

**AGENDA  
LICENSING/PERMIT COMMITTEE  
Kenosha Municipal Office Building – Room 202  
Monday, December 29, 2014  
5:00 p.m.**

**\*PLEASE NOTE TIME CHANGE\***

**Chairman: Curt Wilson  
Vice Chair: Patrick Juliana**

**Aldersperson: David Bogdala  
Aldersperson: G. John Ruffolo  
Aldersperson: Kurt Wicklund**

**CALL TO ORDER  
ROLL CALL**

Approval of the minutes of the meeting held December 8, 2014.

NOTE: All licenses and permits are subject to withholding of issuance by the City Clerk as specified in Section 1.045 of the Code of General Ordinances.

1. Applications for new Operator's (Bartender) licenses, with a recommendation from the City Attorney to grant, subject to:
  - **25 demerit points:**
    - a. Claudia Ramirez Puente
    - b. Rachel Guzman
  - **30 demerit points:**
    - c. Jamie DeVore (Deferred from the meeting on 12/08/14)
    - d. Dana Asma
  - **40 demerit points:**
    - e. Andrew Karczewski
  - **70 demerit points:**
    - f. Leah Edwards
2. Application of Ashley Kirtright for a new Operator's (Bartender) license, with a recommendation from the City Attorney to deny, based on material police record and false application.
3. Application of Christina Superits for a new Operator's (Bartender) license, with a recommendation from the City Attorney to defer. (Deferred from the meeting on December 8, 2014)
4. Application of Nankana, Inc., Virinder S. Gill, Agent, for Class "A" Beer/"Class A" Liquor License located at 2830 75<sup>th</sup> St., (American Liquor), upon surrender of a similar license at the same location from S & V Partnership, LLP, to be effective January 6, 2015, with a recommendation from the City Attorney to grant, subject to 25 demerit points. (District 8)
5. Application of Westown Sheridan, LLC, for Permission to Maintain the Class "A" Retail Beer License for 90 days, located at 4222 Sheridan Rd., (Sheridan Foods). (District 1)

6. Applications for Yearly Cabaret Licenses, with no adverse recommendations:
  - a. Banquet Hall Luminarias, Inc., (6218 22<sup>nd</sup> Ave., Banquet Hall Luminarias) (District 3)
  - b. Kenosha Performing Arts Association (5014 7<sup>th</sup> Ave., Fusion) (District 2)
7. Renewal application of Ozinga Ready Mix Concrete, Inc., for a Temporary Cement Batch Plant license located at 8020 Green Bay Rd. (District 14)
8. Renewal application of Petco Animal Supplies Stores, Inc., (Petco #618), for a Kennel & Pet Shop License located at 6910 Green Bay Rd., with no adverse recommendations. (Deferred from the meeting on December 8, 2014) (District 16)
9. Renewal Application of James F. Lemke and Linda D. Lemke for a Kennel & Pet Shop License located at 6205 75<sup>th</sup> St., (Jim's Aquarium & Pets), with no adverse recommendations. (District 14)
10. Renewal applications for Pet Fancier Permits, with no adverse recommendations:
  - a. Ruth A. Cox (7539 16<sup>th</sup> Ave.) (District 12)
  - b. James O'Brien (1709 61<sup>st</sup> St.) (District 3)
  - c. Sherry Hawkins (5503 24<sup>th</sup> Ave., Lower) (District 7)
  - d. Dawn Rynearson (3919 51<sup>st</sup> Ave.) (District 16)
  - e. Becky Hahnfeld (10017 68<sup>th</sup> St.) (District 17)
  - f. Mary Santiago (4711 42<sup>nd</sup> Ave.) (District 10)
  - g. Janine Walczak (8735 37<sup>th</sup> Ave.) (District 14)
  - h. Amelia Martinez Coleman (7203 18<sup>th</sup> Ave.) (District 12)
  - i. Barbara Contro (3301 13<sup>th</sup> St.) (District 4)

**CITIZENS COMMENTS/BUSINESS AS AUTHORIZED BY LAW  
ALDERPERSON COMMENTS**

**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.**

**IF YOU ARE DISABLED AND IN NEED OF ASSISTANCE, PLEASE CALL 653-4020 BEFORE THIS MEETING.**

**Licensing/Permit Committee**  
**Minutes of the Meeting Held December 8, 2014**

A meeting of the Licensing/Permit Committee was held on December 8<sup>th</sup>, 2014, in Room 202 of the Kenosha Municipal Building.

The meeting was called to order at 6:35 p.m. by Chair Wilson.

At roll call, the following members were present: Alderpersons Juliana, Wicklund and Bogdala. Alderperson Ruffolo was absent. Attorney Steve Cain and Assistant City Attorney Bill Richardson were present.

Approval of the minutes of the special meeting held December 1, 2014.

**It was moved by Alderperson Juliana, seconded by Alderperson Wicklund to approve. Motion carried unanimously.**

1. Applications for new Operator's (Bartender) licenses, with a recommendation from the City Attorney to grant, subject to:
  - **10 demerit points:**
    - a. Jose Javier Becerra Ramos
  - **20 demerit points:**
    - b. Akela Brown
  - **25 demerit points:**
    - c. Jonathan Leiting
  - **30 demerit points:**
    - d. Jamie DeVore
  - **40 demerit points:**
    - e. Blanca Maslowski
  - **80 demerit points:**
    - f. Tyler Suhling
    - g. Dylan Ross
    - h. Douglas Bolin

**Alderperson Curt Wilson spoke. It was moved by Alderperson Juliana, seconded by Alderperson Wicklund to separate item d. Motion carried unanimously. It was moved by Alderperson Juliana, seconded by Alderperson Wicklund to concur with the recommendation of the City Attorney regarding items a through c and e through h. Motion carried unanimously. It was moved by Alderperson Wicklund, seconded by Alderperson Juliana to defer item d to the meeting on December 29, 2014. Motion carried unanimously.**

2. Application of Christina Superits for a new Operator's (Bartender) license, with a recommendation from the City Attorney to defer.

**Applicant was present and spoke. It was moved by Alderperson Juliana, seconded by Alderperson Wicklund to defer to the meeting on December 29, 2014. Motion carried unanimously.**

3. Application of Nayarit, Inc., (Raul Gonzales, Agent), for a Class "B" Beer/"Class B" Liquor License located at 6034 – 22<sup>nd</sup> Ave. (Isla Del Mar #4), upon surrender of a Class "B" Beer License at the same location from Nayarit, Inc., to be effective December 16, 2014, with a recommendation from the City Attorney to grant, subject to 30 demerit points. (3<sup>d</sup> District)  
**Applicant was present and spoke. Alderperson Michalski and the landlord, Tony Garcia, spoke in support of the applicant. It was moved by Alderperson Juliana, seconded by Alderperson Wicklund to concur with the recommendation of the City Attorney. Motion carried unanimously.**
  
4. Application for Successor of Agent status of the Class "A" Beer/"Class A" Liquor License located at 2811 – 18<sup>th</sup> St., (Pick 'N Save #6871), from Kai Kleimola to Alma Ruiz, with a recommendation from the City Attorney to grant (subject to reinstatement of Pick 'N Save's liquor license on 12/18/14), subject to 50 demerit points. (4<sup>th</sup> District)  
**Alderperson Bogdala spoke. It was moved by Alderperson Juliana, seconded by Alderperson Wicklund to concur with the recommendation of the City Attorney. Motion carried unanimously.**
  
5. Application of Houston's Bar & Grill, LLC, for a Yearly Cabaret License located at 1925 – 45<sup>th</sup> St., (Houston's Bar & Grill), with no adverse recommendations. (7<sup>th</sup> District)  
**Applicant was present and spoke. Alderpersons Bogdala and Juliana spoke. It was moved by Alderperson Juliana, seconded by Alderperson Wicklund to approve. Motion carried unanimously.**
  
6. Renewal application of GNT Financial, LLC, for a Pawn Broker License located at 7944 Sheridan Rd., #3, (GNT Jewelry & Loan), with no adverse recommendations. (12<sup>th</sup> District)  
**It was moved by Alderperson Juliana, seconded by Alderperson Wicklund to approve. Motion carried unanimously.**
  
7. Renewal applications for Secondhand Article Dealer's licenses, with no adverse recommendations:
  - a. Colosseum Games, LLC (Colosseum Games, 5719 - 75<sup>th</sup> St.) (14<sup>th</sup> District)
  - b. Jerome F. Binsfeld (JB Coins, 6040 – 39<sup>th</sup> Ave., Ste. 7) (15<sup>th</sup> District)
  - c. Keynote, Inc. (Music Go Round, 5708 - 75<sup>th</sup> St.) (14<sup>th</sup> District)
  - d. Maggie Mae's, LLC, (Maggie Mae's, 1016 – 60<sup>th</sup> St.) (2<sup>nd</sup> District)
  - e. A Vintage Vault, LLP (A Vintage Vault, 3816 Roosevelt Rd.) (8<sup>th</sup> District)
  - f. Old Toys Live On, LLC (Old Toys Live On, 7519 - 22<sup>nd</sup> Ave.) (13<sup>th</sup> District)
  - g. Flat Iron Vintage, LLC (Flat Iron Vintage, 2022 – 56<sup>th</sup> St.) (2<sup>nd</sup> District)
  - h. Suburban Ore, LLC (Suburban Ore, 627 – 58<sup>th</sup> St.) (2<sup>nd</sup> District)
  - i. CD DVD Game, LLC (CD DVD Game Warehouse, 3717 – 80<sup>th</sup> St.) (14<sup>th</sup> District)**It was moved by Alderperson Juliana, seconded by Alderperson Wicklund to approve. Motion carried unanimously.**
  
8. Renewal applications for Secondhand Jewelry Dealer's licenses, with no adverse recommendations:
  - a. Gold Diamond & Design, Inc. (Gold Diamond & Design, 10320 – 75<sup>th</sup> St., Ste. B) (16<sup>th</sup> District)
  - b. Nowshad P. Irani (Superior Gold Express, 2400 – 52<sup>nd</sup> St.) (7<sup>th</sup> District)
  - c. Jacob Sadoff (Midwest Gold Buyers, 3824 Roosevelt Rd.) (8<sup>th</sup> District)**It was moved by Alderperson Juliana, seconded by Alderperson Wicklund to approve. Motion carried unanimously.**

9. Renewal application of Westown of Kenosha, Inc. for a Secondhand Jewelry Dealer's License located at 3203 – 60<sup>th</sup> St., (Westown Food & Liquor), with a recommendation from the City Attorney to grant, subject to 0 demerit points. (3<sup>rd</sup> District)

**It was moved by Alderperson Juliana, seconded by Alderperson Wicklund to approve. Motion carried unanimously.**

10. Renewal applications for Secondhand Article and Secondhand Jewelry Dealer's licenses, with no adverse recommendations:
- a. Goldtronics, LLC (Jewelry & Electronics Exchange, 6212 – 22<sup>nd</sup> Ave.) (3<sup>rd</sup> District)
  - b. Christopher Ruland (Roosevelt Road Antiques & Consignment, 3720 Roosevelt Rd.) (8<sup>th</sup> District)
  - c. GNT Financial, LLC (GNT Jewelry & Loan, 7944 Sheridan Rd., #3) (12<sup>th</sup> District)

**It was moved by Alderperson Juliana, seconded by Alderperson Wicklund to approve. Motion carried unanimously**

11. Renewal applications for Massage Therapist Licenses, with no adverse recommendations:
- a. Lin Liang Wu (Shanghai Spa, 7944 Sheridan Rd.) (12<sup>th</sup> District)
  - b. Cunjun Wang (Oriental Shiatsu Massage, 3717 – 52<sup>nd</sup> St.) (10<sup>th</sup> District)
  - c. Jadvyga Valiauga (Body Wise Therapeutic Massage, 4923 60<sup>th</sup> St.) (15<sup>th</sup> District)

**It was moved by Alderperson Juliana, seconded by Alderperson Wicklund to approve. Motion carried unanimously.**

12. Renewal applications for Kennel & Pet Shop Licenses, with no adverse recommendations:
- a. Kenosha County Humane Society (Safe Harbor, 7811 – 60<sup>th</sup> Ave.) (14<sup>th</sup> District)
  - b. Wagin' Tail Resort, Inc., (Wagin' Tail Resort, 5403 – 52<sup>nd</sup> St.) (11<sup>th</sup> District)
  - c. Puppy Tub & Motel, Inc. (Puppy Tub & Motel, 2419 – 52<sup>nd</sup> St.) (7<sup>th</sup> District)
  - d. Puparotzi Palace, LLC (Puparotzi Palace, 7609 Sheridan Rd.) (12<sup>th</sup> District)
  - e. Kindred Kitties, Ltd. (Kindred Kitties, 614 – 59<sup>th</sup> St.) (2<sup>nd</sup> District)
  - f. Jo's Exotic Birds, Ltd. (Jo's Exotic Birds, 7534 Sheridan Rd.) (12<sup>th</sup> District)
  - g. Happy Tails Doggy Day Care, LLC (Central Bark Doggy Day Care, 7600 – 75<sup>th</sup> St.) (16<sup>th</sup> District)
  - h. Petco Animal Supplies Stores, Inc. (Petco #618, 6910 Green Bay Road) (16<sup>th</sup> District)

**Alderpersons Bogdala and Juliana spoke. Inspector Lindquist spoke. It was moved by Alderperson Juliana, seconded by Alderperson Wicklund to approve. Motion was withdrawn. It was moved by Alderperson Bogdala, seconded by Alderperson Wicklund to separate item h. Motion carried unanimously. It was moved by Alderperson Bogdala, seconded by Alderperson Wicklund to defer item h to the meeting on December 29, 2014. Motion carried unanimously. It was moved by Alderperson Juliana, seconded by Alderperson Wicklund to approve items a through g. Motion carried unanimously.**

13. Renewal application of Michael Hogan (6504 – 43<sup>rd</sup> Ave.) for a Pet Fancier Permit, with no adverse recommendations. (15<sup>th</sup> District)

**Applicant was present and spoke. It was moved by Alderperson Juliana, seconded by Alderperson Wicklund to approve. Motion carried unanimously.**

14. Proposed Ordinance by the Mayor – To reletter Subparagraphs 30.06 B. through L. of the Code of General Ordinances as 30.06 C. through M. and to create Subparagraph 30.06 B. entitled Intimidation and Retaliation.

