



Monica Schultz
City Clerk
City Clerk's Office
414.302.8220
mschultz@westalliswi.gov

June 27, 2017

Jose J. Montejano
3560 S. 15 St.
Milwaukee, WI 53219

Dear Mr. Montejano:

The Chairman of the License & Health Committee orders that you appear at their meeting on **Tuesday, July 11, 2017, at 6:00 P.M.** in Room 128, West Allis City Hall, 7525 W. Greenfield Ave., regarding the 2017-2018 Class B Tavern License application for the premises located at 3411 S. 108 St.

Failure to appear will delay the approval of your 2017-2018 Class B Tavern License application until after August 1, 2017.

Please note that all meetings, unless otherwise noted, are open to the public and may be televised and recorded through the City's Cable Communications Division.

If you have any questions, please contact the Clerk's Office at (414) 302-8202.

Sincerely,

Monica Schultz
/amn

Monica Schultz
City Clerk

/amn



Monica Schultz
City Clerk
City Clerk's Office
414.302.8220
mschultz@westalliswi.gov

May 30, 2017

Jose J. Montejano
3560 S. 15 St.
Milwaukee, WI 53219

3 appearance
requests
2 - Certified Mail
SEC 6-2017

Dear Mr. Montejano:

The Chairman of the License & Health Committee orders that you appear at their meeting on Tuesday, June 6, 2017, at 5:30 P.M., in Room 128, West Allis City Hall, 7525 W. Greenfield Ave., regarding the 2017-2018 Class B Tavern License application for the premises located at 3411 S. 108 St.

Please note that all meetings, unless otherwise noted, are open to the public and may be televised and recorded through the City's Cable Communications Division.

If you have any questions, please contact the Clerk's Office at (414) 302-8202.

Sincerely,

Monica Schultz
amn

Monica Schultz
City Clerk

/amn



Monica Schultz
City Clerk
City Clerk's Office
414.302.8220
mschultz@westalliswi.gov

May 12, 2017

Jose J. Montejano
3560 S. 15 St.
Milwaukee, WI 53219

Dear Mr. Montejano:

The Chairman of the License & Health Committee orders that you appear at their meeting on Tuesday, May 23, 2017, at 6:00 P.M., in Room 128, West Allis City Hall, 7525 W. Greenfield Ave., regarding the 2017-2018 Class B Tavern License application for the premises located at 3411 S. 108 St.

Please note that all meetings, unless otherwise noted, are open to the public and may be televised and recorded through the City's Cable Communications Division.

If you have any questions, please contact the Clerk's Office at (414) 302-8202.

Sincerely,

Monica Schultz
amn

Monica Schultz
City Clerk

/amn



Monica Schultz
City Clerk
City Clerk's Office
414.302.8220
mschultz@westalliswi.gov

VIA CERTIFIED MAIL

June 9, 2017

Jose J. Montejano
3560 S. 15 St.
Milwaukee, WI 53219

Dear Mr. Montejano:

The Chairman of the License & Health Committee orders that you appear at their meeting on Tuesday, June 20, 2017, at 7:15 P.M., (during recess of the Common Council Meeting) in Room 128, West Allis City Hall, 7525 W. Greenfield Ave., regarding the 2017-2018 Class B Tavern License application for the premises located at 3411 S. 108 St.

This letter serves as a third **request for you to appear**. Should you fail to appear as scheduled, your application may be denied based on your nonappearances.

Please be advised that all meetings, unless otherwise noted, are open to the public and may be televised and recorded through the City's Cable Communications Division.

If you have any questions, please contact the Clerk's Office at (414) 302-8202.

Sincerely,

Monica Schultz
amn

Monica Schultz
City Clerk

/amn



Monica Schultz
City Clerk
City Clerk's Office
414.302.8220
mschultz@westalliswi.gov

VIA CERTIFIED MAIL

NOTE; Time Change

June 13, 2017

Jose J. Montejano
3560 S. 15 St.
Milwaukee, WI 53219

Dear Mr. Montejano:

The Chairman of the License & Health Committee orders that you appear at their meeting on **Tuesday, June 20, 2017, at 6:00 P.M., in Room 128**, West Allis City Hall, 7525 W. Greenfield Ave., regarding the 2017-2018 Class B Tavern License application for the premises located at 3411 S. 108 St.

This letter serves as a **third request for you to appear**. Should you fail to appear as scheduled, your application may be denied based on your nonappearances.

Please note that all meetings, unless otherwise noted, are open to the public and may be televised and recorded through the City's Cable Communications Division.

If you have any questions, please contact the Clerk's Office at (414) 302-8202.

Sincerely,

Monica Schultz
amn

Monica Schultz
City Clerk

/amn

USPS Tracking® Results

Track Another Package

Tracking Number: 7007268000080424327

7007 2680 0000 8042 4327

CITY OF WEST ALTON, MISSOURI

POST OFFICE BOX 10000

MILWAUKEE, WI 53221

F

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	\$ 46
Certified Fee	3.35
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 656

Postmark Here
 JUN 13 2017
 MILWAUKEE, WI

Clark

Sent to: **Jose Montejano**

Street, Apt. No., or PO Box No. **3560 S. 15 St.**

City, State, ZIP+4 **Milwaukee, WI 53219**

PS Form 3800, August 2006 See Reverse for Instructions

Updated Delivery Date
 Product & Tracking

Postal Product:

DATE & TIME

June 15, 2017, 11:26




SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Jose Montejano 3560 S. 15 St. Milwaukee, WI 53219</p> </div> <p style="text-align: center;">  9590 9403-0677 5196 9515 80 </p> <p>2. Article Number (Transfer from service label) 7007 2680 0000 8042 4327</p>	<p>A. Signature <input checked="" type="checkbox"/> Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Jose Montejano</i></p> <p>C. Date of Delivery <i>6-26-17</i></p> <p>D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <div style="text-align: center; margin: 10px 0;">  </div> <p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receipt																

We attempted to deliver your item at 11:26 am on June 15, 2017 in MILWAUKEE, WI 53221 and a notice was left because an authorized recipient was not available. You may arrange redelivery by using the Schedule a Redelivery feature on this page or may pick up the item at the Post Office indicated on the notice beginning June 16, 2017. If this item is unclaimed by June 30, 2017 then it will be returned to sender.

