



CITY OF MILWAUKEE  
OFFICE OF THE CITY CLERK

Friday, September 10, 2010

COMMITTEE MEETING NOTICE

AD 02

Murtaza Sajan, Agt.  
Silver & North, Inc ✓  
1918 E Lafayette Pl #2007  
Milwaukee, WI 53202

You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall on:

**Monday, September 20, 2010 at 9:00 AM**

**Regarding:** Your Food Dealer License application as agent for "Silver & North, Inc" for "BP" at 9040 W Silver Spring Dr.

There is a possibility that your application may be denied for the following reasons:

- Objection by the Common Council member in whose district the food establishment is located.
  - The proposed operation of the premises in such a manner that it creates a public nuisance of the premises in such a manner that it creates a public nuisance of the premises will tend to contribute to neighborhood incidents and conditions identified in s. 68-4-11-g, Milwaukee Code of Ordinances (see attached).
  - An over-concentration of food dealer outlets in the neighborhood.
- Please be advised that the public will be able to comment regarding the aforementioned issues.

<b>Notice for applicants with warrants or unpaid fines:</b>	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.
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Failure to appear at this meeting may result in the denial of your application. 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 own 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 in City Hall is available at reduced rates (5 hour limit) at the Milwaukee Center on the southwest corner of East Kilbourn and North Water Street. Parking tickets must be validated in Room 205, (City Clerk's Office) or the first floor Information Booth in City Hall.

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.

RONALD D. LEONHARDT, CITY CLERK

By Rebecca N. Grill

Rebecca N. Grill  
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  
Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: License@milwaukee.gov



Tom Barrett  
Mayor

Bevan K. Baker, FACHE  
Commissioner of Health

Administration

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Frank P. Zeidler Municipal Building, 841 North Broadway, 3rd Floor, Milwaukee, WI 53202-3653 phone (414) 286-3521 fax (414) 286-5990  
web site: [www.milwaukee.gov/health](http://www.milwaukee.gov/health)

June 29, 2010

Rebecca Grill  
License Division Manager  
200 E. Wells Street, Room 105  
Milwaukee, WI 53202

Dear Ms. Grill:

Based on criteria listed in the Milwaukee Code of Ordinances Chapter 68-4.11, the City of Milwaukee Health Department formally submits the attached objection to the release of the Food Dealer's License for Silver & North, Inc located at 9040 W Silver Spring Dr. doing business as BP by, Ald. Joe Davis, Sr. The mailing address for the applicant is 1918 E. Lafayette Pl. #2007 Milwaukee, WI 53202.

Should you have any questions, please feel free to contact my office at 414-286-3521.

Sincerely,

*Bevan K. Baker (RUF)*

Bevan K. Baker, FACHE  
Commissioner of Health

*Think Health. Act Now!*

**Hulbert, Kevin**

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**From:** Morton, Sherman  
**Sent:** Monday, June 28, 2010 12:18 PM  
**To:** Hulbert, Kevin  
**Subject:** Food Licenses

Kevin,

Alderman Davis would like to see the following application heard in front of The License Committee.

9114 W. Silver Spring

9040 W. Silver Spring

These will be based on previous neighborhood concerns about the up keep of these businesses

6046 W. Fond Du lac Ave

This one is due to the extensive police record.

Please send to License Committee for scheduling

Thank You for your assistance.....

Sherman T. Morton, Legislative Aide  
To Alderman Joe Davis, Sr.  
2nd Aldermanic District  
City Hall, Room 205  
200 E. Wells Street  
Milwaukee, WI. 53202  
414-286-3787 Office  
414-286-0916 Fax  
[sherman.morton@milwaukee.gov](mailto:sherman.morton@milwaukee.gov)

**s. 68-4-11 Milwaukee Code of Ordinances**

**11. CAUSES FOR COUNCIL DENIAL, REVOCATION OR SUSPENSION OF LICENSE.** An application for a new or renewal food dealer's license may be denied, or any license issued under this section may be suspended or revoked, by the common council for any of the following causes:

- a. Failure of the applicant or licensee to meet the statutory and municipal license qualifications, except for failure to meet sanitary or other health-related qualifications or other circumstances described in s. 68-6 as grounds for license revocation or suspension by the commissioner of health.
- b. A false or materially incorrect statement made by the applicant in his or her application.
- c. Violation of any provision of this section by the applicant, licensee or any employe of the food establishment.
- d. The conviction of the applicant or licensee, his or her agent, manager, operator or any other employe for sale or possession with intent to sell any controlled substance or for any felony related to the licensed operation which, in the judgment of the common council, is pertinent to the license being applied for or renewed.
- e. A showing that the applicant or licensee has violated any state law or city ordinance prohibiting the sale of tobacco products to underage persons.
- f. The violation of any of the excise laws of the state.
- g. A showing that the licensed premises has been the source of congregations of persons which have resulted in one or more of the following:
  - g-1. Disturbance of the peace.
  - g-2. Illegal drug activity.
  - g-3. Public drunkenness.
  - g-4. Drinking in public.
  - g-5. Harassment of passers-by.
  - g-6. Gambling.
  - g-7. Prostitution.
  - g-8. Sale of stolen goods.
  - g-9. Public urination.
  - g-10. Theft.
  - g-11. Assaults.
  - g-12. Battery.
  - g-13. Acts of vandalism, including graffiti.
  - g-14. Excessive littering.
  - g-15. Loitering.
  - g-16. Illegal parking.
  - g-17. Loud noise at times when the licensed operation is open for business.
  - g-18. Traffic violations.
  - g-19. Curfew violations.
  - g-20. Lewd conduct.
  - g-21. Display of materials harmful to minors, pursuant to s. 106-9.6.
- h. A showing that the premises proposed for licensing will be a convenience store as defined in s. 68-4.3-1, whether or not exempt as provided in s. 68-4.3-3, and that the proposed operation of the premises will tend to contribute to neighborhood incidents and conditions identified in par. g as the result of an over-concentration of convenience stores in the neighborhood. Evidence that a neighborhood is adequately served by existing retail food establishments may be considered in reaching a determination about whether granting a new license will result in over-concentration.



Friday, September 10, 2010



# Notice of Public Hearing

Murtaza Sajan, Agt.  
BP at 9040 W Silver Spring Dr  
Food Dealer License application

**Monday, September 20, 2010 at 9:00 AM**

To Whom it may concern:

Food Dealer License application for BP at 9040 W Silver Spring Dr has been made by the above named applicant. 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 9/20/2010 at 9:00 AM, in Room 301-B, Third Floor, City Hall, 200 East Wells Street. If you wish, you may provide testimony at the hearing regarding the request; see below for further information. You are not required to attend the hearing. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing. Please review the information below and if you have further questions regarding this process, please contact the License Division at (414) 286-2238.

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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:**

