

84



City of West Allis Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

File Number	Title	Status
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2003-0439	Summons and Complaint (Licensing)	In Committee
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Summons and Complaint in the matter of the complaint against David A. Johnson for premises at 6328 W. Mitchell St., d/b/a Deju-Vu (2002-2003 Class B Tavern License no. 6, Dance Hall License no. 5 and Cigarette License no. 35)

Introduced: 6/24/2003

Controlling Body: License & Health Committee

COMMITTEE RECOMMENDATION

place on file

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>8-5-03</u>			Barczak	<input checked="" type="checkbox"/>			
			Czaplewski				
			Kopplin	<input checked="" type="checkbox"/>			
			Lajsic				
			Narlock				
			Reinke				
		<input checked="" type="checkbox"/>	Sengstock	<input checked="" type="checkbox"/>			
			Trudell				<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>		Vitale	<input checked="" type="checkbox"/>			
			Weigel				
			TOTAL	<u>4</u>			<u>1</u>

SIGNATURE OF COMMITTEE MEMBER (RECORDER)

[Signature]
Chair

Vice-Chair

Member

COMMON COUNCIL ACTION

place on file

ACTION DATE:	MOVER	SECONDER		AYE	NO
<u>8-5-03</u>	<input checked="" type="checkbox"/>		Barczak		
			Czaplewski		
			Kopplin		
			Lajsic		
			Narlock		
			Reinke		
		<input checked="" type="checkbox"/>	Sengstock		
			Trudell		
			Vitale		
			Weigel		
			TOTAL		

David Johnson surrendered his 02-03 Tavern License on 7-2-03.

He refunded partial fees for his 03-04 Tavern Lic. renewal appl. on 7-11-03.

Returned from field status 8-5-03

Unanimous

COMMITTEES OF THE WEST ALLIS COMMON COUNCIL 2003

ADMINISTRATION AND FINANCE

Chair: Alderperson Czaplewski
V.C.: Alderperson Kopplin
Alderspersons: Barczak
 Lajsic
 Reinke

ADVISORY

Chair: Alderperson Reinke
V.C.: Alderperson Vitale
Alderspersons: Kopplin
 Lajsic
 Narlock

LICENSE AND HEALTH

Chair: Alderperson Barczak
V.C.: Alderperson Sengstock
Alderspersons: Kopplin
 Trudell
 Vitale

SAFETY AND DEVELOPMENT

Chair: Alderperson Lajsic
V.C.: Alderperson Weigel
Alderspersons: Czaplewski
 Narlock
 Reinke

PUBLIC WORKS

Chair: Alderperson Narlock
V.C.: Alderperson Trudell
Alderspersons: Sengstock
 Weigel
 Vitale

RECEIVED

JUN 17 2003

STATE OF WISCONSIN)
) :SS
MILWAUKEE COUNTY)

AFFIDAVIT OF SERVICE

WEST ALLIS
CITY ATTORNEY

Cpl. Randal R. Holmes, under oath, says:

1. That affiant is a citizen and resident of Milwaukee County, Wisconsin, over 18 years old, and is not a party nor in any manner interested in this proceeding.

2. That on 6-16, 2003, at 12:55 o'clock P.m.,
at 6328 W. MITCHELL ST., WEST ALLIS,
(Address) (City)

MILWAUKEE County, Wisconsin, affiant served an authenticated copy of this **Summons and Complaint** on the

Defendant, DAVID A. JOHNSON DBA DEJA-VU
(Name of Defendant)

by personally delivering to and leaving a copy of same with:

a) _____
(The Defendant)

b) BEVERLY PAVANET, a(n) officer, director, managing agent or registered agent of defendant corporation.

c) _____, who appeared to the affiant to

be in charge of the office of _____, a(n) officer, director, managing agent or registered agent of Defendant Corporation.

d) _____, a competent member of the Defendant's family who is at least fourteen years old, at the Defendant's usual place of abode, as Defendant could not be found by affiant.

e) _____, a general partner.

3. That at the time of service, affiant informed the recipient so served regarding the contents of the **Summons and Complaint** on the Defendant, endorsed on the copy so served the time, place, manner of service and upon whom service was made, and signed the endorsement.

Cpl. Randal R. Holmes
(signature of person serving papers)

Subscribed and sworn to before me
this 16th day of June, 2003.

