

**AGENDA
PUBLIC WORKS
COMMITTEE**

*****SPECIAL MEETING***
FRIDAY, APRIL 19, 2013
ROOM 202
5:00 P.M.**

***Eric Haugaard, Chairman
Jan Michalski, Vice Chairman
Steve Bostrom***

***Scott N. Gordon
Patrick Juliana
G. John Ruffolo***

- C-1 Approval of Application of Armando De La Rosa for a Peddler Stand License, to be located at the southwest corner of 54th Street and 6th Avenue, to be effective April 22, 2013, with no adverse recommendations. (*Licensing/Permit Committee approved unanimously*) **(District 2)**

CITIZENS COMMENTS/ALDERMAN COMMENTS RELATED ONLY TO JURISDICTION OF PUBLIC
WORKS COMMITTEE

IF YOU ARE DISABLED AND IN NEED OF ASSISTANCE CALL 653-4050 BEFORE NOON ON THE DATE INDICATED FOR THIS
MEETING.

NOTICE IS HEREBY GIVEN THAT A MAJORITY OF THE MEMBERS OF THE COMMON COUNCIL MAY BE PRESENT AT THE
MEETING, AND ALTHOUGH THIS MAY CONSTITUTE A QUORUM OF THE COMMON COUNCIL, THE COUNCIL WILL NOT TAKE
ANY ACTION AT THIS MEETING.

APPLICATION FOR PEDDLER STAND
CITY OF KENOSHA

E-MAILED MAR 20 REC'D

TERM: October 1 through September 30*

(the location shall be sent for renewal unless an amendment is filed to relocate)

13.035 PEDDLER'S STANDS AND OTHER STRUCTURES AS OBSTRUCTIONS

No person, firm, party or corporation shall place or maintain a stand or structure from which peddling, as defined in §13.03, Ordinances, is engaged in or which are used for any other purposes, upon any City property, including street rights-of-way, sidewalks and lawn park areas, without first having obtained permission of the Common Council.

Type: 129
Fee: \$100.00/application

1. Applicant Name Armando De La Rosa

2. Attach a copy of Driver's License or ID. *Check here if attached

a. Residence Address (Address, City, State, Zip) 1806 Washington rd Kenosha WI 5314
b. Phone Number (Including Area Code) 262-744-2757

Business Name & Address De La Rosa's Food Truck

Location of Stand Southwest corner 54th St 6th AVE all summer
would like this to be my location
** Location to be reviewed every 30 days by common council*

Is stand located in City park? Yes No If answer is yes, attach approved park use agreement between applicant and the City of Kenosha Parks Department.

Date(s) stand will operate: ~~April 15th 2013~~ ^{AA} April 22nd 2013 - Sept 30 2013

Hours of operation (Peddling is permitted at a stand location between the hours of 9:00 a.m. and 8:00 p.m.):
11am - 8pm

Describe the food, beverages, merchandise or services to be sold: Tacos, Burritos, Nachos
1/ beef, Frito pie, walking tacos, Taco plates includes rice + beans, soda

Are you Selling Food? If selling food, a Copy of your Kenosha County Food permit must be attached to this application. *Check here if attached

An approved location shall be limited to thirty (30) consecutive days. Each stand may be relocated subject to the filing an amendment during the term of the permit and upon Common Council approval.

I hereby appoint the municipal clerk for the City of Kenosha or his/her agent to accept service of process in any civil action brought against me in connection with direct sales activities if I cannot, after reasonable effort, be personally served. I have read and understand the "Applicants Please Read" section of this application. I hereby certify that I am the applicant named in the foregoing application, and I have read each and every question and answered each and every question truly, correctly and completely, under penalty of law for failure to do so.

Applicant's Signature Armando De La Rosa Date: 3-20-13 / 4/9/13 *Revised*

Completed by Clerk:
Received and Filed 3/20/13 Reported to Council/Granted _____ Issued _____ Initials _____
Use Agreement Required? NO If yes, is it attached? _____

APPLICATION FOR PEDDLER STAND

CITY OF KENOSHA

TERM: October 1 through September 30*

(the location shall be sent for renewal unless an amendment is filed to relocate)

E-MAILED MAR 20 REC'D

13.035 PEDDLER'S STANDS AND OTHER STRUCTURES AS OBSTRUCTIONS

No person, firm, party or corporation shall place or maintain a stand or structure from which peddling, as defined in §13.03, Ordinances, is engaged in or which are used for any other purposes, upon any City property, including street rights-of-way, sidewalks and lawn park areas, without first having obtained permission of the Common Council.