**Alderpersons Bogdala, Wicklund, Juliana and Wilson spoke. Attorney Richardson spoke. It was moved by Alderperson Juliana, seconded by Alderperson Wicklund to approve. It was then moved by Alderperson Bogdala to defer to the next meeting. Motion died for lack of a second. The motion to approve carried 3-1, with Alderperson Bogdala voting nay.**

15. Complaint by the City Clerk seeking revocation of the Operator's (Bartender) License of Paula Rodgers. *(Deferred from the meeting on November 10, 2014)*  
**Attorney Steve Cain spoke. It was moved by Alderperson Juliana, seconded by Alderperson Wicklund to receive and file. Motion carried unanimously.**

16. Complaint by the City Clerk seeking revocation of the Operator's (Bartender) License of Taylor Cofield. *(Deferred from the meeting on November 10, 2014)*  
**Licensee was present and spoke. Attorney Steve Cain spoke. It was moved by Alderperson Juliana, seconded by Alderperson Wicklund to receive and file. Motion carried unanimously.**

17. Complaint by the City Clerk seeking revocation of the Operator's (Bartender) License of Julie DeFranco. *(Deferred from the meeting on November 10, 2014)*  
**Licensee was present and spoke. Attorney Steve Cain spoke. It was moved by Alderperson Juliana, seconded by Alderperson Wicklund to receive and file. Motion carried unanimously.**

18. Findings of Fact, Conclusions of Law and Recommendation to suspend the Operator's (Bartender) License of Alexis Hoff for ten (10) consecutive days, and reinstate subject to seventy-five (75) demerit points.  
**Licensee was present and spoke. It was moved by Alderperson Juliana, seconded by Alderperson Wicklund to approve. Motion carried unanimously.**

**CITIZEN COMMENTS:** Applicant Akela Brown spoke regarding her demerit points.

**STAFF/ALDERMEN COMMENTS:** Alderpersons Bogdala, Wilson, Wicklund and Juliana spoke regarding item 14, the proposed Ordinance by the Mayor.

**There being no further business to come before the Licensing/Permit Committee, it was moved, seconded and unanimously carried to adjourn at 7:20 p.m.**

**Police Record Report**

<b>APPLICANT INFORMATION</b>			
Date of Application	Name of Applicant	Applicant's Date of Birth	Driver's License Status
12/16/2014	Claudia Ramirez Puente		No License
License Number	Address of Applicant	Business (where license is to be used)	Business Address
N150871	9505-74th Street	Pachangas Bar & Grill	

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
*APPLICANT LISTED A 2014 CHARGE IN ILLINOIS FOR OPERATING W/O A BARTENDER'S LICENSE.				25

<b>CITY ATTORNEY'S RECOMMENDATION</b>		
Offense Demerit Points	25	
Were all offenses listed on the application?	Y	
TOTAL DEMERIT POINTS	25	

<b>CITY ATTORNEY'S COMMENTS</b>

<b>FINAL RECOMMENDATION</b>
<input checked="" type="checkbox"/> GRANT, Subject to 25 Demerit Points
<input type="checkbox"/> DENY, based on material police record (substantially related to the license activity)
<input type="checkbox"/> DEFER or GRANT subject to Non-Renewal Revocation due to False Application



**Police Record Report**

<b>APPLICANT INFORMATION</b>			
Date of Application	Name of Applicant	Applicant's Date of Birth	Driver's License Status
12/2/2014	Jamie DeVore		Valid
License Number	Address of Applicant	Business (where license is to be used)	Business Address
N150841	9002-Sheridan Rd, #129	Speedway	

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
9/7/2012	LICENSE NOT ON PERSON	GUILTY	N	0
10/21/2012	LICENSE NOT ON PERSON	GUILTY	N	0
3/2/2013	LICENSE NOT ON PERSON	GUILTY	N	0
1/13/2014	DISORDERLY CONDUCT	GUILTY	N	10

<b>CITY ATTORNEY'S RECOMMENDATION</b>	
Offense Demerit Points	10
Were all offenses listed on the application?	N=20
<b>TOTAL DEMERIT POINTS</b>	<b>30</b>

<b>CITY ATTORNEY'S COMMENTS</b>

<b>FINAL RECOMMENDATION</b>
<input checked="" type="checkbox"/> <b>GRANT</b> , Subject to <input type="text" value="30"/> Demerit Points
<input type="checkbox"/> <b>DENY</b> , based on material police record (substantially related to the license activity)
<input type="checkbox"/> <b>DEFER or GRANT</b> subject to Non-Renewal Revocation due to False Application



1e

APPLICANT INFORMATION			
Date of Application	Name of Applicant	Applicant's Date of Birth	Driver's License Status
12/3/2014	Andrew Karczewski		Valid
License Number	Address of Applicant	Business (where license is to be used)	Business Address
N150846	5431-63rd Avenue	The Garage/Sazzy B	

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
7/18/2013	LITTERING	GUILTY	N	20

CITY ATTORNEY'S RECOMMENDATION		
Offense Demerit Points	20	
Were all offenses listed on the application?	N = 20	
TOTAL DEMERIT POINTS	40	

CITY ATTORNEY'S COMMENTS

FINAL RECOMMENDATION
<input checked="" type="checkbox"/> GRANT, subject to <input type="text" value="40"/> Demerit Points
<input type="checkbox"/> DENY, based on material police record (substantially related to the license activity)
<input type="checkbox"/> DEFER or GRANT subject to Non-Renewal Revocation due to False Application



**Police Record Report**

<b>APPLICANT INFORMATION</b>			
Date of Application	Name of Applicant	Applicant's Date of Birth	Driver's License Status
12/4/2014	Ashley Kirtright		Revoked
License Number	Address of Applicant	Business (where license is to be used)	Business Address
N150850	4704-25th Ave, Lower	52nd Quick Shop	

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
9/22/2010	BLOOD ALCOHOL CONTENT	GUILTY	Y	
9/22/2010	OPERATING WHILE INTOXICATED	GUILTY	Y	50
12/10/2010	OPERATING AFTER REVOCATION	GUILTY	Y	10
5/27/2013	RESIST/OBSTRUCT OFFICER	GUILTY	Y	25
5/27/2013	CONTEMPT/BAIL JUMPING	GUILTY	Y	20
6/14/2013	CONTEMPT/BAIL JUMPING - MISD.	GUILTY/REDUCED CHG.	Y	20 x 2

<b>CITY ATTORNEY'S RECOMMENDATION</b>	
Offense Demerit Points	145
Were all offenses listed on the application?	Y
<b>TOTAL DEMERIT POINTS</b>	<b>145</b>

<b>CITY ATTORNEY'S COMMENTS</b>

<b>FINAL RECOMMENDATION</b>
<input type="checkbox"/> GRANT, subject to <input type="checkbox"/> Demerit Points
<input checked="" type="checkbox"/> DENY, based on material police record (substantially related to the license activity)
<input type="checkbox"/> DEFER or GRANT subject to Non-Renewal Revocation due to False Application

Adverse 2



# OPERATOR'S (BARTENDER) LICENSE

Type: 217 Fee: \$75.00

FILED	12-4-14
INITIALS	RS
ADVERSE/NO ADV	
LP	
CC	

Beverage Course Completed  
 HOLD for Beverage Course

License # N150858  
 Provisional Issued: yes no

I hereby apply for an Operator's License to serve Alcoholic Beverages in any place of business operated under a Class "B", "Class B", Class "A", "Class A", and/or "Class C" License in the City of Kenosha to and including the 30<sup>th</sup> day of June, 2016. (Unless sooner revoked). I hereby note that I am responsible for knowing and abiding by the contents of Chapter 125, Wisconsin Statutes and Chapter 10 of the Code of General Ordinances and that my license may be suspended, revoked, or not renewed, and/or I may be subject to a civil forfeiture for non-compliance therewith.

Last Name: Kirtright First Name: Ashley MI: J  
 (NOTE: Name must appear exactly as it appears on driver's license or state ID)

Date of Birth: \_\_\_\_\_ Gender: F Phone: 262-764-9993

Home Address: 4704 25<sup>th</sup> Ave lower Kenosha WI 53140  
CITY STATE ZIP

Email: AshleyKirtright@gmail.com  
 (correspondence will be via email if address is given)

Driver's License or State ID Number \_\_\_\_\_  
STATE NUMBER

Name of Business Where License will be used 52nd Quick Shop  
 (PLEASE NOTE: license may be utilized in the City of Kenosha only.)

### ANSWER THE FOLLOWING QUESTIONS TRULY AND COMPLETELY:

1. Have you, as an adult, ever been convicted of a major crime (felony), minor crime (misdemeanor), or of violating a municipal or county ordinance in Wisconsin, or in any other State; or do you have a charge pending at this time?  Yes  No If yes, state: **charge, year, result:**  
1. WAW/WARR OTH Agency, 2011, custody only 2. DC/DM Abuse, 2013, Dismissed  
3. Resist/Obstruct Officer, 2013, Found Guilty 4. Contempt, Bail Jumping, 2013, Found Guilty  
5. Contempt, Bail Jumping, 2013, Guilty/Reduce CHG

2. Have you, as an adult, ever served time; or have been sentenced to serve time in a jail or prison in Wisconsin or any other State?  Yes  No If yes, explain:  
Bail Jumping spent 3 or 4 days until bond was posted/paid.

3. Have you ever had your driver's license suspended or revoked in Wisconsin or in any other State?

Yes  No If yes, explain:

REVOKED due to OWI and driving while revoked

4. 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, result:

1. OAR, 2010, GUILTY 2. speeding, 2010, GUILTY  
3. OAR, 2012, Dismissed / PR Motion

5. 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 charges pending at this time involving unfair trade practices, unethical conduct, or discrimination?  Yes  No

If yes, state: charge, year, result:

6. 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:

Tenutas liquor & deli, Festival Foods, Mac's deli & catering,  
52nd Quick Shop

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

2621 LINCOLN RD, 5510 58th AVE APT. 11, 6311 24th AVE APT. 2  
4704 25th Ave lower

**READ CAREFULLY BEFORE SIGNING:** I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so. If this application contains statements or information which is untrue, incorrect and/or incomplete in any material respect, it may be denied.

Applicant's Signature: Ashley Kirkright

Date: 12-4-14

I have received a copy of the NOTICE pertaining to LICENSE/PERMIT APPLICATIONS from the City Clerk's Office

AK  
(Applicant's Initials)





### OPERATOR'S (BARTENDER) LICENSE

Type: 217 Fee: \$75.00

FILED	11-26-14
INITIALS	SK
ADVERSE/NO ADV	
LP	
CC	

- Beverage Course Completed
- HOLD for Beverage Course

License # N150835  
 Provisional Issued: yes no

I hereby apply for an Operator's License to serve Alcoholic Beverages in any place of business operated under a Class "B", "Class B", Class "A", "Class A", and/or "Class C" License in the City of Kenosha to and including the 30<sup>th</sup> day of June, ~~2016~~ 2016. (Unless sooner revoked). I hereby note that I am responsible for knowing and abiding by the contents of Chapter 125, Wisconsin Statutes and Chapter 10 of the Code of General Ordinances and that my license may be suspended, revoked, or not renewed, and/or I may be subject to a civil forfeiture for non-compliance therewith.

