

**City of Medford**  
**Checklist for Fermented Malt Beverage and or Liquor Beverage Application**

**Applicant Name:** Moises Morales **Date:** 1/14/19

**Contact Information: Phone/Cell #** 757-553-7323 **Email** \_\_\_\_\_

- Original/Renewal Alcohol Beverage License Application** must be filed with the City Clerk's Office at least 15 days prior to a regularly scheduled City Council meeting. All required documentation **must** be submitted prior to Council consideration. Failure to provide the necessary documentation will effect the date the license is granted and issued and when you can begin serving alcohol/beer/wine. *Need corp name*
- Name of application must be the same as the name on your Seller's Permit, and registered with the Department of Revenue. If unsure, check website: [www.wdfr.org/apps/cris/](http://www.wdfr.org/apps/cris/)
- All partners of the partnership must be listed on the application. Adding or dropping of a partner requires application for a new license.
- Individuals, all natural persons in a partnership and the agents of corporations and limited liability companies are subject to a residency requirement of 90 days continuously in Wisconsin prior to the date of application.
- A premise description is required, and should include the building(s), rooms, and/or land area where alcohol beverages will be sold, served, consumed, or stored.
- Auxiliary Questionnaire Form** must be completed by the individual, each member of the partnership, the agent, officers, directors and manager of a corporation, limited liability company or nonprofit organization, and attached to the original/renewal alcohol beverage application.
- Schedule for Appointment of Agent by Corporation/Nonprofit Organization or Limited Liability Company Form** must be completed and signed by both an officer/member/manager of the corporation/organization/limited liability company and the agent for any new application. For a renewal application, this is only required when there is a change in agent. *Signatures*
- NA*  **Operator's (Bartender's License) Application** – Individuals aged 18 or older may be licensed to serve and/or sell alcohol. A licensed bartender must be present and be able to see all employees serving and/or selling alcohol at all times. The appointed agent, individual owner, or partners are exempt from the operator's license requirement, but are required to take the Wisconsin Department of Revenue approved Responsible Beverage Server training course.

- Responsible Beverage Server Training** - The appointed agent, individual owner, or partners are exempt from the operator's license requirement, but are required to take the Wisconsin Department of Revenue approved Responsible Beverage Server training course unless:

- The person is renewing a license.
- Within the last two years the applicant held a manager's license or held or was an agent of a corporation or limited liability company that held a Class A/B beer/liquor or Class Wine license. If the license is from a municipality other than the City of Medford, you must provide a copy of the license or other acceptable proof.
- Within the last two years the person has successfully completed a Wisconsin Department of Revenue approved Responsible Beverage Server training course.

Approved course can be found at the following web site:  
[www.revenue.wi.gov/pages/training/alcsellerserver](http://www.revenue.wi.gov/pages/training/alcsellerserver)

- Cigarette and Tobacco Products Retail License Application** – If applicable, this form must be completed and returned to the City Clerk's Office.

- Surrender of License Form** – If applicable, this form must be completed and signed by both the current owner and the new applicant of a beer or liquor license.

- Copy of Lease (If you are leasing the premises)** – For original applications only, a copy of your lease must be provided to show that you have full control of the premise.

- Copy of Wisconsin Seller's Permit** – For original applications only, this will start with a 45-xxx... and is a 15 digit number.

- Business Plan** must accompany any new application, and should include a discussion of the operation, number of employees, percentage of food sale, etc.

- Building & Zoning Inspector Inspection.** Any new applicant must contact the Building Inspector/Zoning Administrator to schedule an inspection of the premise. The Building Inspector/Zoning Administrator's written report must be submitted with the application. Any dispute regarding the items in the report will be resolved by the Mayor. Any concerns must be addressed prior to the Council granting the license. The Building Inspector/Zoning Administrator can be contacted at 715-748-4321.

- Fire Chief's Inspection.** Any new applicant must contact the Fire Chief to schedule an inspection of the premise. The inspection report must be submitted with the application. Any dispute regarding the items in the report will be resolved by the Mayor and Fire Chief. Any violations must be corrected prior to Council granting the license. The Fire Chief can be reached at 715-748-4321.

