202  
(414) 286-2238 www.milwaukee.gov/license e-mail address: [license@milwaukee.gov](mailto:license@milwaukee.gov)

## 1. Type of Business

Applying for:  Extended Hours (12AM to 5AM) - If a food establishment, check all that apply:  Delivery  Drive Thru  Dining Room  
 Self Service Laundry  Massage Establishment  Filling Station  
 Other (supplemental application for specific license also required)

Provide a detailed description of the type of business you plan on operating:

TATTOO & Permanent makeup by appt only by a licensed practitioner  
owner operates established beauty service business using single use disposable needles  
+ has experience managing licensed service providers

Do you have any experience operating this type of business?  No  Yes If yes, explain:

## 2. Business Operations

- a. Proposed Opening Date: upon license approval
- b. Is this premise under construction?  No  Yes If yes, list estimated completion date: \_\_\_\_\_
- c. Is this a franchise?  No  Yes
- d. Is this premises currently licensed?  No  Yes If yes, list type of license: Beauty/esthetics services establishment
- e. Is the current licensee operating?  No  Yes If no, list date closed: \_\_\_\_\_
- f. Do you have future plans for other businesses, licenses or permits at this location?  No  Yes  
If yes, explain: expansion of additional beauty & cosmetic services as permitted by licensing
- g. Have you previously held an Extended Hours License in Milwaukee?  No  Yes  
If yes, list address(es): \_\_\_\_\_
- h. Are other businesses operating in the same building?  No  Yes. If yes, describe: multiple professional service businesses + studios

## 3. Litter & Noise

- a. How are grounds kept clean?  Sweep  Pressure Wash  Pick Up Litter  Other: \_\_\_\_\_
- b. How often will grounds be cleaned?  Daily  Weekly  As Needed  Monthly  Other: \_\_\_\_\_
- c. Grounds cleaned by:  Licensee  Building Owner  Employees  Hired Maintenance  Other: \_\_\_\_\_
- d. How are noise issues prevented and/or addressed?  Security  Manager approaches customer(s)  Call Police  
 Signs Posted  Other: \_\_\_\_\_
- e. Will a sound amplification system be used?  No  Yes If yes, describe: \_\_\_\_\_

## 4. Smoking & Sanitation

- a. Are there designated outdoor smoking areas?  No  Yes If yes, describe: \_\_\_\_\_
- b. Number of Garbage Cans: Inside: 1 Locations: treatment room  
Outside: 10 Locations: waiting room, stock room, 4 other rooms
- c. Is a crowd control barrier used?  No  Yes If yes, describe: \_\_\_\_\_
- d. How many restrooms are on the premises? 1 per floor (shared)
- e. Name of solid waste contractor:  Advanced Disposal  Waste Management  Other: \_\_\_\_\_

## 5. Security

- a. Are there onsite parking spaces?  No  Yes If yes, how many? 2 and describe the parking security plan: parking located in shared lot, area is well-lit & monitored by building management
- b. Is there a loading zone?  No  Yes If yes, describe the loading area security plan: \_\_\_\_\_
- c. Will you have licensed security on premise?  No  Yes If yes, how many? \_\_\_\_\_ and answer the following:  
 What are their responsibilities? \_\_\_\_\_  
 Describe equipment used \_\_\_\_\_  
 List their License Number (s) \_\_\_\_\_
- d. Will there be security cameras?  No  Yes If yes, how many? 3 and list locations: Front desk, waiting area, stock room
- e. Will searches/identification checks be done upon entry?  No  Yes If yes, describe age verification will be checked

## 6. Percentage of Sales (must total 100%)

Alcohol <u>0</u> %	Food <u>0</u> % Cigarettes, Electronic Vape Devices, Tobacco Products <u>0</u> %	Secondhand Merchandise <u>0</u> %	Precious Metals & Gems <u>0</u> %
Entertainment <u>0</u> %	Salvaged Materials <u>0</u> % (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) <u>100</u> %	Other <u>0</u> % Describe: _____
Pawnbroker Activity <u>0</u> %			

## 7. Businesses/Licenses on the Premises (check all that apply):

### Type 1

- Full Service Restaurant     Cafe/Coffee Shop     Deli or Fast Food Restaurant     Private/Fraternal/Veterans Club
- Night Club     Tavern     Cocktail Lounge     Teen Club
- Banquet Hall     Sports Facility     Bowling Alley
- Hotel/Motel: Number of Floors: \_\_\_\_\_     Rooming House: Number of Floors: \_\_\_\_\_  
 Number of Rooms: \_\_\_\_\_    Number of Rooms: \_\_\_\_\_

### Type 2

- Liquor Store     Corner Store     Supermarket     Convenience Store
- Gas Station     Amusement/Phonograph Distributor     Recycling, Salvage or Towing
- Used Car Dealer     Personal Service Establishment (such as tattoo business, hair salon, tailor, etc.)     Recording Studio