Last Name: Superits First Name: Christina MI: M  
 (NOTE: Name must appear exactly as it appears on driver's license or state ID)

Date of Birth: \_\_\_\_\_ Gender: F Phone: (262) 344-5017

Home Address: 5132 17th Ave Kenosha WI 53140  
CITY STATE ZIP

Email: soupsbinky@gmail.com  
 (correspondence will be via email if address is given)

Driver's License or State ID Number \_\_\_\_\_  
STATE NUMBER

Name of Business Where License will be used Mac's Deli  
 (PLEASE NOTE: license may be utilized in the City of Kenosha only.)

**ANSWER THE FOLLOWING QUESTIONS TRULY AND COMPLETELY:**

1. Have you, as an adult, ever been convicted of a major crime (felony), minor crime (misdemeanor), or of violating a municipal or county ordinance in Wisconsin, or in any other State; or do you have a charge pending at this time?  Yes  No If yes, state: charge, year, result:

possession of cocaine 2001  
possession of marijuana 1992

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

n/a

3. Have you ever had your driver's license suspended or revoked in Wisconsin or in any other State?

Yes  No If yes, explain:

unpaid tickets

4. 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, result:

Speeding 11-15 over 10/9/13 operate MV w/o insurance  
Failure to stop @ stop sign 4/24/14 4/24/14  
OVAS

5. 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 charges pending at this time involving unfair trade practices, unethical conduct, or discrimination?  Yes  No

If yes, state: charge, year, result:

n/a

6. 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:

Macs Deli & Catering 52nd St Kenosha WI  
Fit Tech Sheridan Rd Kenosha WI  
Sol Delicious Cafe 50th St Kenosha WI

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

1312 52nd St Kenosha 7621 30th Ave Kenosha  
~~1741 Ave Kenosha~~  
5132 1741 Ave Kenosha

**READ CAREFULLY BEFORE SIGNING:** I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so. If this application contains statements or information which is untrue, incorrect and/or incomplete in any material respect, it may be denied.

Applicant's Signature:

*C. Superint*

Date:

11/25/14

I have received a copy of the NOTICE pertaining to LICENSE/PERMIT APPLICATIONS from the City Clerk's Office

(Applicant's Initials)

4 NP1220 CC 15

**ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk.

For the license period beginning January 6 20 15 ;  
ending June 30 20 15

TO THE GOVERNING BODY of the:  Town of } KENOSHA  
 Village of }  
 City of }  
County of KENOSHA Aldermanic Dist. No. 8 (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number: <u>456-1028551915-02</u>	
Federal Employer Identification Number (FEIN): <u>47-2339708</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>250</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>250</u>
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>46</u>
<b>TOTAL FEE</b>	\$ <u>546</u>

1. The named  INDIVIDUAL  PARTNERSHIP  LIMITED LIABILITY COMPANY  
 CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): ▶

NANKANA INC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence of each person.

	Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>PRESIDENT</u>	<u>ADEEL ABBAS</u>	<u>3443 MEADOW CREST CIR, GURNEE, IL</u>	<u>60031</u>
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent ▶	<u>VIRINDER S GILL</u>		<u>8407 S CORTLAND DR, OAK CREEK, WI</u>	<u>53154</u>
Directors/Managers				

3. Trade Name ▶ AMERICAN LIQUOR Business Phone Number 262-605-4075  
4. Address of Premises ▶ 2830 75TH ST Post Office & Zip Code ▶ KENOSHA, WI 53143

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period?  Yes  No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  Yes  No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?  Yes  No
8. (a) Corporate/limited liability company applicants only: Insert state WISCONSIN and date 11/16/14 of registration.  
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?  Yes  No  
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  Yes  No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) STORED IN COOLER AND BACK ROOM ON FIRST FLOOR
10. Legal description (omit if street address is given above):
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year?  Yes  No  
(b) If yes, under what name was license issued? S & V Partnership LLP
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864]  Yes  No
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776]  Yes  No
14. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

**SUBSCRIBED AND SWORN TO BEFORE ME**  
this 1 day of December, 20 14  
Michael J. [Signature]  
(Clerk/Notary Public)  
My commission expires 4-11-17

Adeel Abbas  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
[Signature]  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK			
Date received and filed with municipal clerk	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
<u>12/1/14</u>			
Date license granted	Date license issued	License number issued	

JC Himmatt Gill LLC  
7949 Sheridan Rd Kenosha, WI 53143  
Himmatt Gill

V.S Gill LLC  
2240 Northwestern Ave  
Racine, WI, 53404

STV partnership LCP  
2830 75th St Kenosha WI  
53143

CITY OF KENOSHA STATEMENT OF ECONOMIC IMPACT  
APPLICATION FOR BEER AND/OR LIQUOR LICENSE - CHECK ALL THAT APPLY:

<input checked="" type="checkbox"/>	CLASS "A" BEER (GROCERY STORE, LIQUOR STORE, GAS STATION)
<input type="checkbox"/>	CLASS "B" BEER (RESTAURANT, BAR)

<input checked="" type="checkbox"/>	"CLASS A" LIQUOR (GROCERY STORE, LIQUOR STORE, GAS STATION)
<input type="checkbox"/>	"CLASS B" LIQUOR (RESTAURANT, BAR)

- Applicant Name NANKAN A INC Business Name AMERICAN LIQUOR
- Property Information: Address 2830 75th St Kenosha Owner Himmat Gill  
If applicant is not owner, does applicant have a lease agreement with the owner? Yes or No (NOTE: Proof of property ownership or proof of an executed lease must be provided to the City Clerk before the license will be issued.)
- Square footage of building 5,000.00 Assessed value of property 583,000.00
- Assessed value of personal property (furniture, fixtures, equipment to be used in the business) 10,000.00
- If this application is for a "Class A" Liquor license, is the premises physically closed to customers during the hours in which sales are not permitted? Yes or No or Not Applicable (circle one)
- Gross Monthly Revenue - According to Section 10.03, applicants must come within 70% of the estimate of gross monthly revenue for alcohol beverages after one full license term or the license may be subject to revocation.

FOR EACH PRODUCT, PROVIDE GROSS MONTHLY REVENUE AND BASIS FOR ESTIMATES:

BEER 30,000

LIQUOR 15,000

FOOD 5,000

OTHER  
(specify) \_\_\_\_\_

TOTAL GROSS MONTHLY REVENUE 60,000

(OVER)

4

Applicant Name Nankana Inc Business Name American liquor

Property Information: Address 2830 75th St Kenosha WI Owner Himmat Gill

7. Explain how the issuance of this license will benefit the City: \_\_\_\_\_

Creating more jobs in the city and help paying tax revenue.

8. Explain why the business will have a substantial positive impact upon the surrounding properties: \_\_\_\_\_

Again more jobs help providing the same environment.

9. Explain why the business have a significant, positive influence on the City economy: \_\_\_\_\_

Help contributing the city tax revenue.

10. Has the applicant contacted the alderperson of the district where this business is located? Not at the moment.

11. List other factors the Common Council should consider: \_\_\_\_\_

Help the jobs and tax revenue.

Applicant's Signature Adeel Abbas Date 12-1-14



LICENSE SURRENDER

STATE OF WISCONSIN

KENOSHA COUNTY } SS

SEU Partnership LLP

(Individual/Partners/Corporation Name)

being first duly sworn on oath, says that he/she is the holder of the following license(s) (check all that apply) issued by the City of Kenosha, Wisconsin:

- "Class B" Liquor
- Class "B" Beer (Fermented Malt Beverage)
- "Class A" Liquor
- Class "A" Beer (Fermented Malt Beverage)
- "Class C" Wine

016717150027203

Affiant will surrender said license #(s) 016717150048202 to the City Clerk.

That this affidavit is made to inform the City Council that the affiant hereby intends not to apply for said license(s) for the ensuing year, and to propose to the said council that said license(s) be granted to:

Nankana Inc

to whom your affiant has sold his business and, to whom your affiant surrenders all of his privileges to apply for a license.

Affiant will surrender said license(s) # 150048, 150027, to the City Clerk

prior to the time a license is issued to Nankana Inc

and provide further that a license is granted to Nankana Inc the person herein designated.

Himmat Singh

Individual/Partner/President of Corporation

Partner/Corporate Officer

Subscribed and sworn to before me this 3 day of December, 2014.

Michelle L Nelson

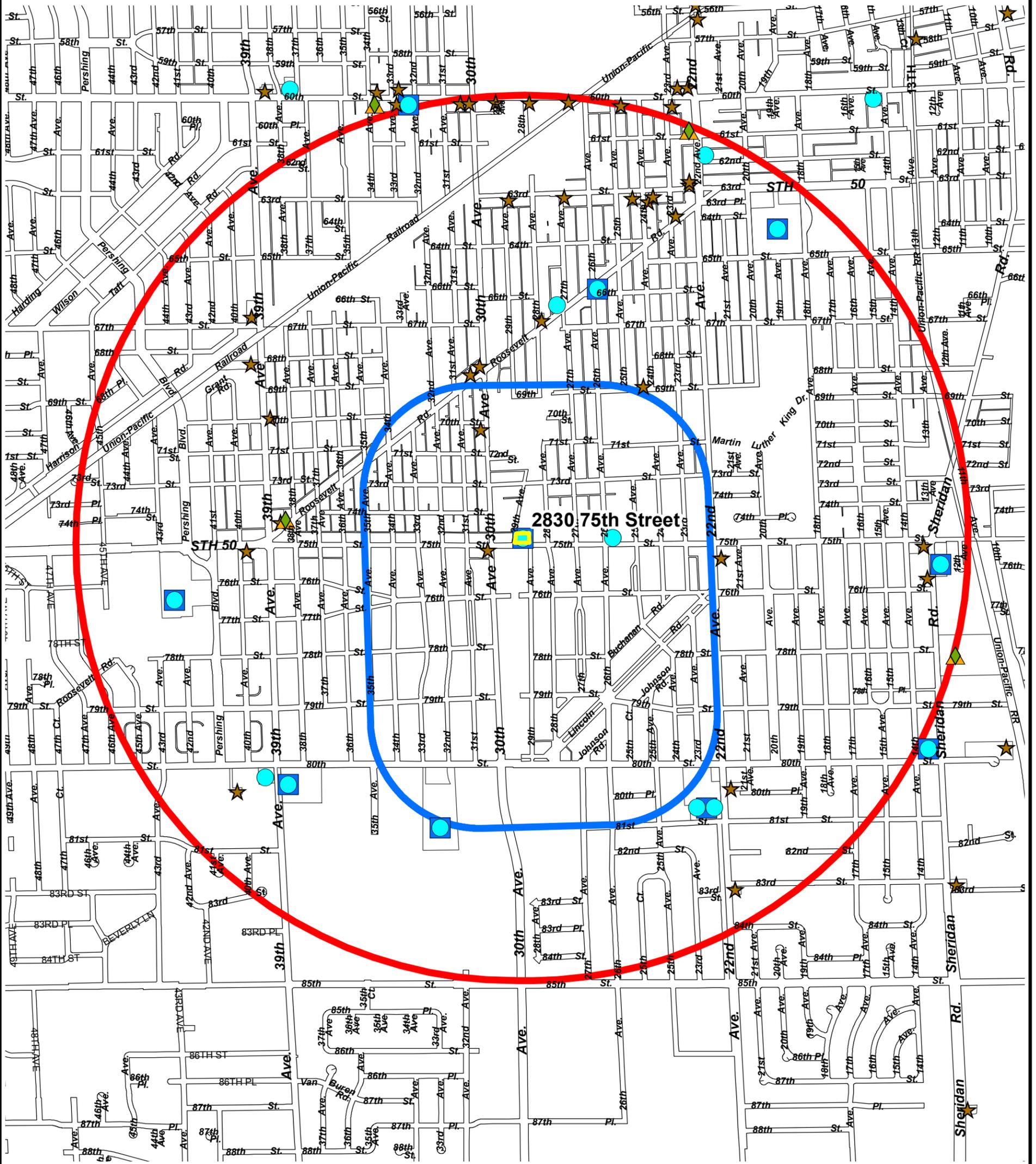
Notary Public

Kenosha County, Wisconsin

My Commission Expires: 4-11-17

# Class "A" Beer / "Class A" Liquor application

## 2830 75th Street



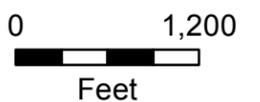
- Class "A"
- "Class A"
- ◆ Class "B"
- ★ Class "B" & "Class B"
- ▲ "Class C"