**Attendance is not required.**

RESIDENT	MAIL ADDRESS	CITY AND ZIP CODE
CURRENT	5649 N 90TH ST	MILWAUKEE, WI 53225-
CURRENT	5651 N 90TH ST	MILWAUKEE, WI 53225-
CURRENT	5657 N 90TH ST	MILWAUKEE, WI 53225-
CURRENT	5659 N 90TH ST	MILWAUKEE, WI 53225-
CURRENT	5650 N 91ST ST 1	MILWAUKEE, WI 53225-
CURRENT	5650 N 91ST ST 2	MILWAUKEE, WI 53225-
CURRENT	5650 N 91ST ST 3	MILWAUKEE, WI 53225-
CURRENT	5650 N 91ST ST 4	MILWAUKEE, WI 53225-
CURRENT	5651 N 91ST ST	MILWAUKEE, WI 53225-
CURRENT	8932A W SILVER SPRING	MILWAUKEE, WI 53225-
CURRENT	8932 W SILVER SPRING DR	MILWAUKEE, WI 53225-
CURRENT	8936 W SILVER SPRING DR	MILWAUKEE, WI 53225-
CURRENT	9012 W SILVER SPRING DR	MILWAUKEE, WI 53225-
CURRENT	8925 W THURSTON AVE	MILWAUKEE, WI 53225-
CURRENT	8931A W THURSTON AVE	MILWAUKEE, WI 53225-
CURRENT	8931 W THURSTON AVE	MILWAUKEE, WI 53225-
CURRENT	8937 W THURSTON AVE	MILWAUKEE, WI 53225-
CURRENT	9001 W THURSTON AVE	MILWAUKEE, WI 53225-
CURRENT	9007 W THURSTON AVE	MILWAUKEE, WI 53225-
CURRENT	9015 W THURSTON AVE 1	MILWAUKEE, WI 53225-
CURRENT	9015 W THURSTON AVE 2	MILWAUKEE, WI 53225-
CURRENT	9015 W THURSTON AVE 3	MILWAUKEE, WI 53225-
CURRENT	9015 W THURSTON AVE 4	MILWAUKEE, WI 53225-
CURRENT	9015 W THURSTON AVE 5	MILWAUKEE, WI 53225-
CURRENT	9015 W THURSTON AVE 6	MILWAUKEE, WI 53225-
<b>Record Count: 25</b>		
<b>Radius: 250.0 feet and Center of Circle: 9040 W Silver Spring DR</b>		



**City of Milwaukee**

200 E. Wells Street  
Milwaukee, Wisconsin  
53202

**Signature**

**Motion**

**INTRODUCED: 7/27/2010**

**FILE NO: 100387**

**ASSIGNED TO: LICENSES COMMITTEE**

**SPONSORS: THE CHAIR**

**Title**

Motion relating to the new application for a food dealer license of Silver & North, Inc. for the premises 9040 W. Silver Spring Drive doing business as "BP Gas Station/Convenience Store" in the 2nd Aldermanic District.

COUNTERSIGNED ON: \_\_\_\_\_

\_\_\_\_\_  
**COMPTROLLER**

\_\_\_\_\_  
**COMMON COUNCIL PRESIDENT**

ATTESTED AND SUBMITTED TO  
HIS HONOR, THE MAYOR, ON: \_\_\_\_\_

APPROVED ON: \_\_\_\_\_

BY:

\_\_\_\_\_  
**CITY CLERK**

\_\_\_\_\_  
**MAYOR**

CITY OF MILWAUKEE HEALTH DEPARTMENT  
Disease Control and Environmental Health  
841 North Broadway, Room 304  
Milwaukee, WI 53202

June 23, 2010

TO: Ald. Joe Davis, Sr.  
FROM: Kevin Hulbert  
Environmental Health Program Supervisor  
RE: 9040 W Silver Spring Dr.

The attached letter from the Milwaukee Police Department relates to an applicant for a new food license in your district.

City ordinance 68-4-3 states licenses must be issued to those who meet requirements unless there is an objection by the health commissioner, the department of neighborhood services, the common council member in whose district the food establishment is located, or any neighbor or other interested person. Such objections must be heard before the and License Committee. Only causes listed in 68-4-11 (reproduced at the end of this letter) serve as cause for license denial by the Committee.

Neither the Health Department nor, to our knowledge, the Police Department, are making a request to deny the license application for this individual. We are forwarding this information to you for your information.

Unless we hear from you in ten (10) business days, we will continue processing the license application under the food code. *If you wish to expedite the release of this license prior to the ten days OR file an objection related to the stipulations cited at the end of this letter, please contact me at 286-5747 or khulbe@milwaukee.gov.*

Thank you for your help in keeping Milwaukee healthy.