Carol R. Spada
(Notary Public, State of Wisconsin)
My Commission: exp 6-13-04

**WEST ALLIS COMMON COUNCIL
LICENSE AND HEALTH COMMITTEE
CITY OF WEST ALLIS**

**In the Matter of the
Complaint Against**

SUMMONS

**David A. Johnson
6328 West Mitchell Street
West Allis, WI 53214,
d/b/a Deja-Vu**

STATE OF WISCONSIN)
) SS.
COUNTY OF MILWAUKEE)

THE WEST ALLIS COMMON COUNCIL TO DAVID A. JOHNSON:

You are hereby notified that a sworn complaint, a copy of which is attached, has been duly made and filed, requesting a hearing on the suspension revocation, or nonrenewal of your Class "B" Fermented Malt Beverage, Class "B" Intoxicating Liquor, Cigarette License and Dance Hall License pursuant to the provisions of sec. 125.12, Wis. Stat. and 6.02(19) of the West Allis Revised Municipal Code.

NOW THEREFORE, you, David A. Johnson, are hereby summoned to appear before the License and Health Committee of the West Allis Common Council in Room 128 of the West Allis City Hall, 7525 West Greenfield Avenue, West Allis, Wisconsin, on Tuesday, June 24, 2003, at 6:00 p.m., or as soon thereafter as this matter can be heard, to admit or deny the allegations in the complaint.

In the case of your failure to appear as required by this summons, the allegations in the complaint against you shall be taken as true and, if the License and Health Committee of the

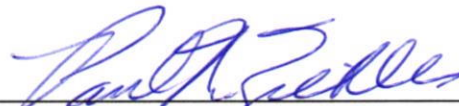
West Allis Common Council finds the allegations sufficient, a recommendation that your licenses be suspended, revoked, or not renewed will be made to the full Common Council. The Common Council may then vote to suspend, revoke, or not renew your licenses.

You are further notified that if you appear as required by this summons and contest the allegations in the complaint, a hearing will be scheduled at a later date before the License and Health Committee. At both the June 24, 2003, date and at the subsequent hearing, you may obtain and be represented by counsel. At the hearing you or your counsel may cross-examine the witnesses who testify adversely against you, and present witnesses in your own behalf. A written transcript of said hearing shall be made and you may obtain a copy of the transcript of this proceeding at your expense.

Dated at West Allis, Wisconsin, this 16th day of June, 2003.

WEST ALLIS COMMON COUNCIL

By:



Paul M. Ziehler, City Administrative Officer
Clerk/Treasurer

**WEST ALLIS COMMON COUNCIL
LICENSE AND HEALTH COMMITTEE
CITY OF WEST ALLIS**

**In the Matter of the
Complaint Against
David A. Johnson
d/b/a Deja-Vu,**

COMPLAINT

**STATE OF WISCONSIN)
) ss.
COUNTY OF MILWAUKEE)**

James W. Sengstock, being duly sworn, on oath, deposes and states as a complaint against David A. Johnson as follows:

1. That the complainant is a resident of the City of West Allis, and is the duly elected Alderperson for the Fifth Aldermanic District in the City of West Allis, is the Vice- Chairman of the License and Health Committee of the West Allis Common Council and makes this complaint at the direction of the aforesaid committee.
2. That the information contained in this complaint comes from the complainant's review of official records maintained by the City of West Allis and the West Allis Police Department.
3. That David A. Johnson is the holder of a Class "B" Fermented Malt Beverage License and Class "B" Intoxicating Liquor License under combined Class "B" License No. 6, issued by the West Allis Common Council for the license period beginning July 1, 2002, and ending June 30, 2003, for the premises located at

6328 West Mitchell Street, West Allis, Wisconsin and does business under the trade name "Deja-Vu."

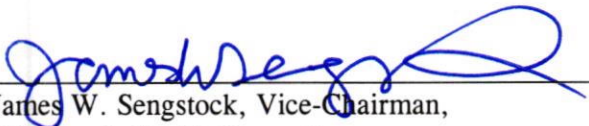
4. That David A. Johnson, is the holder of Cigarette License No. 35, Dance Hall License No. 5, issued by the West Allis Common Council for the license period beginning July 1, 2002, and ending June 30, 2003, for the premises located at 6328 West Mitchell Street, West Allis, Wisconsin.
5. That David A. Johnson was the holder of a Class "B" Fermented Malt Beverage License and Class "B" Intoxicating Liquor License under combined Class "B" License No. 133, issued by the West Allis Common Council for the license period beginning July 1, 2001, and ending June 30, 2002, for the premises located at 6328 West Mitchell Street, West Allis, Wisconsin and does business under the trade name "Deja-Vu."
6. That David A. Johnson, was the holder of Cigarette License No. 171, Dance Hall License No. 96 issued by the West Allis Common Council for the license period beginning July 1, 2001, and ending June 30, 2002, for the premises located at 6328 West Mitchell Street, West Allis, Wisconsin.
7. That on December 19, 2001, David A. Johnson allowed patrons to remain on a licensed premises after closing hours contrary to § 125.32(3) Wis. Stat.
8. That on May 11, 2002, David A. Johnson allowed an underage person to enter or remain on licensed premises contrary to 125.07(3)(a) Wis. Stat.
9. On August 10, 2002, David A. Johnson allowed an underage person to enter or remain on licensed premises contrary to 125.07(3)(a) Wis. Stat.