— 5,280 feet from applicant

— 6 blocks from applicant

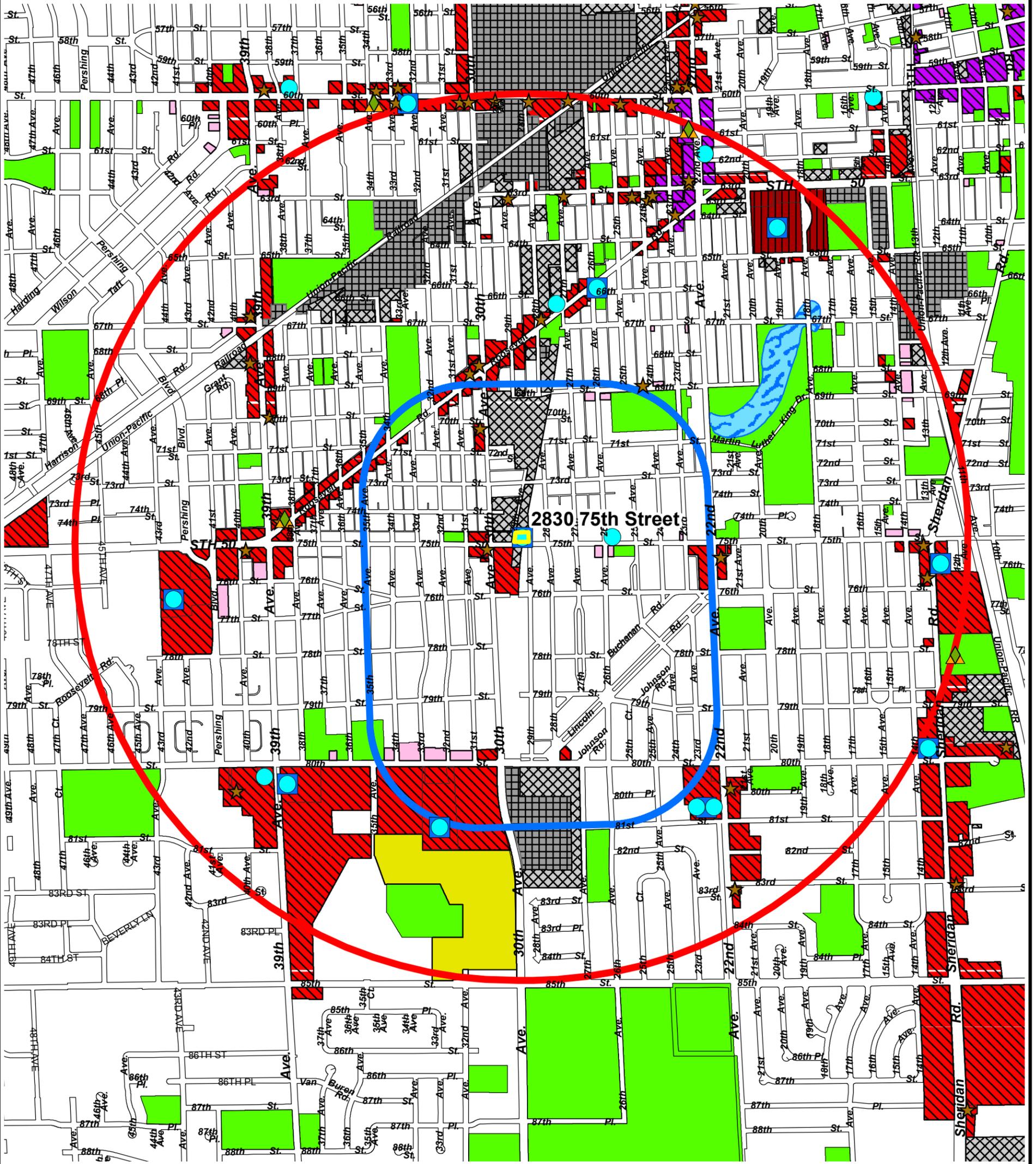
5,280 ft. Radius	Class "A"				
	Class "A"	Class "A"	Class "B"	Class "B" & Class B"	Class "C"
Residential Districts	0	0	0	0	0
Business Districts	15	10	2	32	2
Other Districts	0	0	1	0	1

6 block Radius	Class "A"				
	Class "A"	Class "A"	Class "B"	Class "B" & Class B"	Class "C"
Residential Districts	0	0	0	0	0
Business Districts	5	3	0	2	0
Other Districts	0	0	0	0	0



# Class "A" Beer / "Class A" Liquor application

## 2830 75th Street



- Class "A"
- "Class A"
- ◆ Class "B"
- ★ Class "B" & "Class B"
- ▲ "Class C"

Note: Residential districts are not colored.

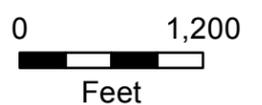
Note: Business districts are colored as follows: B-1 B-2 B-3 B-4

— 5,280 feet from applicant

— 6 blocks from applicant

5,280 ft. Radius	Class "A"	"Class A"	Class "B"	Class "B" & "Class B"	"Class C"
Residential Districts	0	0	0	0	0
Business Districts	15	10	2	32	2
Other Districts	0	0	1	0	1

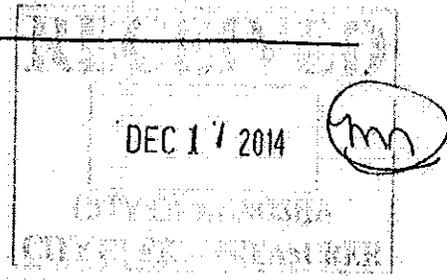
6 block Radius	Class "A"	"Class A"	Class "B"	Class "B" & "Class B"	"Class C"
Residential Districts	0	0	0	0	0
Business Districts	5	3	0	2	0
Other Districts	0	0	0	0	0



**APPLICATION FOR PERMISSION FOR RETAIL CLASS "A" OR CLASS "B" LIQUOR AND/OR FERMENTED MALT BEVERAGE LICENSE HOLDER TO MAINTAIN LICENSE WHILE NOT BEING OPEN FOR BUSINESS AND STOCKED WITH EQUIPMENT WITHIN NINETY (90) DAYS FROM ISSUANCE/GRANTING OF LICENSE**

- 1. Name of License Holder: Hani Ali Weston Sheridan, LLC
- 2. Trade Name: Sheridan Foods District # 1
- 3. Address of Licensed Premises: 4222 Sheridan Road  
Kenosha, WI 53140
- 4. Condition of Licensed Premises (damaged building, razed building, vacant land, standing and functional building, other):  
Functional building
- 5. Has licensed premises been open for business with stock and equipment since July 1<sup>st</sup>? NO  
If not, explain: I have been waiting on the bank for a closing date, which has been finalized.
- 6. Do you plan to equip and open the licensed premises for business? Yes If yes when? By April 1st, 2015  
If not, explain: \_\_\_\_\_
- 7. Are you planning to transfer the license to another premises or party? NO If yes, when? \_\_\_\_\_  
If yes, and there is no proposed date of transfer, explain what steps you have taken to transfer the license since July 1<sup>st</sup>: \_\_\_\_\_

APPLICANT: Hani A. Sheridan  
DATE: 12/17/14



Permission to maintain granted @ LP 9/29/14



# CABARET LICENSE YEARLY

Type: 212 Fee: \$300/year

Expires: June 30, 2005

Mailed letter 12/11/04

FILED	<u>12-29</u>
INITIALS	<u>ZS</u>
ADVERSE/NO ADV	<input checked="" type="checkbox"/>
LP	<u>12-29</u>
CC	

**PLEASE NOTE:** This license is non-renewable. Applications shall be referred by the City Clerk to the Police Department. The Police Department shall make a report, in writing, to the City Attorney as to any police record of the applicant, which may reflect upon good moral character or business responsibility. The City Attorney shall examine said record and make a recommendation to the Committee on Licenses/Permits based thereon as to whether the license shall be granted. The Committee on Licenses/Permits shall review all applications, any reports, the recommendation of the City Attorney and all other information before it. Said Committee shall recommend to the Common Council either the granting or denial of each application. (In accordance to Chapter X, Section 10.07 of the Code of General Ordinances of the City of Kenosha.)

- Licensee Name: BANQUET HALL LUMINARIAS INC District# 3  
(NOTE: must be same name as beer/liquor license)
- Trade Name: BANQUET HALL LUMINARIAS Trade Address: 6218-22nd Ave Kenosha WI 53142
- If license is in the name of a Corporation or LLC, Agent Name: GEORGINA POSADA ~~6218-22nd Ave Kenosha WI 53142~~
- Date of Birth of Agent (if Corporation/LLC) or Individual: \_\_\_\_\_
- Address: 6522-30th Ave Kenosha WI 53142 Phone: 962-705-0409 Email: by mail  
(correspondence will be via email if address is given)
- Driver's License Number: \_\_\_\_\_  
(must indicate if this is not a Wisconsin DL)
- 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 a charge pending at this time?  Yes  No  
If yes, state: charge, year, result
- 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 a charge pending at this time?  Yes  No  
If yes, state: charge, year, result
- Have you, as an adult, ever served time; or have been sentenced to serve time in a jail or prison in Wisconsin or any other State?  Yes  No If yes, explain:

6a

10. Have you ever had your driver's license suspended or revoked in Wisconsin or in any other State?

Yes  No If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. 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, result

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. 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 charges pending at this time involving unfair trade practices, unethical conduct, or discrimination?  Yes  No

If yes, state: charge, year, result

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. 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:

N/A House wife.  
\_\_\_\_\_  
\_\_\_\_\_

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

3705-27TH ST #12 KENOSHA WI 53144  
6522-30TH AVE KENOSHA WI 53142  
\_\_\_\_\_  
\_\_\_\_\_

READ CAREFULLY BEFORE SIGNING: Under penalty provided for by law, the undersigned states that each of the above questions has been truthfully answered to the best of his/her/their knowledge. (Individual applicants and each member of a partnership must sign; designated corporate officers must sign.)

Applicant's Signature: GEORGINA POSADA Date: 12/2/14  
(Individual/Agent of Corporation)

I have received a copy of the NOTICE pertaining to LICENSE/PERMIT APPLICATIONS from the City Clerk's Office G.P.  
(Applicant's Initials)

6.b.

E-MAILED DEC 12 REC'D



# CABARET LICENSE YEARLY

Type: 212 Fee: \$300/year

Expires: June 30, 2015

begin: 1/23/15

FILED	12/12
INITIALS	mm
ADVERSE/NO ADV	
LP	12/29
CC	1/5/15

**PLEASE NOTE:** This license is non-renewable. Applications shall be referred by the City Clerk to the Police Department. The Police Department shall make a report, in writing, to the City Attorney as to any police record of the applicant, which may reflect upon good moral character or business responsibility. The City Attorney shall examine said record and make a recommendation to the Committee on Licenses/Permits based thereon as to whether the license shall be granted. The Committee on Licenses/Permits shall review all applications, any reports, the recommendation of the City Attorney and all other information before it. Said Committee shall recommend to the Common Council either the granting or denial of each application. (In accordance to Chapter X, Section 10.07 of the Code of General Ordinances of the City of Kenosha.)

1. Licensee Name: Kenosha Performing Arts <sup>Association</sup> ~~Center~~ District# 2  
(NOTE: must be same name as beer/liquor license)

2. Trade Name: Fusion Trade Address: 5014 7th Ave, Kenosha WI

3. If license is in the name of a Corporation or LLC, Agent Name: Donald Maty

4. Date of Birth of Agent (if Corporation/LLC) or Individual: \_\_\_\_\_

5. Address: 320 B 55th Street Phone: 708-217-8030 Email: KenoshaFusion@gmail.com  
Kenosha WI 53140 (correspondence will be via email if address is given)

6. Driver's License Number: \_\_\_\_\_  
(must indicate if this is not a Wisconsin DL)

7. 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 a charge pending at this time?  Yes  No  
If yes, state: **charge, year, result** NO

8. 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 a charge pending at this time?  Yes  No  
If yes, state: **charge, year, result**

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

10. Have you ever had your driver's license suspended or revoked in Wisconsin or in any other State?

Yes  No If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. 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, result

\_\_\_\_\_  
\_\_\_\_\_

12. 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 charges pending at this time involving unfair trade practices, unethical conduct, or discrimination?  Yes  No

If yes, state: charge, year, result

\_\_\_\_\_  
\_\_\_\_\_

13. 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:

INSTRUMENT SPECIALISTS INC 133 E MAIN STREET TOWNS LAKE WI

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

320 B 55th STREET Kenosha WI

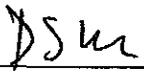
5509 Broadway Richmond IL

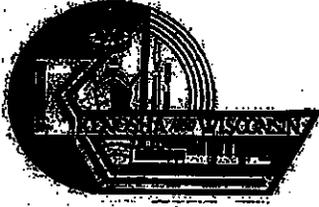
26084 W. Spruce brook Rd Austin TX

READ CAREFULLY BEFORE SIGNING: Under penalty provided for by law, the undersigned states that each of the above questions has been truthfully answered to the best of his/her/their knowledge. (Individual applicants and each member of a partnership must sign; designated corporate officers must sign.)