- Health Inspection.** Any new applicant must contact the Taylor County Health Department to schedule a health inspection of the premise. All costs associated with this inspection are the responsibility of the applicant. The Taylor County Health Department's report must be submitted with the application. Any violations must be corrected prior to Council granting the license. The Taylor County Health Department number is 715-748-1410.
  
- Police Report.** The City Clerk will contact the Police Chief regarding any new applicant. The Police Chief will make a written report including a recommendation on the granting of a license to the City Clerk as to any police record of an applicant or an applicant's agent which may reflect habitual violation of law or conviction of a felony.
  
- Issuance of License –** The payment of all licensing fees, unpaid real estate taxes, personal property taxes, room taxes, any delinquent assessments, claims or forfeitures resulting from conviction of any City ordinance violation, or monies owed the City for services rendered (i.e., utilities) or an obligation occurred must be paid prior to Council granting the issuance of an original or renewal license. If the real estate taxes are unpaid for the property upon which the premise will be subject to a license, the license will not be granted for said premise regardless of whether the identity of the license holder or applicant is different than the person or entity responsible for the unpaid real estate taxes.
  
- Attendance at Committee of the Whole/Council Meeting –** All new applicants for an alcohol license are required to attend the Council or Committee of the Whole meeting at which the applicant's license is being considered unless attendance is waived by the Mayor. You will be notified by the City Clerk of the date and time of said meeting.
  
- Wisconsin Alcohol Beverage Laws for Retailers Pamphlet –** It is your responsibility to read and understand this publication.
  
- Change in Premise Ownership/Tenant –** The applicant understands that a license is issued by the City to a qualified applicant. The license does not belong to the licensee or the premise. A new owner or tenant must apply for, and comply with the new application requirements.

Any questions regarding the licensing process, please contact:

Ginny Brost, City Clerk  
639 South Second Street  
Medford, WI 54451  
Phone: 715-748-1181  
Email: vbrost@medfordwi.us

# Original Alcohol Beverage Retail License Application

Submit to municipal clerk.

For the license period beginning \_\_\_\_\_ 20 \_\_\_\_\_ ;  
ending 6-30 20 19

TO THE GOVERNING BODY of the:  Town of }  
 Village of } Medford  
 City of }

County of Taylor Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

Applicant's WI Seller's Permit No. / FEIN Number	
<u>4567029754290-02 / 83-2-725414</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>35.84</u>
<input checked="" type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>125.41</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>8.00</u>
<b>TOTAL FEE</b>	\$ <u>169.25</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): El Jovenaso Of Medford LLC

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 (Last, First, M.I.)	Home Address	Post Office & Zip Code
President/Member	<u>President</u>	<u>MORALES MOISES</u>	<u>711 E Broadway Ave Apt 22 Medford WI 54451</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Moises Morales</u>		
Directors/Managers			

3. Trade Name El Jovenaso Business Phone Number 715-785-5555

4. Address of Premises 125 S. eighth St. Medford WI Post Office & Zip Code 54451

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 WI and date 12/5/18 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Stored and sold on premises

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? Jaime Jacinto

12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277]  Yes  No

13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No

14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees 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, or one member of a partnership applicant must sign; one corporate officer, one member/manager 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.

MOISES MORALES BLANCO  
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>1-11-19</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk <u>Viraminia Brost</u> Clerk
Date license granted	Date license issued	License number issued <u>BLB-14A</u>	

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Ego Morales		Moises			
Home Address (street/route)		Post Office	City	State	Zip Code
711 E Broadway Ave			Medford	WI	54451
Home Phone Number		Age	Date of Birth	Place of Birth	
(757) 553-7323		37	02/06/1981	Mexico	

The above named individual provides the following information as a person who is (check one):