Type: 129

Fee: \$100.00/application

- 1. Applicant Name Armando De La Rosa
- 2. Attach a copy of Driver's License or ID. *Check here if attached
- 3. a. Residence Address (Address, City, State, Zip) 1806 Washington rd Kenosha WI 5314
 b. Phone Number (Including Area Code) 262-744-2757
- 4. Business Name & Address De La Rosa's Food Truck
- 5. Location of Stand Southwest corner 54th St 6th Ave
- 6. Is stand located in City park? Yes No If answer is yes, attach approved park use agreement between applicant and the City of Kenosha Parks Department.
- 7. Date(s) stand will operate: April 15th 2013
- 8. Hours of operation (Peddling is permitted at a stand location between the hours of 9:00 a.m. and 8:00 p.m.):
11am - 8pm
- 9. Describe the food, beverages, merchandise or services to be sold: Tacos, Burritos, Nachos w/ beef, Frito pie, walking tacos, Taco plates includes rice + beans, soda
- 10. Are you Selling Food? If selling food, a Copy of your Kenosha County Food permit must be attached to this application. *Check here if attached

Term. An approved location shall be limited to thirty (30) consecutive days. Each stand may be relocated subject to the filing of an amendment during the term of the permit and upon Common Council approval.

hereby appoint the municipal clerk for the City of Kenosha or his/her agent to accept service of process in any civil action brought against me in connection with direct sales activities if I cannot, after reasonable effort, be personally served. I have read and understand the "Applicants Please Read" section of this application. I hereby certify that I am the applicant named in the foregoing application, and I have read each and every question and answered each and every question truly, correctly and completely, under penalty of law for failure to do so.

Applicant's Signature Armando De La Rosa Date: 3-20-13

to be completed by Clerk:
Date Received and Filed 3/20/13 Reported to Council/Granted _____ Issued _____ Initials _____
*Use Agreement Required? no If yes, is it attached? _____

APPLICANT'S REPORT - POLICE RECORD

Name Armando DeLaRosa

Address 1806 Washington

Date of Birth 9-19-1978

License/Permit Applied For peddlers stand

Driver's License Number WI D462-0187-8339-03
(MUST INDICATE IF THIS IS NOT A WISCONSIN DL)

Applicant must truly, correctly and completely answer the following questions, or in the alternative, subject themselves to the penalties specified in §1.22 of the Code of General Ordinances, a copy of which is printed on the reverse side of this application. In the event the information is untrue, incorrect, and/or incomplete it will be denied. Applicant must also be aware that the first twenty-five (\$25) dollars of the application fee for any license/permit shall be forfeited in the event of denial or withdrawal of the application for administrative and processing costs, as specified in §1.22 of the Code of General Ordinances, a copy of which is printed on the reverse side of this application.

Have you, as an adult, ever been convicted of a major crime (felony) or minor crime (misdemeanor) in Wisconsin, or in any other State, or do you have such a charge pending at this time? Yes No If yes, state charge, year offense committed or alleged to be committed, and disposition:

misdemeanor I believe 1999

Have you, as an adult, ever been convicted of violating a municipal or county ordinance in Wisconsin or in any state, or do you have such a charge pending at this time? Yes No If yes, state charge and year offense committed or alleged to be committed, and disposition:

misdemeanor I believe 1999 I am answering to the best of my knowledge

Have you, as an adult, ever served time, or been sentenced to serve time, in a jail or prison in Wisconsin or in any other State? Yes No If yes, explain:

Have you ever had your driver's license suspended or revoked in Wisconsin or in any other State? Yes No If yes, explain:

due to points in 1998 or 1999 unsure of year so long ago

Have you received any traffic citations in Wisconsin or in any other State within the past five (5) years, or do you have any such citations pending? Yes No If yes, state charge, year offense committed or alleged to be committed, and disposition:

parking tickets september 19th 2012 parking in lawn at my house to unload some stuff and parking tickets september 20th - 21st 2013 dropping kids off at school and driving w/o insurance in kenosha and one in racine court date the 17th of April show proof of insurance and parking ticket that was paid and police officer said ticket should get dropped