SILVER SPRING DR

9040 W

7 8 10

Chapter 68-4(11)

11: CAUSES FOR COUNCIL DENIAL, REVOCATION OR SUSPENSION OF LICENSE. An application for a new or renewal food dealer's license may be denied, or any license issued under this section may be suspended or revoked, by the common council for any of the following causes:

- a Failure of the applicant or licensee to meet the statutory and municipal license qualifications, except for failure to meet sanitary or other health-related qualifications or other circumstances described in s. 68-6 as grounds for license revocation or suspension by the commissioner of health.
- b A false or materially incorrect statement made by the applicant in his or her application.
- c Violation of any provision of this section by the applicant, licensee or any employee of the food establishment.
- d The conviction of the applicant or licensee, his or her agent, manager, operator or any other employee for sale or possession with intent to sell any controlled substance or for any felony related to the licensed operation which, in the judgment of the common council, is pertinent to the license being applied for or renewed.
- e A showing that the applicant or licensee has violated any state law or city ordinance prohibiting the sale of tobacco products to underage persons.
- f The violation of any of the excise laws of the state.
- g A showing that the licensed premises has been the source of congregations of persons which have resulted in one or more of the following:

- g-1. Disturbance of the peace.
- g-2. Illegal drug activity.
- g-3. Public drunkenness.
- g-4. Drinking in public.
- g-5. Harassment of passers-by.
- g-6. Gambling.
- g-7. Prostitution.
- g-8. Sale of stolen goods.
- g-9. Public urination.
- g-10. Theft.
- g-11. Assaults.
- g-12. Battery.
- g-13. Acts of vandalism, including graffiti.
- g-14. Excessive littering.
- g-15. Loitering.
- g-16. Illegal parking.
- g-17. Loud noise at times when the licensed operation is open for business.
- g-18. Traffic violations.
- g-19. Curfew violations.
- g-20. Lewd conduct.
- g-21. Display of materials harmful to minors, pursuant to s. 106-9.6.

h. A showing that the premises proposed for licensing will be a convenience store as defined in s. 68-4.3-1, whether or not exempt as provided in s. 68-4.3-3, and that the proposed operation of the premises will tend to contribute to neighborhood incidents and conditions identified in par. g as the result of an over-concentration of convenience stores in the neighborhood. Evidence that a neighborhood is adequately served by existing retail food establishments may be considered in reaching a determination about whether granting a new license will result in over concentration.

**CITY OF MILWAUKEE HEALTH DEPARTMENT**  
**Consumer Environmental Health Division**  
 841 N Broadway, Room 304, Milwaukee WI 53202  
 Telephone: 414.286.3674 Fax: 414.286.5164

Date: 6.22.10

A Food Dealer License or Tattoo/Body Piercing Application has been submitted for the following address:

9040 W. SILVERSPRING DR.

Please run a background check on the following individual(s) associated with this application and return your results to the above fax number as soon as possible:

MURTAZA<sup>M</sup> SAJJAN DOB: 4-15-84  
18925 CAUENDISH RD. BROOKFIELD, WI  
WI DC 3250-5408-4135-00 53045  
 \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

No Police Department Attachment, based on information provided.

F.O. Tracy TABIADON

JUN 23 2010

**CITY OF MILWAUKEE HEALTH DEPARTMENT- Consumer Environmental Health**  
 841 N Broadway Room 304 Milwaukee WI 53202 (Telephone 414.286.3674 Fax 414.286.5164)  
**FOOD DEALER LICENSE APPLICATION (License year is July 1-June 30)**

**PLEASE PRINT CLEARLY**

TARGET OPENING DATE July 1

DATE OF APPLICATION 05/28/10

ADDRESS OF BUSINESS 9040 W. Silver Spring Dr.

CITY Milwaukee STATE WI ZIP 53225

APPLICANT Silver Ed North, Inc.

(Must be a legal entity as in a sole proprietor(s) or a Corporation, Ltd Partnership, or LLC registered with the Dept of Financial Institutions)

If applying in your own personal name(s) as opposed to a Corporation or LLC, also complete the following two lines:

DATE OF BIRTH(S) \_\_\_\_\_ HOME TELEPHONE NUMBER(S) \_\_\_\_\_

HOME ADDRESS(S) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS NAME BP E-MAIL ADDRESS \_\_\_\_\_

BUSINESS TELEPHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER 414-732-1023 FAX NUMBER \_\_\_\_\_

MAILING ADDRESS 1918 E. Lafayette Pl. #2007 CITY Milwaukee STATE WI ZIP 53202

For Billing?  For Licenses?