Applying for an alcohol beverage license as an **individual**.  
 A member of a **partnership** which is making application for an alcohol beverage license.  
 Moises Morales of EI Jovenazo of Medford LLC  
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)  
 which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? \_\_\_\_\_
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.) \_\_\_\_\_
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending. \_\_\_\_\_
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
EI Loro Mexica R.	1001 Division St. White Park	03-2017	Current
Employer's Name	Employer's Address	Employed From	To
EI Guadalajara Mex. Rest	Superior WI. 56387	03-2015	03-2017

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 11<sup>th</sup> day of January, 2019  
Bitas Hess  
(Clerk/Notary Public)

MOISES MORALES BLANCO  
(Signature of Named Individual)

My commission expires 2-25-22



**SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY**

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of:  Town  Village  City of Medford County of Taylor

The undersigned duly authorized officer(s)/members/managers of EI Jovenaso of Medford LLC  
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as EI Jovenaso of Medford LLC  
(trade name)

located at 125 S. eighth St Medford WI 54451

appoints Moises Morales-Bianco  
(name of appointed agent)

711 E Broadway Ave Apt 22 Medford WI 54451  
(home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? \_\_\_\_\_

Place of residence last year 210 15th Ave N Apt 307 White Park MN 56387

For: EI Jovenaso of Medford LLC  
(name of corporation/organization/limited liability company)

By: MOISES MORALES BLANCO  
(signature of Officer/Member/Manager)

And: \_\_\_\_\_  
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

I, Moises Morales  
(print/type agent's name), hereby accept this appointment as agent for the

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

MOISES MORALES BLANCO 1-24-19 Agent's age 37  
(signature of agent) (date)

\_\_\_\_\_ Date of birth 02-02-1981  
(home address of agent)

**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY  
(Clerk cannot sign on behalf of Municipal Official)**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
(date) (signature of proper local official) (town chair, village president, police chief)

DV

RECEIVED

FEB 25 2019

CITY OF MEDFORD

IDENTIFICATION  
CARD

USA  
WISCONSIN



00 M642-5408-1046-07

1 MARALES BLANCO

2 MOISES

3 711 E BROADWAY AVE # 22  
MEDFORD, WI 54451

NOT A DRIVER LICENSE



MOISES NOFALES

16 SEX M 18 HGT 5'09"

17 WGT 250 lb 19 EYES BRO

19 HAIR BLK

4a ISS 02/21/2019

3 DOB 02/06/1981

4b EXP 02/08/2028

5 DC OTSAP2619022113260405

DONOR

# WISCONSIN SELLER / SERVER CERTIFICATION

**Trainee Name:** MOISES MORALES

**School Name:** 360training.com, Inc.

**Date of Completion:** 01/05/2019

**Certification #:** WI-91705

I, *Smith Reyes*

Certify that the above named person  
successfully completed an approved  
Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66

  
learn<sup>2</sup>  
serve

Corporate Headquarters  
6801 N Capital of Texas Hwy, Suite 150  
Austin, TX 78731  
P: 877.881.2235

City of Medford, Wisconsin  
Surrender of License

This is to advise that, as licensee, I (We) hereby surrender a Class A/B/C beer/liquor/wine/cider fermented malt beverage and/or intoxicating liquor license for the premise located at 125 S 8th St Medford, WI 54451, on the condition that it be granted to the applicant (future licensee).

Jaime Jacinto d/b/a EL Jovenaso LLC  
Current Business Owner Current Business Name

and Moises Morales d/b/a EL Jovenaso of Medford LLC  
Future Business Owner Future Business Name

as applicant, make a concurrent application for that license.