Applicant's Signature:   
(Individual/Agent of Corporation)

Date: 12-12-14

I have received a copy of the NOTICE pertaining to LICENSE/PERMIT APPLICATIONS from the City Clerk's Office   
(Applicant's Initials)



**TEMPORARY CEMENT BATCH PLANT**  
City of Kenosha Ordinance 13.015

Type: 234 Fee: \$50.00

Expires: December 31, 2015

Renewal

FILED	12/5
INITIALS	mm
ADVERSE/NO ADV	
LP	12/29
CC	1/5
HEALTH	
CDI	
PP TAX	

Licensee Name: OZINGA Ready Mix Concrete Inc District # 14

Trade Name: OZINGA

Address of Plant: 8020 Greenbary Rd. Kenosha 53142

Phone Number: 815-378-6932 Email: RITCH DEMBINSKY @ OZINGA.COM

If Individual: list home address, phone number, & date of birth:

If Partnership or Corporation:

list name, home address, phone number, & date of birth of all partners/members:

see previously attached.

(Individual/Partner/Member) \_\_\_\_\_ Date

[Signature] \_\_\_\_\_ 12-5-14  
(Partner/Member) \_\_\_\_\_ Date

RITCH DEMBINSKY  
Exec Vice President

~~Information Coordinator~~

City Clerk's Office  
625 52nd St. Room 105  
Kenosha, WI 53140  
262.653.4271

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**From:** "Toni Jendras" <[ToniJendras@ozinga.com](mailto:ToniJendras@ozinga.com)>  
**To:** [mnelson@kenosha.org](mailto:mnelson@kenosha.org)  
**Cc:** "Ritch Dembinsky" <[ritchdembinsky@ozinga.com](mailto:ritchdembinsky@ozinga.com)>  
**Sent:** Wednesday, October 15, 2014 8:09:34 AM  
**Subject:** City of Kenosha - Ozinga

Michelle,

In response to your request regarding Ozinga Ready Mix Concrete, Inc. -

Justin Ozinga – 19001 Old LaGrange Road, Suite 300, Mokena, Illinois 60448 –  
708-478-2830

Jeffrey Ozinga – 19001 Old LaGrange Road, Suite 300, Mokena, Illinois 60448 –  
708-478-2810

Donald L. Van Dyk – 19001 Old LaGrange Road, Suite 300, Mokena, Illinois 60448 –  
708-326-4250

Barry N. Voorn – 19001 Old LaGrange Road, Suite 300, Mokena, Illinois 60448 –  
708-326-4210

Please be advised we will not provide home addresses for security reasons.

We trust the above information will be sufficient. Please feel free to contact me should you have any questions.

Thank you,

**Toni Jendras I Legal Assistant**

**Ozinga Bros., Inc. I [www.ozinga.com](http://www.ozinga.com)**

Suite 300 I 19001 Old LaGrange Road I Mokena, Illinois 60448

T 708.326.4210 I F 708.326.4211 I [tonijendras@ozinga.com](mailto:tonijendras@ozinga.com)

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### KENNEL & PET SHOP LICENSES

(Chapter 14.015 - City of Kenosha, Code of General Ordinances)

- Type:  81 (non-commercial)  
 82 (commercial)  
 83 (humane society)  
 84 (pet shop)

FILED	12/4
INITIALS	mm
LP	12/8
CC	12/15

Fee: \$200.00/year

NEW  RENEWAL

Licensee Name: Petco #618 Animal Supplies Stores, Inc District # 116

Trade Name: Petco #618 Address: 6910 Green Bay Rd, 53142

Phone Number: 262-697-8480 Email: licensingregion1@petco.com

If Individual, Partnership or Corporation:

list name, home address, phone number, driver's license number, & date of birth of all partners/members:

See attached

Primary Contact Person: Isela Villarreal Phone Number: 210-201-9096

Number of animals sought to be kept on licensed premises: Dogs 0 Cats 0

READ CAREFULLY BEFORE SIGNING: Under penalty provided for by law, the undersigned states that each of the above questions has been truthfully answered to the best of his/her/their knowledge. (Individual applicants and each member of a partnership must sign; designated corporate officers must sign.)

Isela Villarreal 12/2/14  
(Individual/Partner/Member) Date

(Partner/Member) Date

I have received a copy of the NOTICE pertaining to LICENSE/PERMIT APPLICATIONS from the City Clerk's Office \_\_\_\_\_  
(Applicant's Initials)

#### FOR DEPARTMENT USE ONLY

FIRE:  Approved  Not Approved Holds: \_\_\_\_\_ By: \_\_\_\_\_

COMMUNITY DEVELOPMENT & INSPECTIONS: Zoning: \_\_\_\_\_ Occupancy Permit: \_\_\_\_\_

Any other zoning permits required (such as variances or conditional use permits): \_\_\_\_\_

Approved  Not Approved Holds: \_\_\_\_\_ By: \_\_\_\_\_

HEALTH: Number of Dogs Approved: \_\_\_\_\_ Number of Cats Approved: \_\_\_\_\_  Not Approved

Holds: \_\_\_\_\_ By: \_\_\_\_\_

CITY CLERK: Dog Tag Numbers Issued: \_\_\_\_\_ Cat Tag Numbers Issued: \_\_\_\_\_ By: \_\_\_\_\_

**UNANIMOUS WRITTEN CONSENT  
OF THE  
BOARD OF DIRECTORS OF  
PETCO ANIMAL SUPPLIES STORES, INC.  
(a Delaware corporation)**

Pursuant to the Delaware General Corporation Law, the undersigned, constituting all of the members of the Board of Directors (the "Board") of Petco Animal Supplies Stores, Inc., a Delaware corporation (the "Corporation"), hereby adopt, by their signatures below or on a counterpart hereof, and by unanimous written consent and without a meeting, the following resolution:

NOW, THEREFORE, BE IT RESOLVED, that the following individuals be, and hereby are, appointed and/or their appointments ratified to the offices set forth opposite their name, to serve at the pleasure of the Board and until their respective successor shall be duly elected and qualified:

- |                   |  |
|-------------------|--|
| James M. Myers    | Chief Executive Officer                        |
| Patricia A. Ward  | President                                      |
| David Holland     | Vice President and Treasurer                   |
| Darragh J. Davis  | Vice President, General Counsel and Secretary; |
| Richard L. Delano | Vice President and Assistant Treasurer;        |
| Richard Skeen     | Assistant Treasurer;                           |
| Sonya Szot        | Assistant Secretary.                           |

This Unanimous Written Consent (i) may be executed in one or more counterparts, each of which shall be an original and all of which together shall be one and the instrument, (ii) shall be effective for all purposes as of August 30, 2013, (iii) shall be filed in the minute book of the Corporation and (iv) shall become a part of the records of the Corporation.

Patricia A. Ward  
Patricia A. Ward, Director

David Holland  
David Holland, Director



# KENNEL & PET SHOP LICENSES

(Chapter 14.015 - City of Kenosha, Code of General Ordinances)

- Type:  81 (non-commercial)  
 82 (commercial)  
 83 (humane society)  
 84 (pet shop)

FILED 12-8-14  
 INITIALS STAD  
 LP 12/29  
 CC \_\_\_\_\_

NO ADV

letter emailed 12/11

Fee: \$200.00/year

NEW  RENEWAL

Licensee Name: James F. & Linda D. Lemke District # 14

Trade Name: Jim's Aquarium & Pets Address: 6205 75th St.

Phone Number: 262 6944222 Email: jimlem@wi.rr.com

If Individual, Partnership or Corporation: list name, home address, phone number, & date of birth of all partners/members:

James F. Lemke 6318-48th ST Kenosha 53144  
Linda D. Lemke 6318-48th ST Kenosha 53144

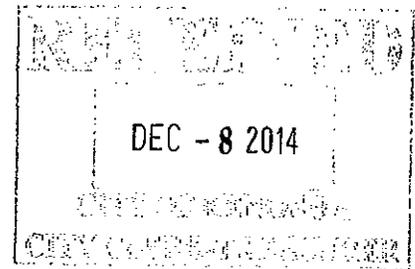
Primary Contact Person: James Lemke Phone Number: 262 6944222

Number of animals sought to be kept on licensed premises: Dogs 0 Cats 0

READ CAREFULLY BEFORE SIGNING: Under penalty provided for by law, the undersigned states that each of the above questions has been truthfully answered to the best of his/her/their knowledge. (Individual applicants and each member of a partnership must sign; designated corporate officers must sign.)

James F. Lemke 11/23/14  
 (Individual/Partner/Member) Date

Linda D. Lemke 11/23/14  
 (Partner/Member) Date



I have received a copy of the NOTICE pertaining to LICENSE/PERMIT APPLICATIONS from the City Clerk's Office \_\_\_\_\_ (Applicant's Initials)

### FOR DEPARTMENT USE ONLY

FIRE:  Approved  Not Approved Holds: \_\_\_\_\_ By: \_\_\_\_\_

COMMUNITY DEVELOPMENT & INSPECTIONS: Zoning: \_\_\_\_\_ Occupancy Permit: \_\_\_\_\_

Any other zoning permits required (such as variances or conditional use permits): \_\_\_\_\_

Approved  Not Approved Holds: \_\_\_\_\_ By: \_\_\_\_\_

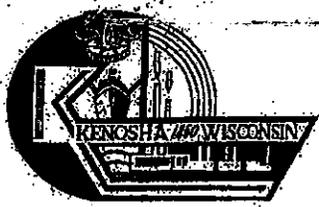
HEALTH: Number of Dogs Approved: \_\_\_\_\_ Number of Cats Approved: \_\_\_\_\_  Not Approved

Holds: \_\_\_\_\_ By: \_\_\_\_\_

CITY CLERK: Dog Tag Numbers Issued: \_\_\_\_\_ Cat Tag Numbers Issued: \_\_\_\_\_ By: \_\_\_\_\_

Letter emailed Noachers 12/12 10a

E-MAILED DEC 10 REC'D



PET FANCIER PERMIT  
City Ordinances §14.013 D.

FILED 12/10  
INITIALS AK  
LP 12-29

Type: 85 Fee: \$35.00/year

Expires: December 31, 2014  
 NEW  RENEWAL

- Name Ruth A. Cox
- Driver's License Number \_\_\_\_\_
- Address 7539 16th Ave, Kenosha <sup>53143</sup> District # 12
- Phone Number 414-818-1917 Email: Rcox-12000@yahoo.com
- Number of dogs\* 1 Number of cats 3  
(limit of up to five (5) dogs, cats, or combination thereof.)

\*Working dogs such as service dogs, medical alert dogs and certified therapy dogs are not included in the pet limit calculation. However, they must remain licensed in the City.

- Are there any working, service, medical alert or certified therapy dogs included in #5? If so, please attach accreditation. Check here if attached  N/A
- Attach proof of current dog and/or cat licenses. Check here if attached.  For 2015
- Do you currently have, or have you had within the past two (2) years, a conviction for animal cruelty, neglect or mistreatment of an animal?  no  yes

If yes, please explain \_\_\_\_\_

Ruth A. Cox  
Signature of Applicant

12-1-14  
Date

No Adverse

10.b.

E-MAILED DEC 08 2014



### PET FANCIER PERMIT

City Ordinances §14.013 D.

Type: 85 Fee: \$35.00/year

Expires: December 31, 2015

NEW  RENEWAL

FILED	12-2-14
INITIALS	TS
LP	12-29

letter emailed 12/11

- Name James O'Brien
- Driver's License Number \_\_\_\_\_
- Address 1709 61st Street Kenosha District #: 3
- Phone Number 262-657-7055 Email: James.O'Brien@WI.AR.COM
- Number of dogs\* 4 Number of cats \_\_\_\_\_  
(limit of up to five (5) dogs, cats, or combination thereof.)

\*Working dogs such as service dogs, medical alert dogs and certified therapy dogs are not included in the pet limit calculation. However, they must remain licensed in the City.

