

MILWAUKEE HEALTH DEPARTMENT - Consumer Environmental Health  
841 N Broadway Room 304 Milwaukee WI 53202 (Telephone 414.286.3674 Fax 414.286.5184)  
**FOOD DEALER LICENSE APPLICATION (License year is July 1-June 30)**

PLEASE PRINT CLEARLY

TARGET OPENING DATE 4/1/09DATE OF APPLICATION 3/23/09ADDRESS OF BUSINESS 2222 W North Av CITY Milwaukee STATE WI ZIP 53205APPLICANT Lechell Evans

(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) 08/11/81 HOME TELEPHONE NUMBER(S) (414) 763-5726HOME ADDRESS(S) 4478 W 46th CITY Milwaukee STATE WI ZIP 53218BUSINESS NAME Tapwatch E-MAIL ADDRESS www.tapwatchhere@gmailBUSINESS TELEPHONE NUMBER 333-0273 CELL PHONE NUMBER 333-0273 FAX NUMBERMAILING ADDRESS 4478 W 46th CITY Milwaukee STATE WI ZIP 53218☒ For Billing? ☒ 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?☐ Do you sell frozen or refrigerated prepackaged foods, such as meat, milk, eggs, ice cream, etc.?☐ Do you sell fresh fruits and/or vegetables?☒ 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 \$ 50.00 SIGNATURE OF APPLICANT Lechell Evans

## THIS BOX FOR HEALTH DEPARTMENT USE ONLY

Corporate ID # \_\_\_\_\_ Reg Agt/Other \_\_\_\_\_

Date of Birth \_\_\_\_\_

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

## Food Establishment

☒ No Processing Fee .....\$ 135.00☐ Processing Fee .....\$ \_\_\_\_\_☐ AG Admin Fee .....\$ \_\_\_\_\_Date Paid 3/23/09Payment Type CA Rec'd By ASFood Dist# 8 ZW&M Dist# \_\_\_\_\_Estab Number 8009SKIAldermanic District # 18

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 Mall: \_\_\_\_\_

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

Site Evaluation .....\$ \_\_\_\_\_

Plan Exam Fee .....\$ \_\_\_\_\_

TOTAL .....\$ 180.00**IF PROCESSING, COMPLETE BACK OF FORM.**

Date Paid \_\_\_\_\_

Inv No \_\_\_\_\_

Payment Type \_\_\_\_\_

Rec'd By \_\_\_\_\_

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

SIGNATURE OF OPERATOR OR REGISTERED AGENT

RELEASE DATE

SIGNATURE OF SANITARIAN

Inspector/File

H-382 R0806

4-6-09

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: 3.23.09

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

2022 W. NORTH AV.

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:

LACHELL EVANS

DOB: 8.11.81

4478 N. 46<sup>TH</sup> ST. MILWAUKEE, 53218

WIDL E150-5388-1791-07

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

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

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

No Police Department Attachment, based on information provided.

MAR 23 2009