**ANSWER YES (Y) TO THE FOLLOWING ITEMS THAT APPLY TO YOUR BUSINESS**

- |  |  |
|--|--|
| <input type="checkbox"/> Do you sell, cater or give away restaurant food (meals, appetizers, soup, sandwiches, pizza, hot dogs, etc.) that is: | <input checked="" type="checkbox"/> Do you sell frozen or refrigerated prepackaged foods, such as meat, milk, eggs, ice cream, etc.?   |
| <input checked="" type="checkbox"/> Limited to individually wrapped/sealed single food servings supplied by a licensed processor?              | <input checked="" type="checkbox"/> Do you sell fresh fruits and/or vegetables?  |
| <input type="checkbox"/> Prepared by you from raw, canned, dried, packaged or frozen foods?  | <input checked="" type="checkbox"/> Do you sell prepackaged foods such as canned/boxed goods, candy, chips, cereal, etc?   |
| <input type="checkbox"/> Only given away or sold to the needy?   | <input type="checkbox"/> Circle which of the following items you prepare in your store: coffee, espresso, cappuccino, latte, deli salads, fruit cups, ice, soft-serve ice cream, yogurt, slushies, candy, popcorn, cotton candy, snow cones, shaved ice, cakes, pastries, cookies, |
| <input type="checkbox"/> Are you selling beer or liquor?   | <input type="checkbox"/> Do you use a grinder, slicer, band saw, and/or knives? (Circle those you use)   |
| <input type="checkbox"/> Is this a Mobile Service Base for a pushcart or truck selling meals?  | <input type="checkbox"/> Are you a wholesale distributor of prepackaged foods?   |
| <input type="checkbox"/> Is this a Bed and Breakfast?  | <input type="checkbox"/> Are you a wholesale food manufacturer?  |
| <input type="checkbox"/> Is your building newly constructed?   | <input type="checkbox"/> If yes, do you have a retail shop at the same location?   |
| <input type="checkbox"/> Are you doing any remodeling? If yes, what are your plans?  |  |

ESTIMATED MONTHLY GROSS FOOD (not alcohol) SALES \$ 25,000 SIGNATURE OF APPLICANT Mortaza Sadan

**THIS BOX FOR HEALTH DEPARTMENT USE ONLY**

Corporate ID # 3028210 Reg Agt/Other MORTAZA SADAN Date of Birth 4.15.84

New Operator  Upgrade Food Service  Other \_\_\_\_\_

**Food Establishment**

No Processing Fee .....\$ 456.00 Date Paid 6-21-10  
 Processing Fee .....\$ \_\_\_\_\_ Payment Type AG Rec'd By AG  
 AG Admin Fee .....\$ 450 Food Dist# 1 W&M Dist# 1  
 Estab Number 23245  
 Aldermanic District # 2

Inv No \_\_\_\_\_  
 Lic No \_\_\_\_\_  
 Date Lic Printed \_\_\_\_\_  
 HS ID No \_\_\_\_\_ EXP \_\_\_\_\_  
 AG ID No \_\_\_\_\_

**Restaurant**

Prepackaged Fee .....\$ \_\_\_\_\_ Weighing/Measuring Devices? Y/N \_\_\_\_\_  
 Food Preparation Fee .....\$ \_\_\_\_\_ Previous Operator If Mall: \_\_\_\_\_  
 Additional Site Fee .....\$ \_\_\_\_\_  
 Meal Service .....\$ \_\_\_\_\_ Date Old Oper OB \_\_\_\_\_  
 Bed and Breakfast .....\$ \_\_\_\_\_ Type Of Estab \_\_\_\_\_  
 DOH Admin Fee .....\$ \_\_\_\_\_ Convenience Store Y/N \_\_\_\_\_  
 Fire Type: FULL VENT NA MALL (Circle)  
 Risk: 1 2 3 (Circle)  
 Certificate Of Food Protection Practices  
 Required? Y/N \_\_\_\_\_

Refund \_\_\_\_\_  
 Addl Fees Due \_\_\_\_\_  
 Date Paid \_\_\_\_\_ Inv No \_\_\_\_\_  
 Payment Type \_\_\_\_\_ Rec'd By \_\_\_\_\_