- Are there any working, service, medical alert or certified therapy dogs included in #5?  
If so, please attach accreditation. Check here if attached  N/A
- Attach proof of current dog and/or cat licenses. Check here if attached
- Do you currently have, or have you had within the past two (2) years, a conviction for animal cruelty, neglect or mistreatment of an animal?  no  yes

If yes, please explain \_\_\_\_\_

[Signature]  
Signature of Applicant

12/2/2014  
Date

106  
DATE ISSUED: 12/10/14  
RECEIPT NUMBER: DEBB 7  
OWNER: RUTH COX  
ADDRESS: 07539 016 AVENUE  
PHONE: 818-1917 LICENSE FEE: \$15.00

CAT NAME: THOMAS  
RABIES EXPIRES: 5/04/17  
BREED: DOMESTIC COLOR: BLACK SEX: M-N

SUBJECT TO PROVISIONS OF SECTION 14.01 OF THE CITY  
KENOSHA CODE OF GENERAL ORDINANCES.

CITY OF KENOSHA  
2015 CAT LICENSE  
LICENSE NUMBER 56 EXPIRES 12/31/15

C O P Y

DATE ISSUED: 12/10/14  
RECEIPT NUMBER: DEBB 7  
OWNER: RUTH COX  
ADDRESS: 07539 016 AVENUE  
PHONE: 818-1917 LICENSE FEE: \$15.00

CAT NAME: MORTY  
RABIES EXPIRES: 6/21/16  
BREED: DOMESTIC COLOR: BLACK SEX: M-N

SUBJECT TO PROVISIONS OF SECTION 14.01 OF THE CITY  
KENOSHA CODE OF GENERAL ORDINANCES.

CITY OF KENOSHA  
2015 CAT LICENSE  
LICENSE NUMBER 57 EXPIRES 12/31/15

C O P Y

DATE ISSUED: 12/10/14  
RECEIPT NUMBER: DEBB 7  
OWNER: RUTH COX  
ADDRESS: 07539 016 AVENUE  
PHONE: 818-1917 LICENSE FEE: \$15.00

CAT NAME: SID  
RABIES EXPIRES: 6/21/16  
BREED: DOMESTIC COLOR: ORANGE TIG SEX: M-N

SUBJECT TO PROVISIONS OF SECTION 14.01 OF THE CITY  
KENOSHA CODE OF GENERAL ORDINANCES.

#

CITY OF KENOSHA  
 2014 DOG LIC  
 LICENSE NUMBER 6034 EXPIRES 31/14  
 DATE ISSUED: 11/25/13  
 RECEIPT NUMBER: MICH 1  
 OWNER: JAMES O'BRIEN  
 ADDRESS: 01709 061 STREET  
 PHONE: 657-7055 LICENSE FEE: \$15.00  
 DOG NAME: CHIEF  
 RABIES EXPIRES: 7/26/14  
 BREED: BLACK LAB COLOR: BLACK SEX: M-N

SUBJECT TO PROVISIONS OF CHAPTER 174 OF THE STATE  
 SECTION 14.01 OF CITY ORDINANCES.

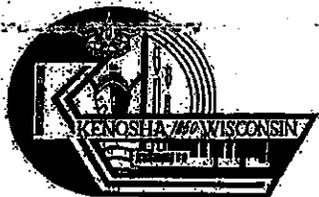
CITY OF KENOSHA  
 2014 DOG LICENS  
 LICENSE NUMBER 6035 EXPIRES 1/14  
 DATE ISSUED: 11/25/13  
 RECEIPT NUMBER: MICH 1  
 OWNER: JAMES O'BRIEN  
 ADDRESS: 01709 061 STREET  
 PHONE: 657-7055 LICENSE FEE: \$3  
 DOG NAME: BUSTER  
 RABIES EXPIRES: 3/30/14  
 BREED: AUSTRALIAN COLOR: BLACK WHIT SEX: M

SUBJECT TO PROVISIONS OF CHAPTER 174 OF THE STATE  
 SECTION 14.01 OF CITY ORDINANCES.

CITY OF KENOSHA  
 2014 DOG F  
 LICENSE NUMBER 6036 EXPIR 1/14  
 DATE ISSUED: 11/25/13  
 RECEIPT NUMBER: MICH  
 OWNER: JAMES O'BRIEN  
 ADDRESS: 01709 061 STREET  
 PHONE: 657-7055 LICENSE FEE: \$15.00  
 DOG NAME: BREEZE  
 RABIES EXPIRES: 7/26/14  
 BREED: ENGLISH SH COLOR: WHITE SEX: F-S

SUBJECT TO PROVISIONS OF CHAPTER 174 OF THE STATE  
 SECTION 14.01 OF CITY ORDINANCES.

2



PET FANCIER PERMIT

City Ordinances §14.013 D.

Type: 85 Fee: \$35.00/year

Expires: December 31 2015

NEW  RENEWAL

No Adverse

FILED 12-4-14
INITIALS <i>SH</i>
LP 12-29

DEC - 4 2014

- Name Sherry Hawkins
- Driver's License Number \_\_\_\_\_
- Address 5503-24<sup>th</sup> Ave, Lower Kenosha, WI 53140 District # 7
- Phone Number 262-705-0731 Email: Sheryl.Hawkins@Aurora.org
- Number of dogs\* 1 Number of cats 2  
(limit of up to five (5) dogs, cats, or combination thereof.)

\*Working dogs such as service dogs, medical alert dogs and certified therapy dogs are not included in the pet limit calculation. However, they must remain licensed in the City.

- Are there any working, service, medical alert or certified therapy dogs included in #5?  NO  
If so, please attach accreditation. Check here if attached
- Attach proof of current dog and/or cat licenses. Check here if attached.
- Do you currently have, or have you had within the past two (2) years, a conviction for animal cruelty, neglect or mistreatment of an animal?  no  yes

If yes, please explain \_\_\_\_\_

Sheryl Rae Hawkins  
Signature of Applicant

11/28/14  
Date

\* Angel, my Cocker Spaniel is a Foster dog & her Rabies Vaccine Appointment is Next week. Her Current Tag thru her Rescue is Good thru mid December, 2014.

\* Mary & my other Cat will be updated Next month when they are due.

Thank yous Sheryl Hawkins

CLRDOG

04 DEC 14 11:49 CDUSTINL

CITY CLERK'S  
DOG/CAT LICENSE RECEIPTING

PAYMENT DATE: / /

OWNER: HAWKINS SHERRY R  
ADDRESS: 5503 024 AV UNIT: LOWER ZIP: 53140-0000 PHONE: 262-705-0731

NEW LICENSE NUMBER: LICENSE YEAR: 15

DOG'S NAME: ANGEL DECEASED(Y):  
PREVIOUS LICENSE NUMBER: 151067 EXPTRES: 12/31/15

SEX: F STERILIZED(Y/N): Y RABIES EXPIRATION DATE: 12/13/14

BREED: COCKER SPANIEL COLOR: BLONDE

PENALTY(Y):  NO CHARGE(Y):  HALF-YEAR RATE(Y):  ADD(C,D):   
COMMENT:

FEE: PENALTY: TAX: TOTAL:

MSG-WAIT/ESCAPE F2/NEXT (NO UPDATE) F3/SKIP & ADD XMIT/CONTINUE ( )

CLRD0GF

04 DEC 14 11:49 CDUSTINL

CITY CLERK'S  
DOG/CAT LICENSE RECEIPTING

PAYMENT DATE: / /

OWNER: HAWKINS SHERRY R  
ADDRESS: 5503 024 AV UNIT: LOWER ZIP: 53140-0000 PHONE: 262-705-0731

NEW LIC NO: EXPIRATION YEAR: 15

CAT'S NAME: MARY/MARANTHA DECEASED(Y):  
PREVIOUS LICENSE NUMBER: 150009 EXPIRES: 12/31/15

SEX: F STERILIZED(Y/N): Y RABIES EXPIRATION DATE: 01/26/15

BREED: DMH COLOR: GRAY/BLACK TABBY

PENALTY(Y):  NO CHARGE: ADD(C-CAT; D-DOG):  
COMMENT:

FEE:	PENALTY:	TAX:	TOTAL:	
MSG-WAIT/ESCAPE	F2/NEXT (NO UPDATE)	F3/SKIP & ADD	XMIT/CONTINUE	( )



Wel 948-7057

**CERTIFICATE OF VACCINATION**

**Date of Rabies Vaccination:** 01-27-12  
**Next Rabies Vaccination On:** 01-26-15

**Certificate No:** 0  
**Previous Rabies Vaccination:**

**VETERINARY CLINIC**  
Lake Geneva Animal Hospital  
801 E Townline  
Lake Geneva, WI 53147  
262 248 4790

**OWNER OF ANIMAL**  
Sherl Tiny Paws Cat Rescue  
5503 24th Ave. Lower flat  
Kenosha, WI 53140  
County:

This is to certify...

**THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.**

**Patient information...**

**PATIENT:** Mary  
**SPECIES:** Feline  
**SEX:** Spayed Female  
**Color and markings:** Gray Tiger

**TAG NO:** 28340  
**WEIGHT:** 0.00  
**AGE:** 8Y

Signed Dr. Chris Welch 

Dr. Chris Welch

License:

**Vaccinations done...**

01-27-12 CW Rabies, 3 yr, #28340 01-26-15

**Rabies Vaccine Information...**

**MFG BY:** **SER.NO:**  
**LOT EXP:**



No adverse 10.d.

E-MAILED DEC 09 REC'D  
Letter mailed 12/12



**PET FANCIER PERMIT**  
City Ordinances §14.013 D.

Type: 85 Fee: \$35.00/year

Expires: December 31, 2015  
 NEW  RENEWAL

FILED	12/9
INITIALS	mn
LP	12/29

- Name Dawn Rynearson
- Driver's License Number \_\_\_\_\_
- Address 3919 51st Ave 53114 District # 16/ward #68
- Phone Number (262) 544-0461 Email: Renee.Rynearson@gmail.com
- Number of dogs\* 3 Number of cats 1  
(limit of up to five (5) dogs, cats, or combination thereof.)

\*Working dogs such as service dogs, medical alert dogs and certified therapy dogs are not included in the pet limit calculation. However, they must remain licensed in the City.

- Are there any working, service, medical alert or certified therapy dogs included in #5?  
If so, please attach accreditation. Check here if attached  N/A
- Attach proof of current dog and/or cat licenses. Check here if attached
- Do you currently have, or have you had within the past two (2) years, a conviction for animal cruelty, neglect or mistreatment of an animal?  no  yes

If yes, please explain \_\_\_\_\_

Dawn Rynearson  
Signature of Applicant

12/6/14  
Date

CITY OF KENOSHA  
2015 DOG LICENSE  
LICENSE NUMBER 736 EXPIRES 12/31/15

DATE ISSUED: 11/04/14  
RECEIPT NUMBER: DUST 42  
OWNER: DAWN RYNEARSON  
ADDRESS: 03919 051 AVENUE  
PHONE: 564-0461 LICENSE FEE: \$15.00

DOG NAME: DAKOTA  
RABIES EXPIRES: 5/03/17  
BREED: LAB COLOR: BLK SEX: F-S

SUBJECT TO PROVISIONS OF CHAPTER 174 OF THE STATE  
SECTION 14.01 OF CITY ORDINANCES.

CITY OF KENOSHA  
2015 DOG LICENSE  
LICENSE NUMBER 737 EXPIRES 12/31/15  
DATE ISSUED: 11/04/14  
RECEIPT NUMBER: DUST 42  
OWNER: DAWN RYNEARSON  
ADDRESS: 03919 051 AVENUE  
PHONE: 564-0461 LICENSE FEE: \$15.00

DOG NAME: DUTCHES  
RABIES EXPIRES: 3/01/17  
BREED: RAT TERRIER COLOR: BLACK/WHITE SEX: F-S

SUBJECT TO PROVISIONS OF CHAPTER 174 OF THE STATE  
SECTION 14.01 OF CITY ORDINANCES.

CITY OF KENOSHA  
2015 DOG LICENSE  
LICENSE NUMBER 738 EXPIRES 12/31/15  
DATE ISSUED: 11/04/14  
RECEIPT NUMBER: DUST 42  
OWNER: DAWN RYNEARSON  
ADDRESS: 03919 051 AVENUE  
PHONE: 564-0461 LICENSE FEE: \$15.00

DOG NAME: PUPPIN  
RABIES EXPIRES: 3/01/17  
BREED: POODLE COLOR: BLACK SEX: F-S

SUBJECT TO PROVISIONS OF CHAPTER 174 OF THE STATE  
SECTION 14.01 OF CITY ORDINANCES.