\*\*\*\*\*

Current Licensee

Signature: [Signature] Date: 1-11-19

Please print the following information:

Name: Jaime Jacinto  
Home Address: 113 E Saint Patrick St  
City: Rice Lake Zip WI  
Phone: (715) 651-1730

Applicant - Future Licensee

Signature: MOISES MORALES BLANCO Date: 1/11/19

Please print the following information:

Name: MOISES MORALES B  
Home Address: 711 E BROADWAY RT #22  
City: MEDFORD Zip 54451  
Phone: (757) 553-7323

**CLASS "B" RETAILERS' LICENSE  
FOR THE SALE OF  
FERMENTED MALT BEVERAGES**

**Seller's Permit #456-1029354976-02**

**License #BLB-14:**

**\$394.00**

**WHEREAS**, the local governing body of the City of Medford, County of Taylor, Wisconsin, has, upon application duly made, granted and authorized the issuance of a Retail Class "B" License to El Jovenaso, LLC d/b/a El Jovenaso, LLC, Jaime Jacinto, Agent to sell Fermented Malt Beverages, as defined by law and pursuant to Section 125.26 of the Statutes of the State of Wisconsin and local ordinances and the said applicant has paid to the Treasurer the sum of \$87.60 for a Class "B" Retailer's Fermented Malt Beverage License as provided by local ordinances;

**AND WHEREAS**, the local governing body has granted and authorized the issuance of a Class "B" Intoxicating Liquor License to said applicant to sell intoxicating liquor as defined by and pursuant to Section 125.51(3) of the Statutes of the State of Wisconsin and local ordinances and the said applicant has paid to the treasurer the sum of \$306.40 for such Class "B" Intoxicating Liquor License as provided by local ordinances and has complied with all the requirements necessary for obtaining such licenses:

**LICENSE IS HEREBY ISSUED** to said applicant to sell, deal and traffic in, at retail, Fermented Malt Beverages at the following described premises: Restaurant (stored and sold on premises) located at 125 South Eighth Street, Medford, WI for the period from July 1, 2018 to June 30, 2019.

Given under my hand and the corporate seal of the City of Medford this 6<sup>th</sup> day of June, 2018.

  
Virginia Brosi, City Clerk

This license must be FRAMED and POSTED IN A CONSPICUOUS PLACE in the room or place where Fermented Malt Beverages are drawn or removed for service or sale.

Moises Morales Blanco  
711 E. Broadway Ave. Apt 22  
Medford, Wisconsin 54451.  
(757) 553-7323

El Jovenaso Mexican Restaurant Plan.

125 S. 8<sup>th</sup> St.

Medford, Wisconsin 54451.

(757) 785-5555

We will be serving authentic Mexican food. Counting with 7 employees as now.

Our hours of operations are as follow;

Monday: 11:00 am to 9 pm.

Tuesday: 11:00 am to 9 pm.

Wednesday: 11:00 am to 9 pm.

Thursday: 11:00 am to 9:00 pm.

Friday: 11:00 am to 10:00 pm.

Saturday: 11:00 am to 10:00 pm.

Sunday: 11:00 am to 8:00pm.

## Inspection Report and Notice of Noncompliance

Report Date: January 24, 2019	Inspection Date	Permit No.:	State Seal #	Parcel No.:
Project Address 125 S Eighth Street		Subdivision		Lot No.:
Block No.:				
Inspection Type(s): <input type="checkbox"/> Footing <input type="checkbox"/> Erosion Control <input type="checkbox"/> Foundation <input type="checkbox"/> Bsmt Drain Tile <input type="checkbox"/> Underslab Plbg <input type="checkbox"/> Rough HVAC <input type="checkbox"/> Rough Plumbing <input type="checkbox"/> Rough Electrical <input type="checkbox"/> Construction <input type="checkbox"/> Insulation/Energy <input type="checkbox"/> Final <input type="checkbox"/> Other:				
Area Inspected, if Partial Inspection:		If Final Inspection, Occupancy May: <input type="checkbox"/> Take Place Now <input type="checkbox"/> Take Place Temporarily for _____ days <input type="checkbox"/> Not Take Place Until The Items Below Are Corrected and Inspected <input type="checkbox"/> Other:		

Owner: El Jovenaso  Rodrigo Rodriguez Fuentes	Contractor: Inspection for Liquor License  <div style="text-align: center; font-size: 2em; font-weight: bold; border: 1px solid black; padding: 5px;">                     RECEIVED                      FEB 14 2019                      CITY OF MEDFORD                 </div>
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An inspector of the above premises has disclosed the following noncomplaint items:  None Noted