Preinspection .....\$ 55  
 Site Evaluation .....\$ \_\_\_\_\_  
 Plan Exam Fee .....\$ \_\_\_\_\_  
**TOTAL.....\$ 515.00**

**IF PROCESSING, COMPLETE BACK OF FORM.**

Restrictions And/Or Grandfathered Equipment \_\_\_\_\_

SIGNATURE OF OPERATOR OR REGISTERED AGENT

RELEASE DATE

SIGNATURE OF SANITARIAN

CITY OF MILWAUKEE HEALTH DEPARTMENT

Disease Control and Environmental Health

841 North Broadway, Room 304

Milwaukee, WI 53202

414-286-3674

CONVENIENCE FOOD STORE DETERMINATE CHECKLIST

9040 W. Silver Spring Dr. ADDRESS OF BUSINESS

Silver & North, Inc. OWNER OF BUSINESS

- 1. Is your primary business the sale of basic food items and in addition do you sell household products?

Basic food items may include, but are not limited to, milk and dairy products, bread products, prepared sandwiches, frozen entrees, refrigerate food and baby food.

X Yes No

Household products may include, but are not limited to, cleaning products, paper products, baby products and pet food.

Yes X No

- 2. Is your business a gas station that sells basic food items and in addition sells household products mentioned in item 1. above?

X Yes No

- 3. Does your business contain less than 5,000 square feet of retail sales space?

Yes X No

Signature of Applicant

6/21/2016 Date

CONVENIENCE FOOD STORE YES NO GAS STATION CONVENIENCE FOOD YES NO

**WISCONSIN**

APR 15 1984

**MUKTAR SAJAN**  
18925 CAVENDISH RD  
BROOKFIELD, WI 53045

TELEPHONE



CITY OF MILWAUKEE HEALTH DEPARTMENT

Consumer Environmental Health

841 North Broadway, Room 304

Milwaukee, WI 53202

414-286-3674

ADDRESS OF BUSINESS: 9040 W. Silver Spring Dr.

APPLICANT:

SINUA A. MORTAZA MORTAZA SAJAN

**IMPORTANT NOTICE:** The Milwaukee Health Department's acceptance of your application and payment does not give you permission to operate. It is illegal to operate without a license. You may only operate upon receiving written approval from the Milwaukee Health Department.

All Food Dealer and Tattoo/Body Piercing applicants are subject to a police background check. If certain criminal activity is identified through the police background check, the Common Council is advised and may decide to hold a hearing as to whether the license should be granted. Anyone can file an objection showing reasons why the license should not be issued, which may result in a Common Council hearing. If there is no objection and the establishment is in compliance with health requirements, the license can usually be approved and issued in about a month. In the case of an objection resulting in a Common Council hearing, the process of deciding whether a license will be issued may take several months.

Signature of Applicant:

Sinua A. Mortaza

Date:

6/21/2016

SADMS

Makbul Sajan

9114 W. Silver Spring Dr.

Milwaukee WI.

REF: 9114 W. Silver Spring Dr. Milwaukee, WI. 53225

9040 W. Silver Spring Dr. Milwaukee, WI 53225

Hasham Ave 888  
SILCO LLC. 777

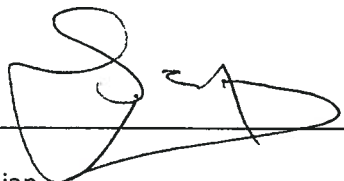
TO: City of Milwaukee Health Department and Associated Offices

I (Makbul Sajan) am formally stating that I am still the operator of businesses located on

9114 W. Silver Spring Dr. Milwaukee, WI. 53225

9040 W. Silver Spring Dr. Milwaukee, WI 53225

These locations have not been sold or transferred to any entity. I wish to renew my food handling license as well as weights and measures license. I accept full responsibility of these licenses.

  
\_\_\_\_\_  
Makbul Sajan

8.12.10  
\_\_\_\_\_  
Date