Have you, as an adult, within the past five (5) years, while operating a business or engaged in a profession, been convicted of any state or federal charges, or do you have such charges pending at this time involving unfair trade practices, unethical conduct, or discrimination? Yes No If yes, state charge, year offense committed or alleged to be committed, and disposition:

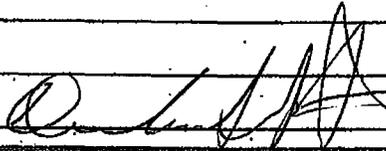
List the name and address of all employers for which you have worked and/or businesses you have operated in the past five (5) years:

DeLaRosas Food Service

List all addresses at which you have lived in the past five (5) years:

2619-26th AVE - 1806 Washington rd Kenosha WI 53140

Applicant's Signature



Date

3-20-13

EASE READ: \$1.22 LICENSE/PERMIT APPLICATIONS -CODE OF GENERAL ORDINANCES

Prohibition It shall be unlawful for any person, acting as an individual, a partner, a corporate officer, or an agent, to create or file with any City Department, or to authorize any person to do so on their behalf, a license or permit application which is not true, correct and/or complete in all material respects and which was known by said person to be true, incorrect and/or incomplete. The term "in all material respects" shall mean with respect to some fact, which, if known to the granting authority, would be a basis or a consideration for license or permit denial.

Penalty

Any person violating Subsection A. above, shall, upon conviction thereof, be subject to a forfeiture not to exceed Five hundred (\$500) Dollars, plus the payment of the costs of prosecution, and, in default of the timely payment thereof, shall be committed to the County Jail until such forfeiture has been paid, but not to exceed a period of thirty (30) days. 2) The license or permit granting authority may grant, but withhold the issuance of, any license or permit for a period not to exceed thirty (30) days from the date of granting under circumstances wherein an application is found by the granting authority to have violated Section A. above, and the applicant was provided with an opportunity to appear before the granting authority. The granting authority may also issue a written warning to the applicant which shall be made part of their license/permit record for two (2) consecutive license/permit years.

Where such finding and penalty is made and imposed by other than the Common Council, applicant may, within ten days of receipt of oral or written notice of the imposition of any such penalty, whichever is first, if both oral and written notice is provided, file a Notice of Appeal with the City Clerk and have such matter reviewed by the Common Council.

\$25 ADMINISTRATIVE CHARGE FOR PROCESSING LICENSE/PERMIT APPLICATIONS

The first Twenty-five (\$25) Dollars of the application fee for any License/Permit shall be retained by the City in the event of a License/Permit denial or the withdrawal of the application by applicant for administrative and processing costs, the balance, if any, refunded to the applicant. Where the application fee is less than Twenty-five (\$25) Dollars, the entire application fee shall be retained by the City for administrative and processing costs.

WISCONSIN

DRIVER LICENSE DWP USA WI
REGULAR



1. ID: D462-0187-8339-03
2. DELAROSA
3. ARMANDO T
4. 1806 WASHINGTON RD
5. KENOSHA, WI 53140

6. DOB: 09/19/1978 7. EXP: 09/19/2018

8. SEX: M 9. HGT: 5-00 10. EYES: BRO
11. WGT: 150 LB 12. HAIR: BLK

13. CLASS: D
14. END: NONE

15. DO: 0TJLE2012060719281479

CITY OF KENOSHA SAFETY AND PERFORMANCE CHECKLIST - TYPE OF VEHICLE 1978 Stepvan (i.e. Taxicab, Towing, Ice Cream Truck)