10. On February 24, 2003, David A. Johnson allowed three underage persons to enter or remain on licensed premises contrary to 125.07(3)(a) Wis. Stat.
11. That on May 10, 2003, David A. Johnson, failed to report a disturbance of the peace which occurred on the premises contrary to §9.02(12), of the West Allis Revised Municipal Code.
12. That on May 18, 2003, the West Allis Police Department responded to an incident involving a person with a gunshot wound, inflicted while the party was standing outside of the premises located at 6328 West Mitchell Street, West Allis, Wisconsin.
13. That from October 18, 2001 through May 18, 2003, the West Allis Police Department received and/or responded to 25 complaints relating to noise and boisterous crowds occurring at 6328 West Mitchell Street, West Allis, Wisconsin.
14. That David A. Johnson keeps or maintains a disorderly, riotous, indecent, or improper house contrary to §125.12(2)(ag)2, Wis. Stat., and said conduct is a basis for suspension, revocation, or non-renewal of the licenses issued to David A. Johnson.
15. That David A. Johnson has violated the provisions of Chapter 125 of the Wisconsin Statutes and §9.02 of the West Allis Revised Municipal Code contrary to §125.12(2)(ag)1, Wis. Stat., and said conduct is a basis for suspension, revocation, or non-renewal of the licenses issued to David A. Johnson.

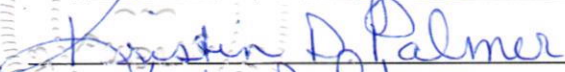
WHEREFORE, James W. Sengstock requests that David A. Johnson, be summoned to appear before the License and Health Committee of the West Allis Common Council to answer this complaint and, if he denies the material allegations, that a hearing be scheduled to

determine whether the Class "B" Fermented Malt Beverage and Class "B" Intoxicating Liquor License under a combined Class "B" Tavern License, Cigarette and Dance Hall License, issued to David A. Johnson, should be suspended, revoked, or not renewed.

Dated this 10th day of JUNE, 2003.


James W. Sengstock, Vice-Chairman,
License & Health Committee
West Allis Common Council

Subscribed and sworn to before me
this 10th day of June, 2003.


(Kristin D. Palmer)
Notary Public, State of Wisconsin
My Commission is expires: 2/29/04

JKK/kp
L:\janilyn\L&H\COMPLAINT-Johnson-DejaVu

June 24, 2003

To whom it may concern;

David Johnson is unavailable to appear for the summons. He is contesting the whole thing but would like to make another appt when he is allowed too. I do have his floor number and room # just so you do know he is in there. He will be in the hospital for a week then he'll be on bed rest for at least 2 weeks after that.

Thank you

Deborah Johnson (wife)

607-0194 leave message

► **Right to Complain:** If you believe your privacy rights have been violated, you may file a complaint with the Hospital, the College or with the Department of Health and Human Services. To file a complaint with the Hospital and or the College, please contact the Privacy Officer. All complaints must be made in writing. This person will assist you in filing your complaint and the necessary paper work. Filing a complaint will not affect your care and treatment.

Important Note: We reserve the right to revise or change this Notice. Each time you register at a site covered by this Notice for health care services, the most current copy of this notice will be available for you.

<u>How to Contact Us</u>	
Froedtert Privacy Officer	1-414-805-2895
College Privacy Questions	1-414-805-5514
Medical Records Department	
Froedtert	1-414-805-2909
College	1-414-805-5070
Patient Financial Services	
Froedtert	1-414-805-5951
College Billing	1-414-456-4511
Web site: http://www.froedtert.com	
http://www.mcw.edu	

Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
Voice Phone 312-886-2359
FAX 312-886-1807
TTD 312-353-5693
E-mail: OCRComplaint@hhs.gov

Effective Date: April 14th, 2003
Item #: 37974 (3/03)

that
FLOOR David
Schmid
805-3000
3NW-11

THIS CONDITIONS OF ADMISSION AGREEMENT applies to all services provided or visits started during this period: 6-23-03 6-22-04. This Agreement expires no earlier than 6-22-04, and only when all hospital charges have been paid in full and there is a zero balance on the resulting account.

FROM DATE

TO DATE

TO DATE

1. Notice of Privacy Practices. I have received the Joint Notice of Privacy Practices which provides information about how we may use and disclose Protected Health Information (PHI) about you. Signing this Condition of Admission Form acknowledges your receipt of our privacy practices. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by stopping at our Admitting Department or visiting our hospital's website at www.froedtert.com.