Order No.	Code Section	Findings and Requirements
1	210.8(B) (5)	4 gang receptalce @ sink in Ice Room to be GFCI protected <b>done</b>
2		Open electrical box in Ice Room needs a blank cover <b>done</b>
3	<b>done</b>	Corner trim molding on 1st column in north dining room needs to be replaced
4	<b>done</b>	Panel board by food prep table needs cover secured
Note	<b>done</b>	Cracked tiles to be replace per County Inpection
2/14/19 All items ARE corrected 		

IMPORTANT: Please report when violations are corrected. AVOID DELAY

**Notice of Noncompliance:** All cited violations shall be corrected within 30 days after written notification unless an extension of time is granted. Each day that the violation continues after notice shall constitute a separate offense and is subject to remedies and penalties by the authority having jurisdiction. Appeals per ch. 68, WI Stats. and s. SPS 320.21.

Enforcing Jurisdiction: <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> County                 OR: <input type="checkbox"/> State Staff <input type="checkbox"/> State Insp Agency#	Bldg Location Muni #	Authority By Municipal Ordinance Section:
Inspector's Name: Robert Christensen	Violations Explained To: R Fuentes	Compliance Date:
Inspector's Address: 639 S Second St	Office Hours:	Telephone No: 715-748-1184
Orders Referred for Followup Legal Action To:	Date	Noncompliances Verified to Still Exist? (If needed, notate orders above.) <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Fees Collected(+)/Refunded(-) By State-Contracted Agency \$ Since Original Permit Issuance:		

Distribution:  Ply 1 - Contractor  Ply 2 - Inspector/State  Ply 3 - Owner  Ply 4 - File

Medford Area Fire Department  
Fire Inspection Report

Computer I.D. # 10235 Inspectors Name Jerome F...  
 Address: 125 S Eighth St  
 City: Medford Town \_\_\_\_\_  
 Owner: \_\_\_\_\_  
 Occupant: F1 Juveniles - Moises Morales  
 Use: \_\_\_\_\_

Violations shall be corrected within thirty (30) days unless otherwise noted

Remarks: Reinspection  
All issues from 01-07-19 have been taken care of.

X MOISES MORALES B Date: 02-14-19  
 Owner/Agent/Manager/Representative

You are hereby ordered to correct the violation(s) as indicated below:

- |   |  |   |
|---|--|---|
| <p>1. <b>Aisles/Stair</b><br/>                 Blocked A _____<br/>                 Inadequate B _____<br/>                 Not Lighted C _____<br/>                 Other D _____</p> <p>2. <b>Building Number</b><br/>                 Inadequate A _____<br/>                 Missing B _____</p> <p>3. <b>Electric Heaters</b><br/>                 Combust Too Close A _____<br/>                 Tip Over Switch B _____<br/>                 Other C _____</p> <p>4. <b>Electricity</b><br/>                 Fuses A _____<br/>                 Defective B _____<br/>                 Open Box C _____<br/>                 Other D _____</p> <p>5. <b>Exits</b><br/>                 Blocked/Locked A _____<br/>                 Improper Hardware B _____<br/>                 Other C _____</p> <p>6. <b>Exit Lights</b><br/>                 Out A _____<br/>                 Other B _____</p> <p>7. <b>Elevator</b><br/>                 Keys A _____<br/>                 Inspection B _____</p> <p>8. <b>Extension Cords</b><br/>                 Excessive Use A _____<br/>                 As Perm Wire B _____<br/>                 Thrgh Construction C _____<br/>                 Over Metal D _____<br/>                 Spliced E _____<br/>                 Other F _____</p> | <p>9. <b>Extinguishers</b><br/>                 Recharge A _____<br/>                 Hang B _____<br/>                 Out of Date C _____<br/>                 None D _____</p> <p>10. <b>Fire Door</b><br/>                 Blocked/Inoprtly A _____<br/>                 No Closing Device B _____<br/>                 None C _____<br/>                 Other D _____</p> <p>11. <b>Fire Escapes</b><br/>                 Inoperable A _____<br/>                 Other B _____</p> <p>12. <b>Flammable Liquids</b><br/>                 Improper Storage A _____<br/>                 No Safety Can B _____<br/>                 Improper Dispensing C _____</p> <p>13. <b>Furnace Room Enclosures</b><br/>                 Incomplete A _____<br/>                 Door Not To Code B _____<br/>                 Unprotected C _____<br/>                 Openings D _____<br/>                 Other E _____</p> <p>14. <b>Hood Systems</b><br/>                 Past Due A _____<br/>                 Needs Cleaning B _____<br/>                 Other C _____</p> <p>15. <b>Housekeeping</b><br/>                 General Cleanup A _____<br/>                 Other B _____</p> <p>16. <b>Paint Spray</b><br/>                 Vent A _____<br/>                 Booth Not To Code B _____<br/>                 None C _____<br/>                 No Sprinkler Heads D _____<br/>                 Other E _____</p> | <p>17. <b>Service Stations</b><br/>                 Improper storage A _____<br/>                 Waste Oil B _____<br/>                 No Smoking signs C _____<br/>                 Record Keeping D _____<br/>                 Other E _____</p> <p>18. <b>Smoke/Heat Detectors</b><br/>                 Not Maintained A _____<br/>                 Wrong Installation B _____<br/>                 Other C _____</p> <p>19. <b>Sprinklers</b><br/>                 FDC Operable A _____<br/>                 Inoperable Heads B _____<br/>                 Storage Too Close To Head C _____<br/>                 Fire Pump D _____<br/>                 Other E _____</p> <p>20. <b>Alarm System</b><br/>                 Outside Strobe/Light A _____<br/>                 Inadequate B _____<br/>                 Defective C _____<br/>                 Log Missing D _____<br/>                 Log Not Current E _____</p> <p>21. <b>Lock Box</b><br/>                 Operable A _____<br/>                 Proper Keys B _____</p> <p>22. <b>Locked/Closed</b><br/>                 Date A _____<br/>                 Date B _____<br/>                 Date C _____</p> <p>23. <b>No Violations</b><br/>                 Observed At This Time A <u>X</u></p> <p>24. <b>Miscellaneous</b><br/>                 Please Check A _____</p> <p>25. <b>Special Needs</b><br/>                 _____</p> |
|---|--|---|

**RECEIVED**

MAR - 4 2019

CITY OF MEDFORD

TAYLOR COUNTY HEALTH DEPARTMENT  
Courthouse, 224 S. 2nd Street  
Medford, WI 54451

Phone 715.748.1410  
Fax 715.748.1417

### INSPECTION REPORT - SUPPLEMENT

This form can be used in conjunction with any Environmental Health Inspection Report

Check one of the following for which the visit is being conducted:

- Restaurant    Hotel/Motel/Tourist Rooming House    Bed & Breakfast    Swimming Pool    Campground  
 Recreational/Educational Camp    Tattoo/Body Piercing    Retail Food    Other

Name of Establishment <u>FC Jovanoso</u>	
Street Address <u>125 S 8th</u>	City, Village or Township <u>Medford WI</u>
Name on License <u>FC Jovanoso of Medford LLC</u>	
Street Address <u>Medford</u>	
Date of Survey <u>2/13/19</u>	I.D. Number of Establishment <u>7001242</u>

**OPERATOR** - The violation(s) in operating procedure of physical arrangement indicated below must be corrected by the next routine inspection or such period of time as may be specified.

*Completed follow up to  
12/19/18 pre-inspection.  
All required items have been  
corrected. Thank you!*

**RECEIVED**  
MAR - 4 2019  
CITY OF MEDFORD

Liana Burcha  
SIGNATURE - Licensee or Employee  
DATE: 2/13/19

[Signature]  
SIGNATURE - Sanitarian  
DATE: 2/13/19