LICENSEE NAME (OWNER) Armando DeLaRosa CITY LICENSE NO. _____

COMPANY NAME DeLaRosa's Food Truck

TYPE OF INSPECTIONS (CHECK ONE): NEW _____ RENEWAL X 6 MONTH _____

VEHICLE INSPECTION	INDICATOR	INDICATOR	INDICATOR
Operation of all exterior lights.	<input checked="" type="checkbox"/>	Check radiator for leaks/looseness.	<input checked="" type="checkbox"/>
All reflectors and lenses	<input checked="" type="checkbox"/>	Check nonelectric cooling fan for play.	<input checked="" type="checkbox"/>
Mirror mounts and glass.	<input checked="" type="checkbox"/>	Pressure test cooling system.	<input checked="" type="checkbox"/>
Vehicle body/paint.	<input checked="" type="checkbox"/>	Coolant hoses/recovery system.	<input checked="" type="checkbox"/>
Bumpers.	<input checked="" type="checkbox"/>	Record coolant protection level.	<input checked="" type="checkbox"/>
Food/door/truck hatch hinges.	<input checked="" type="checkbox"/>	Pressure test radiator cap.	<input checked="" type="checkbox"/>
Windshield/windows.	<input checked="" type="checkbox"/>	Tension/Condition of all belts.	<input checked="" type="checkbox"/>
Roof.	<input checked="" type="checkbox"/>	Power steering fluid level/hoses.	<input checked="" type="checkbox"/>
Seats/seatbelts/shoulder harness	<input checked="" type="checkbox"/>	All accessory mounts/brackets.	<input checked="" type="checkbox"/>
Door locks/latches/releases.	<input checked="" type="checkbox"/>	Fuel throttle linkage/cables.	<input checked="" type="checkbox"/>
Doorboard and covering.	<input checked="" type="checkbox"/>	Check engine for major oil leaks.	<input checked="" type="checkbox"/>
Rear lighting.	<input checked="" type="checkbox"/>	Integrity of air intake system	<input checked="" type="checkbox"/>
Instrument panel warning lights/gauges.	<input checked="" type="checkbox"/>	Wiring/connections to electrical devices.	<input checked="" type="checkbox"/>
Engine operation.	<input checked="" type="checkbox"/>	Battery area.	<input checked="" type="checkbox"/>
Transmission operation.	<input checked="" type="checkbox"/>	Check/record battery state of charge and load.	<input checked="" type="checkbox"/>
Water-A/C-Defroster controls.	<input checked="" type="checkbox"/>	Ignition/distributor system.	<input checked="" type="checkbox"/>
Rear view mirror/sun visors.	<input checked="" type="checkbox"/>	Emissions related component-visual.	<input checked="" type="checkbox"/>
Parking brake operation.	<input checked="" type="checkbox"/>	Check all fluid levels.	<input checked="" type="checkbox"/>
Windshield, door and rear glass.	<input checked="" type="checkbox"/>	Steering gear/rack & pinion mounts.	<input checked="" type="checkbox"/>
Wipers & accessories operation.	<input checked="" type="checkbox"/>	Steering shaft and linkage.	<input checked="" type="checkbox"/>
Steering wheel free travel.	<input checked="" type="checkbox"/>	Check ball joints for wear.	<input checked="" type="checkbox"/>
Clutch pedal free travel (if applicable).	<input checked="" type="checkbox"/>	Check struts/shocks for leaks.	<input checked="" type="checkbox"/>
Wheel alignment.	<input checked="" type="checkbox"/>	Front wheel bearing adjustments.	<input checked="" type="checkbox"/>
Body and sidewall damage.	<input checked="" type="checkbox"/>	C.V. Shafts and boots.	<input checked="" type="checkbox"/>
Protect valve caps.	<input checked="" type="checkbox"/>	Front brakes and hydraulic lines.	<input checked="" type="checkbox"/>
Correct thread depth at three locations - 2/32"	<input checked="" type="checkbox"/>	Front brake drum/rotor condition.	<input checked="" type="checkbox"/>
Correct thread depth for each tire.	<input checked="" type="checkbox"/>	Record front brake lining thickness	<input checked="" type="checkbox"/>
Check/record tire pressure. Include spare tire.	<input checked="" type="checkbox"/>	Record front brake rotor thickness.	<input checked="" type="checkbox"/>
Wheel nut torque.	<input checked="" type="checkbox"/>	Brake vacuum/hydroboost operation.	<input checked="" type="checkbox"/>
Missing or damaged axle studs.	<input checked="" type="checkbox"/>	Front springs and mounts.	<input checked="" type="checkbox"/>
Flat/damaged wheels.	<input checked="" type="checkbox"/>	Engine supports/cushions.	<input checked="" type="checkbox"/>
Check for spare & jack/lug wrench.	<input checked="" type="checkbox"/>	Starter and cables.	<input checked="" type="checkbox"/>
		Check for under car fluid leaks.	<input checked="" type="checkbox"/>