CITY OF KENOSHA  
2015 CAT LICENSE  
LICENSE NUMBER 30 EXPIRES 12/31/15

DATE ISSUED: 11/04/14  
RECEIPT NUMBER: DUST 42  
OWNER: DAWN RYNEARSON  
ADDRESS: 03919 051 AVENUE  
PHONE: 564-0461 LICENSE FEE: \$15.00

CAT NAME: SPHYNX  
RABIES EXPIRES: 2/04/15



**PET FANCIER PERMIT**  
City Ordinances §14.013 D.

Type: 85 Fee: \$35.00/year

Expires: December 31, 15

NEW  RENEWAL

FILED 12-5-14  
INITIALS JH  
LP 12-29

1. Name Becky Hahnfeld DEC - 5 2014
2. Driver's License Number \_\_\_\_\_
3. Address 10017 68<sup>th</sup> St 53142 District # 17
4. Phone Number 262 948 3490 Email: illihifan44@aol.com
5. Number of dogs\* 1 Number of cats 4  
(limit of up to five (5) dogs, cats, or combination thereof.)

\*Working dogs such as service dogs, medical alert dogs and certified therapy dogs are not included in the pet limit calculation. However, they must remain licensed in the City.

6. Are there any working, service, medical alert or certified therapy dogs included in #5?  
If so, please attach accreditation. Check here if attached  N/A
7. Attach proof of current dog and/or cat licenses. Check here if attached
8. Do you currently have, or have you had within the past two (2) years, a conviction for animal cruelty, neglect or mistreatment of an animal?  no  yes

If yes, please explain \_\_\_\_\_

B. Hahnfeld  
Signature of Applicant

12-5-14  
Date

CLRDOG

05 DEC 14 12:50 CDUSTINL

CITY CLERK'S  
DOG/CAT LICENSE RECEIPTING

PAYMENT DATE: / /

OWNER: HAHNFELD BECKY  
ADDRESS: 10017 068 ST UNIT: \_\_\_\_\_ ZIP: 53142-0000 PHONE: 262-948-3492

NEW LIC NO: \_\_\_\_\_ EXPIRATION YEAR: 15

CAT'S NAME: MACKENZIE DECEASED(Y): \_  
PREVIOUS LICENSE NUMBER: 150046 EXPIRES: 12/31/15

SEX: F STERILIZED(Y/N): Y RABIES EXPIRATION DATE: 04/17/16

BREED: HIMALAYN \_\_\_\_\_ COLOR: BLUE/CREAM \_\_\_\_\_

PENALTY(Y):  NO CHARGE: \_\_\_\_\_ ADD(C=CAT; D=DOG): \_

COMMENT: \_\_\_\_\_

FEE:	PENALTY:	TAX:	TOTAL:	
MSG-WAIT/ESCAPE	F2/NEXT(NO UPDATE)	F3/SKIP & ADD	XMIT/CONTINUE	<input type="checkbox"/>

CLRDG

05 DEC 14 12:50 CDUSTINL

CITY CLERK'S  
DOG/CAT LICENSE RECEIPTING

PAYMENT DATE: / /

OWNER: HAINFELD BECKY  
ADDRESS: 10017 068 ST UNIT: ZIP: 53142-0000 PHONE: 262-948-3492

NEW LIC NO: EXPIRATION YEAR: 15

CAT'S NAME: SAWYER DECEASED(Y):  
PREVIOUS LICENSE NUMBER: 150047 EXPIRES: 12/31/15

SEX: F STERILIZED(Y/N): Y RABIES EXPIRATION DATE: 10/24/16

BREED: BSH COLOR: BLUE

PENALTY(Y): NO CHARGE: ADD(C=CAT; D=DOG):

COMMENT:

FEE:	PENALTY:	TAX:	TOTAL:
MSG-WAIT/ESCAPE	F2/NEXT (NO UPDATE)	F3/SKIP & ADD	XMIT/CONTINUE ( )

CLRDOG

05 DEC 14 12:51 CDUSTINL

CITY CLERK'S  
DOG/CAT LICENSE RECEIPTING

PAYMENT DATE: / /

OWNER: HAHNFELD BECKY  
ADDRESS: 10017 068 SF UNIT: ZIP: 53142-0000 PHONE: 262-948-3492

NEW LIC NO: EXPIRATION YEAR: 15

CAT'S NAME: HARPER DECEASED(Y):  
PREVIOUS LICENSE NUMBER: 150048 EXPIRES: 12/31/15

SEX: F STERILIZED(Y/N): Y RABIES EXPIRATION DATE: 02/18/15

BREED: DSH COLOR: BLACK/BROWN

PENALTY(Y): ■ NO CHARGE: ADD(C=CAT; D=DOG):  
COMMENT:

FEE: PENALTY: TAX: TOTAL:

MSG-WAIT/ESCAPE F2/NEXT(NO UPDATE) F3/SKIP & ADD XMIT/CONTINUE



**PET FANCIER PERMIT**  
City Ordinances §14.013 D.

Type: 85 Fee: \$35.00/year

Expires: December 31, 2014  
 NEW  RENEWAL

No Adverse 10.F.  
LP 12/29  
E-MAILED NOV 25 REC'D  
letter mailed 12-3-14  
FILED 11-25-14 12/11  
INITIALS JAD  
LP 12/29

1. Name MARY SANTIAGO
2. Driver's License Number \_\_\_\_\_
3. Address 4711-42nd AVE District # 10
4. Phone Number 262-688-4074 Email: \_\_\_\_\_
5. Number of dogs\* 4 Number of cats \_\_\_\_\_  
(limit of up to five (5) dogs, cats, or combination thereof.)

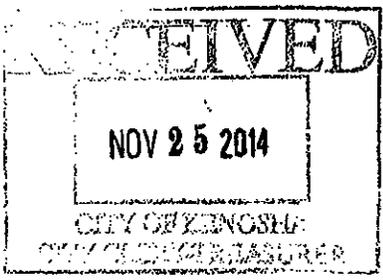
\*Working dogs such as service dogs, medical alert dogs and certified therapy dogs are not included in the pet limit calculation. However, they must remain licensed in the City.

6. Are there any working, service, medical alert or certified therapy dogs included in #5?  
If so, please attach accreditation. Check here if attached  N/A
7. Attach proof of current dog and/or cat licenses. Check here if attached
8. Do you currently have, or have you had within the past two (2) years, a conviction for animal cruelty, neglect or mistreatment of an animal?  no  yes

If yes, please explain \_\_\_\_\_

Mary Santiago  
Signature of Applicant

11-23-14  
Date



CLRDGCG

25 NOV 14 14:55 CDEBBYD

CITY CLERK'S  
DOG/CAT LICENSE RECEIPTING

PAYMENT DATE: / /

OWNER: SANTIAGO \_\_\_\_\_ MARY \_\_\_\_\_  
ADDRESS: 4711 042 AV UNIT: \_\_\_\_\_ ZIP: 53144-0000 PHONE: 262-658-4274

NEW LICENSE NUMBER: \_\_\_\_\_ LICENSE YEAR: 15

DOG'S NAME: NACHO \_\_\_\_\_ DECEASED(Y): \_  
PREVIOUS LICENSE NUMBER: 150158 EXPIRES: 12/31/15

SEX: M STERILIZED(Y/N): Y RABIES EXPIRATION DATE: 03/16/15

BREED: CHIHUAHUA \_\_\_\_\_ COLOR: BLACK/WHIT \_\_\_\_\_

PENALTY(Y):  NO CHARGE(Y): \_ HALF-YEAR RATE(Y): \_ ADD(C,D): \_  
COMMENT: \_\_\_\_\_

FEE: \_\_\_\_\_ PENALTY: \_\_\_\_\_ TAX: \_\_\_\_\_ TOTAL: \_\_\_\_\_

MSG-WAIT/ESCAPE F2/NEXT (NO UPDATE) F3/SKIP & ADD XMIT/CONTINUE ( )

CLRDOG

25 NOV 14 14:56 CDEBBD

CITY CLERK'S  
DOG/CAT LICENSE RECEIPTING

PAYMENT DATE: / /

OWNER: SANTIAGO \_\_\_\_\_ MARY \_\_\_\_\_  
ADDRESS: 4711 042 AV UNIT: \_\_\_\_\_ ZIP: 53144-0000 PHONE: 262-658-4274

NEW LICENSE NUMBER: \_\_\_\_\_ LICENSE YEAR: 15

DOG'S NAME: SALSA \_\_\_\_\_ DECEASED(Y): \_  
PREVIOUS LICENSE NUMBER: 150159 \_\_\_\_\_ EXPIRES: 12/31/15

SEX: F STERILIZED(Y/N): Y RABIES EXPIRATION DATE: 04/02/16

BREED: CHIHUAHUA \_\_\_\_\_ COLOR: BROWN \_\_\_\_\_

PENALTY(Y):  NO CHARGE(Y): \_ HALF-YEAR RATE(Y): \_ ADD(C,D): \_  
COMMENT: \_\_\_\_\_

FEE: \_\_\_\_\_ PENALTY: \_\_\_\_\_ TAX: \_\_\_\_\_ TOTAL: \_\_\_\_\_

MSG-WAIT/ESCAPE F2/NEXT(NO UPDATE) F3/SKIP & ADD XMIT/CONTINUE [ ]

CLRDOG

25 NOV 14 14:56 CDEBYD

CITY CLERK'S  
DOG/CAT LICENSE RECEIPTING

PAYMENT DATE: / /

OWNER: SANTIAGO \_\_\_\_\_ NANCY \_\_\_\_\_  
ADDRESS: 4711 042 AV UNIT: \_\_\_\_\_ ZIP: 53144-0000 PHONE: 262-652-4274

NEW LICENSE NUMBER: \_\_\_\_\_ LICENSE YEAR: 15

DOG'S NAME: CHIPS \_\_\_\_\_ DECEASED(Y): \_  
PREVIOUS LICENSE NUMBER: 150119 EXPIRES: 12/31/15

SEX: M STERILIZED(Y/N): Y RABIES EXPIRATION DATE: 10/14/15

BREED: CHIHUAHUA \_\_\_\_\_ COLOR: TAN \_\_\_\_\_

PENALTY(Y):  NO CHARGE(Y):  HALF-YEAR RATE(Y): N ADD(C,D):   
COMMENT: \_\_\_\_\_

FEE:	PENALTY:	TAX:	TOTAL:	
MSG-WAIT/ESCAPE	F2/NEXT(NO UPDATE)	F3/SKIP & ADD	XMIT/CONTINUE	<input type="checkbox"/>

CLRDOG

25 NOV 14 14:57 CDEBRYD

CITY CLERK'S  
DOG/CAT LICENSE RECEIPTING

PAYMENT DATE: / /

OWNER: SANTIAGO NANCY  
ADDRESS: 4711 042 AV UNIT ZIP: 53144-0000 PHONE: 262-652-4274

NEW LICENSE NUMBER: LICENSE YEAR: 15

DOG'S NAME: PINTO DECEASED(Y):     
PREVIOUS LICENSE NUMBER: 150120 EXPIRES: 12/31/15

SEX: M STERILIZED(Y/N): Y RABIES EXPIRATION DATE: 01/12/15

BREED: CHIHUHA COLOR: BLACK

PENALTY(Y):  NO CHARGE(Y):  HALF-YEAR RATE(Y):  ADD(C,D):   
COMMENT: \_\_\_\_\_

FEE:	PENALTY:	TAX:	TOTAL:	
MSG-WAIT/ESCAPE	F2/NEXT (NO UPDATE)	F3/SKIP & ADD	XMIT/CONTINUE	[ ]

Letter remailed 12/12/10 g.  
No adverse

E-MAILED DEC 08 REC'D



**PET FANCIER PERMIT**  
City Ordinances §14.013 D.

FILED 12-8-14  
INITIALS RS  
LP 12-29

Type: 85 Fee: \$35.00/year

Expires: December 31, 2015  
 NEW  RENEWAL

1. Name Janine Walczak
2. Driver's License Number \_\_\_\_\_
3. Address 8735 37<sup>th</sup> Avenue 53142 District # 14
4. Phone Number 262-948-1295 Email: franine.Tesbcglobal.net
5. Number of dogs\* \_\_\_\_\_ Number of cats 4  
(limit of up to five (5) dogs, cats, or combination thereof.)

\*Working dogs such as service dogs, medical alert dogs and certified therapy dogs are not included in the pet limit calculation. However, they must remain licensed in the City.

6. Are there any working, service, medical alert or certified therapy dogs included in #5?  
If so, please attach accreditation. Check here if attached  N/A
7. Attach proof of current dog and/or cat licenses. Check here if attached.
8. Do you currently have, or have you had within the past two (2) years, a conviction for animal cruelty, neglect or mistreatment of an animal?  no  yes

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Janine Walczak  
Signature of Applicant

12/1/14  
Date

10.g.