What other licenses/permits will you hold at this location? (check all that apply)

- Occupancy Permit     Cigarette, Tobacco, Electronic Vape Products     Gas Station     Extended Hours     Class "B" Tavern     Weights & Measures
- Secondhand Dealer     Precious Metal & Gem     Other: Tattoo & permanent makeup establishment license

## 8. Legal Capacity (only if a Type 1 premises in #7 above)

Capacity \_\_\_\_\_ (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)

## 9. Premises Description

a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage):

1<sup>st</sup> Floor  2<sup>nd</sup> Floor  Basement Storage  Patio  Beer Garden  Sidewalk Café  Deck  Rooftop

Other: Describe: 5th FLOOR - Suite 501

b. Describe Location:  Major Thoroughfare  Secondary Street  Other: \_\_\_\_\_

c. Nearest Major Cross Street: E. Chicago St

d. Describe Building:  Free Standing Building  Strip Mall  Other: multi-tenant commercial building

e. Describe Premises Structure:  Single Story  Multi-Story - # of Stories 5  Other: \_\_\_\_\_

f. Describe Surrounding Area:  Commercial  Residential  Industrial  Other: \_\_\_\_\_

g. Building Owner Name: Landmark mgmt Phone Number: \_\_\_\_\_

Building Owner Address: 310 N Milwaukee St Milwaukee WI

53202

## 10. Hours of Operation & Customers

Will customers be entering the premises?  No  Yes

Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	10 am	6 pm	6-10	18-65	None
Monday	10 am	8 pm	↓	18-65	None
Tuesday	10 am	9:30 pm		18-65	None
Wednesday	10 am	9:30 pm		18-65	None
Thursday	10 am	9:30 pm		18-65	None
Friday	10 am	9:30 pm		18-65	None
Saturday	9 am	4 pm		18-65	None

An Extended Hours Establishment License is required for any convenience store, filling station, personal service establishment (such as tattoo, body piercing, salon, tailor, tanning, etc.), recording studio or restaurant which is open between the hours of 12:00 a.m. and 5:00 a.m.

Alcohol Establishments Class A: 8:00 am to 9:00 pm Sunday thru Saturday  
Permitted Hours of Operation: Class B: 6:00 am to 2:00 am Sunday thru Thursday, 6:00 am to 2:30 am Friday & Saturday

Entertainment Outdoor Closing Hours: 10:00pm Sunday-Thursday; 12:00am Friday & Saturday; unless a different time, either earlier or later, is established by the Common Council in its approval of the licensee's plan of operation.

## 11. Signature(s)

Rebecca HMA

Signature of Sole Proprietor, Partner, or 20% or more Shareholder  
(If there are no 20% or more shareholders,  
Corporate Officer-print name/title and sign)

Signature of additional partner or 20% or more shareholder

See Application Information for a complete list of all required application forms.



# TATTOO & BODY PIERCING ESTABLISHMENT SUPPLEMENTAL APPLICATION

Office of the City Clerk License Division  
200 E. Wells St. Room 105, Milwaukee, WI 53202  
(414) 286-2238 e-mail address: [license@milwaukee.gov](mailto:license@milwaukee.gov) [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

Legal Entity Name: Lash Dolls mke, LLC  
 Premise Address: 316 N. Milwaukee St. Unit 501, Milwaukee WI 53202  
**SERVICES OFFERED (check all that apply)**

TATTOO SERVICES		PIERCING SERVICES	
<input checked="" type="checkbox"/> Tattoo	Other Body Art:	<input type="checkbox"/> Body Piercing	
<input type="checkbox"/> Tattoo Removal	<input type="checkbox"/> Scarification	<input type="checkbox"/> Ear Piercing	
<input checked="" type="checkbox"/> Permanent Makeup	<input type="checkbox"/> Braiding	<input type="checkbox"/> Microdermals	
<input checked="" type="checkbox"/> Microblading	<input type="checkbox"/> Subdermal Implants	<input type="checkbox"/> Other:	
	<input type="checkbox"/> Branding		
	<input type="checkbox"/> Other:		

Will an ultrasonic device for equipment cleaning be onsite?  Yes  No

Describe the hand washing method used in procedure area(s)? Warm water, antibacterial soap, designated handwashing sink, disposable paper towels

Number of Employees: <u>5</u>	Number of Tattooists: <u>1</u>	Number of Body Piercers: <u>0</u>	Number of Procedure Stations: <u>1</u>
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**ACKNOWLEDGEMENT & SIGNATURES**

I/we will not operate the business until the license has been issued and posted in the establishment.

[Signature]  
 Signature of Sole Proprietor, Partner, Agent or 20% or More Shareholder of Corporation or LLC

\_\_\_\_\_  
 Signature of Additional Partner(s)

**Supporting Documentation**

The following documentation must be available onsite for the preinspection.