June 15, 2017, 8:41 am	Out for Delivery	MILWAUKEE, WI 53221
June 15, 2017, 8:31 am	Sorting Complete	MILWAUKEE, WI 53221
June 15, 2017, 7:36 am	Arrived at Unit	MILWAUKEE, WI 53221

See More 

Available Actions

Text Updates	
Email Updates	
Schedule Redelivery	

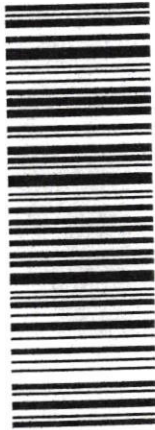
See Less 

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

FAQs (<http://faq.usps.com/?articleId=220900>)

CERTIFIED MAIL™



7007 2680 0000 8042 4327
7007 2680 0000 8042 4327



WEST ALLIS
7525 West Greenfield Avenue
West Allis, Wisconsin 53214

City Clerk

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To **Jose Montejano**
Street, Apt. No.,
or PO Box No. **3560 S. 15 St.**
City, State, ZIP+4 **Milwaukee, Wi 53219**

PS Form 3800, August 2006

See Reverse for Instructions

Jose
3560
Milw

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jose Montejano
 3560 S. 15 St.
 Milwaukee, WI 53219



2. Article Number (Transfer from service label)

7007 2680 0000 8042 4327

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature X
- B. Received by (Printed Name) Agent
 Addressee
- C. Date of Delivery
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

Certified Mail

- A mailing receipt
- A unique identification number
- A record of delivery

Important Reminders

- Certified Mail
- Certified Mail Restricted Delivery
- NO INSURANCE for valuables, please
- For an additional delivery. To obtain a Receipt (PS Form 3800), a fee. Endorsement and a duplicate receipt is required.
- For an additional addressee's endorsement
- If a postmark is placed at the post office, a receipt is not required.

IMPORTANT: See PS Form 3800, August 2014

341

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only: No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 1.46
Certified Fee	2.75
Return Receipt Fee (Endorsement Required)	3.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.56

Sent To: **Jose J. Montejano**
 Street, Apt. No., or PO Box No.: **3560 S. 15 St.**
 City, State, ZIP+4: **Milwaukee, WI 53219**

Postmark Here: JUN 9 2017 MILWAUKEE, WI

PS Form 3800, August 2006 See Reverse for Instructions

USPS Tracking® Results

FAQ

Track Another Package

Tracking Number: 70072680000080424334

Updated Delivery Day: Monday
 Product & Tracking

Postal Product:

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jose J. Montejano
 3560 S. 15 St.
 Milwaukee, WI 53219

2. Article Number (Transfer from service label)
 7007 2680 0000 8042 4334

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) **Jose Montejano** C. Date of Delivery **6-26-17**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

DATE & TIME: **June 12, 2017, 11:17 am**




PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

We attempted to deliver your item at 11:17 am on June 12, 2017 in MILWAUKEE, WI 53221 and a notice was left because an authorized recipient was not available. You may arrange redelivery by using the Schedule a Redelivery feature on this page or may pick up the item at the Post Office indicated on the notice beginning June 13, 2017. If this item is unclaimed by June 27, 2017 then it will be returned to sender.

June 12, 2017, 9:20 am	Out for Delivery	MILWAUKEE, WI 53221
June 12, 2017, 9:10 am	Sorting Complete	MILWAUKEE, WI 53221
June 12, 2017, 8:07 am	Arrived at Unit	MILWAUKEE, WI 53221

See More 

Available Actions

Text Updates	
Email Updates	
Schedule Redelivery	

See Less 

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

FAQs (<http://faq.usps.com/?articleId=220900>)

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jose J. Montejano
 3560 S. 15 St.
 Milwaukee, WI 53219



9590 9403 0677 5196 9517 02

2. Article Number (Transfer from service label)

7007 2680 0000 8042 4334

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name) Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

Certified Mail

- A mailing receipt
- A unique identifier
- A record of delivery

Important Return Receipt

- Certified Mail
- Certified Mail Restricted Delivery
- NO INSURANCE
- For an additional fee, Endorsement Receipt (PS Form 3800, Au receipt is not required.
- For an addressee's endorsement
- If a postmark is at the post office at the time of delivery.

IMPORTANT: \$

PS Form 3800, Au

CERTIFIED MAIL™



7007 2680 0000 8042 4334
7007 2680 0000 8042 4334

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
OFFICIAL USE

For delivery information visit our website at www.usps.com®

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent to

Street, Apt. No.,
or PO Box No. 3560 S. 15 St.
City, State, ZIP+4 Milwaukee, WI 53219

Jose J. Montejano

3560 S. 15 St.

Milwaukee, WI 53219

PS Form 3800, August 2006

See Reverse for Instructions

ER
IS

Avenue
53214

Jos
356
Mi