DELIVER

09 DEC 11 08:50 117485

CITY OF INDIANA LICENSES UNIT

LICENSE TYPE: EQUIP LICENSE  
 LICENSE NUMBER: 150071 STATION: PLANT: TOP PRINTED: / /  
 Y.R. DISTRICT:  
 LICENSEE: TRADE:  
 TYPE: INDIVIDUAL  
 SPECIALTY: ENGINE  
 AGENT:  
 AGENT DOB: KEY: HSC STREET  
 ORIGINAL ISSUE: 12/08/11 RENEWAL: EXPIRATION: 12/31/15  
 GRANTED: TERMINATED: REISSUING:  
 PAYMENT DATE: 12/08/11 TERMINAL: TRM:0007 FATO: 15.00 LATE FEE:  
 REFUND DATE: REFUND AMOUNT: Refund Date: 00/00/00  
 LEASE DATE:  
 DUPLICATES: DATES MADE: / / / / MICROCHIP #:  
 # OF ORIGINAL UNIT: # OF ORIGINAL UNIT: # OF ORIGINAL UNIT:  
 TOTAL AMOUNT UNIT: 88800- TOTAL AMOUNT UNIT: 0750-  
 COMPLETED PARTNER CLASS: FENCE: AMP THERM MISC: CLOSING:  
 TERM: COMMENTS:  
 PREVIOUS LICENSE: D1001

F5C/MEM ENTER/NOV F2/MORE F4/UPDATE F5/PRN SCR F6/LICENS F10 [ ]



10.g.

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CLEARTEXT          8          20 DEC 14 08:57          111458
          8          CITY - KANSAS LICENSE VIEW          8          7

LICENSE TYPE: 501 USE LICENSE
LICENSE NUMBER: 170053  NUMBER: 18181  DATE PRINTED: 12/14/14
AID District:
LICENSEE: T. J. JOE
TYPE: INDIVIDUAL
NAME: WALTON, JAVIN
AGENT:
AGENT JOB:
ORIGINAL ISSUE: 12/08/14  GENERAL:
GRANTED:  TERMINATED:
PAYMENT DATE: 12/09/14  THIRDPARTY TRANSFER: 0007  PAID: 15.00  LATE FEE:
REFUND DATE:  REFUND AMOUNT:  Meeting Date: 07/00/00
LEASE DATE:
DUPLICATES:  DATES MADE:  RECORD #
# OF ORIGINAL UNIT(S):  # OF ORIGINAL UNIT(S):
TOTAL AMOUNT UNIT: 88800-  TOTAL AMOUNT UNIT: 62500-
COMPLETED BATTENDUE CLASS:  FINE:  AMPLIFIED ALC:  FINE:
PRINT:  COMMENTS:
PREVIOUS LICENSE: 0233

ESC/MSU  ENTER/EXIT  F2/MORE  F4/UPDATE  F5/VIEW SQA  F8/LICENSEE INFO  [ ]

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E-MAILED DEC 04 REC'D

Letter mailed + copy to 10. h.  
12/8 | 12/11 Ab. Rostrom



**PET FANCIER PERMIT**  
City Ordinances §14.013 D.

Type: 85 Fee: \$35.00/year

Expires: December 31, 2015  
 NEW  RENEWAL

No Adverse  
FILED 12-11-14  
INITIALS RS  
LP 12-29

1. Name AMELIA MARTINEZ COLEMAN
2. Driver's License Number \_\_\_\_\_
3. Address 7203 18TH AVE # 5343 District # 12
4. Phone Number 847-912-3397 Email: celenomomnews@yahoo.com
5. Number of dogs\* 5 Number of cats 2  
(limit of up to five (5) dogs, cats, or combination thereof.)

\*Working dogs such as service dogs, medical alert dogs and certified therapy dogs are not included in the pet limit calculation. However, they must remain licensed in the City.

6. Are there any working, service, medical alert or certified therapy dogs included in #5?  
If so, please attach accreditation. Check here if attached  N/A
7. Attach proof of current dog and/or cat licenses. Check here if attached
8. Do you currently have, or have you had within the past two (2) years, a conviction for animal cruelty, neglect or mistreatment of an animal?  no  yes

If yes, please explain \_\_\_\_\_

A. Coleman  
Signature of Applicant

12/11/14  
Date

10.h.

DLR00000

01 DEC 14 15:57 DRYANS

CITY CLERK'S  
DOG/YEAR LICENSE RECEIPT

PAYMENT DATE: / /

OWNER: MARTINEZ-COLEMAN, MELBA  
ADDRESS: 1204 018 47 1KT1 ZIP: 53113-0000 PHONE: 847-412-3397

NEW LICENSE NUMBER: LICENSE MONTH: 15

DOG'S NAME: CHIRO DECEASED(Y):  
PREVIOUS LICENSE NUMBER: 17082 EXPIRES: 12/31/15

SEX: M STERILIZED(Y/N): N BIRTH EXPIRES DATE: 02/01/16

BREED: PITBULL COLOR: BROWN WHITE

PENALTY(Y):  NO CHARGE(Y):  HALF-YEAR RATE(Y):  ADD'L 10:   
COMMENT:

FEE: PENALTY: TAX: TOTAL:

RETRY/ESCAPE F2/NEXT ON UPDATE F5/STOP & END AMIT/CONTINUE [1]

10.h.

CTRI0000

01 DEC 11 15:57 000000

CITY CLERK'S  
R.06/01E LICENSE RECEIPTING

PAYMENT DATE: / /

OWNER: MARTINEZ-COLEMAN, WILLIS  
ADDRESS: 1208 018 ST UNIT: ZIP: 53145-0001 PHONE: 414-497-4997

NEW LICENSE NUMBER: LICENSE YEARS: 15

DOG'S NAME: WABA DECEASED(Y/N):  
PREVIOUS LICENSE NUMBER: 151080 EXPIRES: 11/31/15

SEX: M STERILIZED(Y/N): N RABIES EXPIRATION DATE: 01/04/16

BREED: PITBULL COLOR: WHITE/BLACK

PENALTY(Y):  NO CHARGE(Y):  HALF-YEAR INT(Y):  ADD'L 10:   
COMMENT: \_\_\_\_\_

FEE: PENALTY: TAX: TOTAL:

MSG-RMT/ESCAPE F2/EXIT(OR UPDATE) F3/SKIP & END M11/GOINTIME [ ]

10.h.

CLERK/REG

01 DEC 11 15:57 111333

CITY CLERK'S  
DOG/DOG LICENSE RECEIPT

PAYMENT DATE: / /

OWNER: MARTINEZ-COLEMAN, MILELA  
ADDRESS: 1205 018 30 UNIT ZIP: 3145-000 PHONE: 817-41-333

NEW LICENSE NUMBER: LICENSE YEAR: 15

DOG'S NAME: DATA RECEIVED (Y):  
PREVIOUS LICENSE NUMBER: 14080 RECEIVED (Y): 12/31/15

SEX: M STERILIZE (Y/N): N RABIES EXPIRATION DATE: 01/01/16

BREED: PITBULL COLOR: WHITE/BLACK

PENALTY (Y):  AD (Y/N):  HALF-YEAR RATE (Y):  ADULT (Y):

COMMENT: \_\_\_\_\_

FEE:	PENALTY:	TAX:	TOTAL:
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MSG-RATE/ESTATE	F2/MINT/INC UPDATE	F3/SHIP & MD	AMT/OVERRIDE	LI
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10.h.

CLERK

01 DEC 11 15:57 URGENT

CITY CLERK  
DOG LICENSE RECEIPT

PAYMENT DATE: / /

OWNER: MARTINEZ-COLEMAN, YVELIA  
ADDRESS: 7003 ORANGE AVE N.E. ZIP: 55115-0900 PH: 612-337-3307

NEW LICENSE NUMBER: LICENSE YEAR: 15

DOG'S NAME: HONEY DECEASED(Y):  
PREVIOUS LICENSE NUMBER: (3705) EXPIRES: 12/31/15

SEX: F STERILIZED(Y/N): Y RABIES EXPIRATION DATE: 03/27/17

BREED: PITBULL COLOR: BROWN

FEWALTY(Y):  NO CHARGE(Y):  HALF-YEAR RATE(Y):  ADD'L(D):   
COMMENT: -----

FEE:	PENALTY:	TAX:	TOTAL:
MSG-WAIT/ESCAPE	F2/MYTIME UPDATE	F3/SKIP & ADD	AMT/COUNTING [ ]

E-MAILED DEC 01 2014

No Adverse 10.i



**PET FANCIER PERMIT**  
City Ordinances §14.013 D.

FILED 12-4-14  
INITIALS RS  
LP 12-29-14

Type: 85 Fee: \$35.00/year

Expires: December 31, 2014

NEW  RENEWAL

letter emailed 12/11

1. Name BARBARA CONTRO
2. Driver's License Number \_\_\_\_\_
3. Address 3304 13TH STREET - KENOSHA District # 46
4. Phone Number 262-496-5250 Email: BCONTRO41@GMAIL.COM
5. Number of dogs\* 1 Number of cats 1  
(limit of up to five (5) dogs, cats, or combination thereof.)

\*Working dogs such as service dogs, medical alert dogs and certified therapy dogs are not included in the pet limit calculation. However, they must remain licensed in the City.

6. Are there any working, service, medical alert or certified therapy dogs included in #5? If so, please attach accreditation. Check here if attached  N/A
7. Attach proof of current dog and/or cat licenses. Check here if attached.  For 2015
8. Do you currently have, or have you had within the past two (2) years, a conviction for animal cruelty, neglect or mistreatment of an animal?  no  yes

If yes, please explain \_\_\_\_\_

Barbara Contro  
Signature of Applicant

12-01-2014  
Date

10.1.

CLERK/DF

01 DEC 11 13:11 11735

CITY CLERK'S  
DOG/CAT LICENSE RECEIPTING

PAYMENT DATE: / /

OWNER: JOYDIN RAJWA  
ADDRESS: 3501 OTS ST UNIT 2107 53141-9901 JORDON, SD 57038

REG LIC NO: EXPIRATION MONTH: 15

DOG'S NAME: MARIO DISTRICT:  
PROVIDER LICENSE NUMBER: 15034 EXPIRES: 12/31/15

SEX: F SPNEALIZED(Y/N): Y TABLES EXPIRATION DATE: 06/23/15

BREED: EUROPEAN COLOR: CHEW-BROWN

FIDELITY(Y):  NO CHANGE: ADVANCE D-DIGIT:   
COMMENT: \_\_\_\_\_

FEE: PENALTY: TAX: TOTAL:

REG-RATE/PSCAPE F2/AMT/EXT/CL UPD/DATE F3/SKIT & ADD AMT/COUNT/DATE L1

LNDEGF

01 DEC 14 1988 TTYANS

CITY CLERK'S  
DOG/CAT LICENSE RECEIPT

PAYMENT DATE: / /

OWNER: CONTROL BARBARA  
ADDRESS: 3501 013 ST UNIT: ZIP: 9714-000 PHONE: 502-541-6618

NEW LIC NO: EXPIRES IN YEARS: 15

CAT'S NAME: MATHILU DECEASED(Y/N):  
PREVIOUS LICENSE NUMBER: 150013 EXPIRES: 1/31/15

SEX: M STERILIZED(Y/N): Y BIRTHS ESTIMATED DATE: 08/23/15

BREED: EUROPEAN COLOR: TIGER GRAY-INDIAN

PENALTY(Y/N):  NO CHANGE: ADD(0-100): 0-000:

COMMENT:

FEE: PENALTY: TAX: TOTAL:

MSU-WAIT/ESCAPE F2/NEXT ON UPDATE U5/SKIP & ADD AMT/CONTINUE [ ]

CLERK

01 DEC 11 1988 08:55

CLERK'S  
BOAT LICENSE RECEIPT

PAYMENT DATE: / /

OWNER: JONATHAN BARBERA  
ADDRESS: 3901 015 ST DUBLIN ZIP: 53014-0000 PHONE: 202 544 7000

NEW LIC NO: EXPIRATION YEAR: 15

OWNER'S NAME: MICHAEL DEBASSIO  
PREVIOUS LICENSE NUMBER: 150047 EXPIRES: 1/7/15

SEX: F STERILIZED(Y/N): Y RADIO EXPIRATION DATE: 08/23/15

BREED: EUROPEAN COLOR: BULL

PENALTY(Y/N):  NO CHARGE:  ADD'L FEE:

COMMENT: \_\_\_\_\_

FREE:	PENALTY:	TAX:	TOTAL:
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MSG-WAIT/ESC/PC	F2/ACT INCL UPDATE	F3/SKIP & ADD	MITA INTAKE	L)
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