VEHICLE SATISFACTORY AND SAFE FOR USE? Yes
 DATE OF INSPECTION 3/18/13
 NAME OF BUSINESS PERFORMING INSPECTION Auto-Medix Auto Repair
 NAME OF PERSON PERFORMING INSPECTION Rich Covelli

INSPECTOR'S AUTOMOTIVE EXCELLENCE CERTIFICATE NUMBER _____ EXPIRES _____ (ATTACH COPY)
 NATURE OF INSPECTOR Inspector



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/18/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MORAN AGENCY 6321-23 AVE KENOSHA, WI. 53143	CONTACT NAME: MIKE MORAN	
	PHONE (A/C No. Ext): 262 657-5540 FAX (A/C No): 262 657 9884	
	E-MAIL ADDRESS: MORANAGENCY@GMAIL.COM	
	PRODUCER CUSTOMER ID #: 04837	
INSURED ARMANDO T DELAROSA 1806 WASHINGTON RD KENOSHA, WI. 53140	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: PROGRESSIVE-ARTISAN & TRUCKERS CAS.	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

NSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY			02118875-0	03/18/2013	03/18/2014	COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$ 100,000
	<input type="checkbox"/> ALL OWNED AUTOS			1978 CHEV CAB CHASSIS			BODILY INJURY (Per accident) \$ 300000
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ 50000
	<input type="checkbox"/> HIRED AUTOS						MED-PAY \$ 10000
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DEDUCTIBLE						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below			N/A			OTHER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER CITY OF KENOSHA 625 56 STREET KENOSHA, WI. 53140	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

© 1988- 2009 ACORD CORPORATION. All rights reserved.



WISCONSIN DEPARTMENT OF REVENUE
 PO BOX 8946
 MADISON, WI 53708-8946

Contact Information:

2135 RIMROCK RD PO BOX 8946
 MADISON, WI 53708-8946
 ph: 608-266-2776 fax: 608-264-6884
 email: dorbusinessstax@revenue.wi.gov
 website: revenue.wi.gov

Letter ID L0088750368

ARMANDO DELAROSA
 1806 WASHINGTON RD
 KENOSHA WI 53140-5333

Wisconsin Department of Revenue Seller's Permit

Legal/real name: ARMANDO DELAROSA
Business name: ARMANDO DELAROSA
 1806 WASHINGTON RD
 KENOSHA WI 53140

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type

Account Type

Account Number

Sales & Use Tax

Seller's Permit

456-1023408945-05



WISCONSIN DEPARTMENT OF REVENUE
 PO BOX 8902
 MADISON, WI 53708-8902

State of Wisconsin • DEPARTMENT OF REVENUE

REGISTRATION UNIT
 2135 RIMROCK RD PO BOX 8902 MADISON, WI 53708-8902
 PHONE: 608-266-2776 FAX: 608-264-6884
 EMAIL: dorbusiness@revenue.wi.gov WEBSITE: www.revenue.wi.gov

Letter ID: L1162492192

ARMANDO DELAROSA
 1806 WASHINGTON RD
 KENOSHA WI 53140-5333



State of Wisconsin • DEPARTMENT OF REVENUE

Personal Wallet Copy

Seller's Permit: 456-1023408945-05
 Expiration Date: January 31, 2015
 Legal/Real Name: ARMANDO DELAROSA

Signature _____

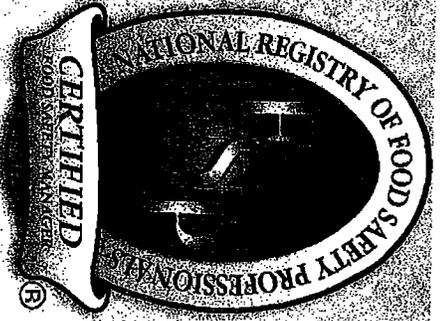
Wisconsin Business Tax Registration Certificate

Expiration date: January 31, 2015

Legal/real name: ARMANDO DELAROSA

- This certificate confirms that you are registered with the Wisconsin Department of Revenue and authorized to engage in business activities for the tax types shown below.
- You may not transfer this certificate to any other individual or business.
- If your business is not operated from a fixed location, you must bring the wallet copy to all events.

