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 A few days DATE OF APPLICATION 7/28/2008

ADDRESS OF BUSINESS 405 N 27th St CITY Milwaukee STATE WI ZIP 53208

APPLICANT [redacted] JDA Petroleum 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) 06/13/1980 HOME TELEPHONE NUMBER(S) (414) 536-9604

HOME ADDRESS(S) 5473 N. Shasta Drive CITY Glendale STATE WI ZIP 53209

BUSINESS NAME JDA Petroleum Inc E-MAIL ADDRESS —

BUSINESS TELEPHONE NUMBER 801-8659 CELL PHONE NUMBER — FAX NUMBER 332-4420

MAILING ADDRESS 405 N. 27th St CITY Milwaukee STATE WI ZIP 53209

X For Billing? X For Licenses?

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

Do you sell, cater or give away restaurant food (meals, appetizers, soup, sandwiches, pizza, hot dogs, etc.) that is:

____Limited to individually wrapped/sealed single food servings supplied by a licensed processor?

____Prepared by you from raw, canned, dried, packaged or frozen foods?

____Only given away or sold to the needy?

____Are you selling beer or liquor?

____Is this a Mobile Service Base for a pushcart or truck selling meals?

____Is this a Bed and Breakfast?

____Is your building newly constructed?

____Are you doing any remodeling? If yes, what are your plans?

Y Do you sell frozen or refrigerated prepackaged foods, such as meat, milk, eggs, ice cream, etc.?

Y Do you sell fresh fruits and/or vegetables?

Y Do you sell prepackaged foods such as canned/boxed goods, candy, chips, cereal, etc?

____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,

____Do you use a grinder, slicer, band saw, and/or knives? (Circle those you use)

____Are you a wholesale distributor of prepackaged foods?

____Are you a wholesale food manufacturer?

____If yes, do you have a retail shop at the same location?

ESTIMATED MONTHLY GROSS FOOD (not alcohol) SALES $ 10,000 SIGNATURE OF APPLICANT Syed K Rizvi

THIS BOX FOR HEALTH DEPARTMENT USE ONLY

Corporate ID # 1023185 Reg Agt/Other SYED K. RIZVI Date of Birth 6-13-1980

X New Operator ☐ Upgrade Food Service ☐ Other

Food Establishment
- X No Processing Fee ..... $ 199.00
- ☐ Processing Fee ..... $
- X AG Admin Fee ..... $ 4.50

Date Paid 7-28-08
Payment Type CK Rec'd By Zeh
Food Dist# N/A W&M Dist# 3
Estab Number 815749
Aldermanic District # 4

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

Restaurant
- ☐ Prepackaged Fee ..... $
- ☐ Food Preparation Fee ..... $
- ☐ Additional Site Fee ..... $
- ☐ Meal Service ..... $
- ☒ Bed and Breakfast ..... $
- ☐ DOH Admin Fee ..... $

Weighing/Measuring Devices? Y/N
Previous Operator If Mail:
Date Old Oper OB
Type Of Estab
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

- Preinspection ..... $ 45.00
- Site Evaluation ..... $
- Plan Exam Fee ..... $
- TOTAL ..... $ 248.50

Date Paid Inv No
Payment Type Rec'd By

IF PROCESSING, COMPLETE BACK OF FORM.

Restrictions And/Or Grandfathered Equipment

SIGNATURE OF OPERATOR OR REGISTERED AGENT RELEASE DATE SIGNATURE OF SANITARIAN

Inspector/File H-382 R0806

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: 7-28-08

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

405 N. 27TH ST

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:

SYED K. RIZVI DOB: 6-13-1980
R210-7918-0213-06
5475 N. SHASTA DR.
GLENDALE, WI 53209

_____ DOB: _____

SEE ATTACHMENT PO GILBERT GWINN

JUL 2 8 2008

_____ DOB: _____

_____ DOB: _____