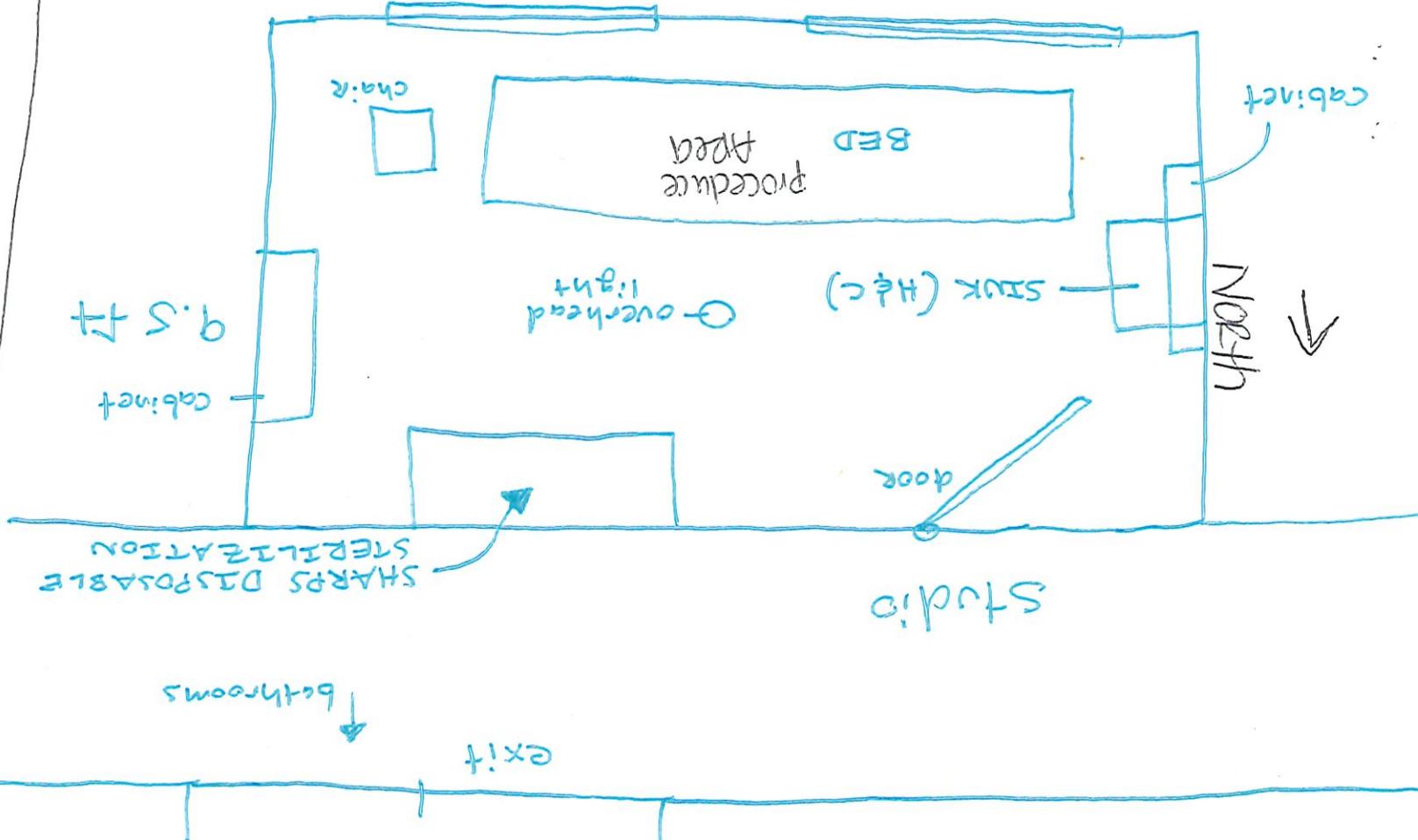
APPLICANT Check only those items you are submitting with this application:	FOR HEALTH DEPARTMENT USE ONLY					
	Reviewed			Approved		
<input checked="" type="checkbox"/> Floor Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<input type="checkbox"/> Equipment List	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<input type="checkbox"/> List of all finished materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<input type="checkbox"/> Lighting Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<input type="checkbox"/> Sharps Disposal Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<input type="checkbox"/> Insect & Rodent Control Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Standard Operating Procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<input type="checkbox"/> Infection Prevention & Control Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<input type="checkbox"/> Copies of Practitioner Licenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<input type="checkbox"/> Facility Documents	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<input type="checkbox"/> Copy of Initial Spore Results	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

**Office Use Only**

Filed		Initials		Application #		Paid	
MPD	CC	HD	NS	Granted		License #	

1/15/20  
LASH DOLLS MILWAUKEE  
310 N. MILWAUKEE STREET  
MILWAUKEE, WI 53202  
UNIT 501  
200 sq ft

N. Milwaukee



Buffalo St.