

MILWAUKEE POLICE DEPARTMENT

MEMORANDUM

Date: Wednesday, September 5, 2022

TO: Nicholas DeSiato
Chief of Staff

FR: David NOVAK
Police Officer

CC:

RE: Ambulance Applications



Sir,

On Wednesday, September 5, 2022, the License Investigation Unit (LIU) processed the following ambulance application for Curtis Ambulance. The LIU conducted a background check of the application. At the conclusion of the LIU's investigation it is my recommendation to approve the application that was provided.

Respectfully submitted,

A stylized, handwritten signature in black ink, appearing to read 'David Novak'.

Police Officer David Novak
License Investigation Unit

MILWAUKEE POLICE DEPARTMENT

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Respectfully submitted,

A stylized, handwritten signature in black ink, appearing to read 'D. Novak'.

Police Officer David Novak
License Investigation Unit



Fire Department

Aaron Lipski
Chief

Joshua Parish
Assistant Chief
Sharon Purifoy-Smoots
Assistant Chief
De'Wayne Smoots
Assistant Chief

MEMORANDUM

TO: Jeffrey Norman
Chief of Police

FROM: Joshua Parish
Assistant Chief

DATE: 10/04/2022


RE: Ambulance Company's Application for Approval

Attached is a copy of Curtis Ambulance's application for recertification. Please approve or deny application based on qualifications described in city ordinance 75-15 (6).

Upon completion, please return your recommendations for allowance or denial to my office.

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

Thank you.


JOSHUA PARISH
Assistant Chief
EMS, Training, and Education

CC: Nicholas DeSiato
Sgt. Guadalupe Velasquez
EMS Deputy Chief David Hensley

Application for Ambulance Certification

Fee Must Accompany Application.

The license period is from January 1 to December 31.

\$1,100.00 - New Applicants and Renewals

Make check payable to the City of Milwaukee Fire Department

Check(✓) one: ☐ Individual
☐ Partnership
☒ Corporation

1. NAME OF APPLICANT (if individual): _____

Business Name: Curtis Universal Ambulance, Inc

Phone: 414-276-7711

Business Address: 2266 N. Prospect Ave. Ste 440

City: Milwaukee

State: WI

Zip: 53202

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: _____

Mailing Address: PO Box 2007 Milwaukee, WI 53201-2007

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 Curtis-Universal, Inc.

Address: 2266 N. Prospect Ave. Ste 440 Milwaukee, WI 53202

Date and Place of Incorporation: October 17th, 1969 - Wisconsin

President: James G. Baker, Jr.

Home Address: W310N8370 Kilbourne Rd.

City: Hartland

State: WI

Zip: 53029

Phone: 262-966-1853

Date of Birth: 12/17/1955

Vice President: James G. Baker, Jr.

Home Address: Same as above.

City: _____

State: _____

Zip: _____

Phone: _____

Date of Birth: _____

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Secretary: Debra Baker

Home Address: 203 Glenowen Dr

City: Hartland

State: WI

Zip: 53029

Phone _____

Date of Birth _____

Treasurer: James G. Baker, Jr.

Home Address: W310N8370 Kilbourne Rd

City: Hartland

State: WI

Zip: 53029

Agent: _____

Home Address: _____

City: _____

State: _____

Zip: _____

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: 3

Do you wish to participate in the Emergency Medical Services System?

☒ Yes ☐ No

Total number of vehicles in service: 20

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 _____ day of _____, 20____

Individual/Corporate President/Partner: James G. Baker Jr.

Additional Partner/Corporate Vice President: James G. Baker Jr.

Notary Public, State of Wisconsin: Nick Johnson

My commission expires: 1/12/26

Corporate Secretary: Debra Baker

Corporate Treasurer: James G. Baker Jr.

NICK JOHNSON
Notary Public
State of Wisconsin

Do Not Write Below This Line

Clerk

License#

New

Renewal

Date Filled

Date Granted



Fire Department

Aaron Lipski
Chief

Joshua Parish
Assistant Chief
Sharon Purifoy-Smoos
Assistant Chief
De'Wayne Smoots
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MEMORANDUM

TO: Jeffrey Norman
Chief of Police

FROM: Joshua Parish
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Thank you.


JOSHUA PARISH
Assistant Chief
EMS, Training, and Education

CC: Nicholas DeSiato
Sgt. Guadalupe Velasquez
EMS Deputy Chief David Hensley

Application for Ambulance Certification

Fee Must Accompany Application.

The license period is from January 1 to December 31.

\$1,100.00 - New Applicants and Renewals

Make check payable to the City of Milwaukee Fire Department

Check(✓) one: ☐ Individual
☐ Partnership
☒ Corporation

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

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Secretary: VALERIE A 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

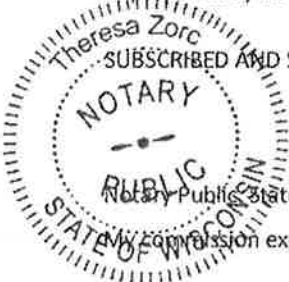
Total number of vehicles in service: 66

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 29 day of September, 2022

Individual/Corporate President/Partner: [Signature]

Additional Partner/Corporate Vice President: [Signature]

Notary Public, State of Wisconsin: Theresa Zorc

My commission expires: 11/3/2024

Corporate Secretary: Valerie A Zehetner

Corporate Treasurer: Wayne A Jurecki

Do Not Write Below This Line

Clerk

License#

New

Renewal

Date Filled

Date Granted