Tax Type	Account Type	Number
Sales & Use Tax	Seller's Permit	456-1023408945-05



**THE NATIONAL REGISTRY OF
FOOD SAFETY PROFESSIONALS®**

CERTIFIES

ARMANDO T DE LA ROSA

HAS SUCCESSFULLY SATISFIED THE REQUIREMENTS FOR

THE FOOD SAFETY MANAGER

CERTIFICATION EXAMINATION

PRESIDENT:

LAWRENCE J. LYNCH, CAE

ISSUE DATE: MAY 21, 2012

CERTIFICATE NO: 20749765

TEST FORM: EXE26

This certificate is not valid for more than five years from date of Issue.



7680 Universal Blvd., Suite 550, Orlando, FL 32819
P (800) 446-0257, F (407) 352-3803 www.NRFP.com
National Registry of Food Safety Professionals®

INSURANCE IDENTIFICATION CARD - Wisconsin

Policy Number: 01676159-0
Effective Date: 06/14/2012
Expiration Date: 06/14/2013
Policy Type: Commercial
Insurer: Artisan and Truckers Casualty Co 1-800-444-4487
P.O. BOX 94739 Cleveland, OH 44101
Named Insured(s):
ARMANDO DELROSA
Your Agent:
MORAN AGENCY
6321-23 AVE
KENOSHA, WI 53143
Year Make
1978 Chevrolet
Model CAB CHASSIS
VIN
CP13283301231

Manage your policy anytime
with just a few clicks at
progressiveagent.com



DIVISION OF HEALTH

8600 Sheridan Rd Suite 600
Kenosha, Wisconsin 53143-6515

LICENSE, PERMIT
OR REGISTRATION

ACTIVITY

MOBILE RESTAURANT (REGULAR)

EXPIRATION DATE

6/30/2013

LICENSE NO.

21199

This license is issued pursuant to Chapter 16 of the Municipal Code of Kenosha County

13-75405
DE LA ROSA FOOD SERVICE
ARMANDO DE LA ROSA
1806 WASHINGTON RD
KENOSHA, WI 53140

POST IN PLAIN PUBLIC VIEW

NON - TRANSFERABLE



DIVISION OF HEALTH

8600 Sheridan Rd Suite 600
Kenosha, Wisconsin 53143-6515

LICENSE, PERMIT
OR REGISTRATION

ACTIVITY

MOBILE SERVICE BASE (PREPACKAGE)

EXPIRATION DATE

6/30/2013

LICENSE NO.

21169

This license is issued pursuant to Chapter 16 of the Municipal Code of Kenosha County

09-75406
DE LA ROSA FOOD SERVICE
ARMANDO DE LA ROSA
1806 WASHINGTON RD
KENOSHA, WI 53140

POST IN PLAIN PUBLIC VIEW

NON - TRANSFERABLE

Zimbra**mnelson@kenosha.org**

Peddler Stand

From : Kelly Andreoli <kma360@kenoshapolice.com> Wed, Mar 27, 2013 03:14 PM

Subject : Peddler Stand

To : Michelle Nelson (mnelson@kenosha.org)
<mnelson@kenosha.org>

Per Inspector Lindquist, there are no adverse recommendations for the application of a peddler stand by Armando DeLaRosa located at the SW corner of 54th Street and 6th Avenue.

Kelly M. Andreoli
Clerical Supervisor
Kenosha Police Department
1000-55th Street
Kenosha, WI 53140
(262) 605-5237

CITY OF KENOSHA
625 - 52nd Street, Room 105
Kenosha, Wisconsin 53140-3480
Phone (262)653-4020
Fax (262)653-4023
cityclerk@kenosha.org
www.kenosha.org



Debra L. Salas
City Clerk - Treasurer

Karen J. Forsberg
Deputy City Clerk-Treasurer

Date 4-1-13

Applicant Name Armando De la Rosa

Received by (maile) (Signature)

Re: Application for a Peddler Stand license

Dear Applicant:

Your license application will be presented to the Licensing/Permit Committee on:

Monday, April 8
6:30 pm
Room 202

Kenosha Municipal Building, 625-52nd Street

You and/or your representative are required to attend this meeting. Additionally, please read the reverse side of this notice regarding an advisory recommendation from the Licensing/Permit Committee.

If you have any questions, please contact 653-4020.

Sincerely,

Michelle Nelson
Information Coordinator
City of Kenosha

cc:Alderman _____

COPY

-Over-