2. Medical Consent. I, the undersigned, hereby consent for the full duration of this Agreement to medical care and treatment as deemed necessary and proper by the medical staff of Froedtert Hospital for the patient identified below. I understand that the patient is under the direct care of physicians while in the Hospital and I expect the Hospital to carry out their instructions. Therefore, this consent includes my consent for any hospital services rendered under the general or special instructions of a physician, including, but not limited to, x-ray examinations, laboratory procedures, medical or surgical treatments, and administration of anesthesia. I also understand that the physicians are independent contractors and not employees of the Hospital.

I acknowledge that any medical care furnished the patient in the Emergency Department will be limited solely to emergency treatment. I understand that the patient may be released before all of the patient's medical problems are known or treated, and that it will be necessary for the patient to arrange follow-up care.

3. Student Participation. I understand that the Hospital has educational affiliations with academic institutions and I agree to student participation in the patient's care under appropriate supervision.

4. Financial Agreement and Assignment. I, the undersigned agree, whether signing as agent or as patient, that I am financially responsible for all charges incurred. Assignment of commercial insurance benefits to the Hospital does not reduce the responsibility for payment. Should the account be referred to any attorney for collection, the undersigned shall also be responsible for reasonable attorney's fees and any additional fees associated with the collection process. Further, by signing below, I authorize payment to be made directly to FROEDTERT HOSPITAL and/or MEDICAL COLLEGE OF WISCONSIN for the benefits otherwise payable to me by any third party including major medical benefits. I understand that a \$25 service fee will be charged for the processing of any uncollectible check presented as payment for goods/services provided by Froedtert Hospital.

5. Medical Claims. I request that payment of authorized Medicare benefits, if applicable, be made either to me or on my behalf to FROEDTERT HOSPITAL for any services furnished me by that provider. I authorize any holder of medical information about me to release to Medicare and its agents any information needed to determine these benefits or the benefits payable for related services. The authorization contained in this paragraph remains in effect until the date specified for the expiration of this Agreement unless I revoke it sooner or unless I become an inpatient, at which time I will sign a new authorization.

6. Intent to Donate Unclaimed Patient Refunds. Occasionally a patient is owed a refund due to a patient's overpayment or the hospital's overcharge to a patient. It is the Hospital's policy to refund all amounts due to patients in these cases. However, if you are owed a refund and the Hospital is unable to locate you (or your estate) at your last-known address, the Hospital may ultimately be required to turn over the refund to the Treasurer of the State of Wisconsin pursuant to the laws governing unclaimed property. If the monies remain unclaimed, the State Treasurer will deposit them in the school fund. Alternatively, a patient may designate that refunds that are not claimed are donated as a gift to the Hospital, a non-profit corporation. By signing below, I agree that if I am owed a refund and the Hospital is unable to locate me at my last-known address within one year of the discovery of the refund due, I hereby donate the refund to the Friends of Froedtert Hospital Foundation, Inc.

7. Research and Public Relations. I hereby authorize Froedtert Hospital and/or the Medical College of Wisconsin to use my PHI to determine whether I am a possible candidate to participate in research and/or a public relations project. I consent to be contacted related to research and public relations projects. If I am contacted, I understand that I will be asked to give my written consent to further participate in the project. I understand that if I am not contacted or do not consent to participate in the project, any information gathered will be destroyed. I also understand that if I do not consent to participate in the project, it will not affect my care and treatment at Froedtert Hospital or the Medical College.

READ BACK PAGE FOR FURTHER INFORMATION.

Deborah Johnson

Signature of patient, closest relative, legal guardian, or other authorized person

6-23-03

Date

[Signature]

Signature of Witness

NOTE: If this document is signed by someone other than the patient, complete either A or B below, whichever applies:

- A. The patient is a minor, _____ years of age.
 B. The patient is unable to consent because _____

00 48 94 01
JOHNSON, DAVID
12/20/1963 M REG 06/23/2003

315053587

EAR - B

Conditions of Admission



2450

Froedtert Hospital

9200 West Wisconsin Avenue
P.O. Box 26099
Milwaukee, WI 53226-3596

ORIGINAL - Medical Records
Canary - Patient

7180131
4/03

Primary Affiliate of the
Medical College of Wisconsin

Conditions Of Admission - Item # 37988



CITY OF WEST ALLIS

WISCONSIN



City Clerk/Treasurer Office

Paul M. Ziehler
*City Administrative Officer
Clerk/Treasurer*

Dorothy E. Steinke
Deputy City Treasurer

Monica Schultz
Assistant City Clerk

June 26, 2003

David A. Johnson
d/b/a Deja Vu
6328 W. Mitchell St.
West Allis, WI 53214

Dear Mr. Johnson:

This letter confirms your telephone conversation with Assistant City Attorney Janilyn Knorr, advising you of your ordered appearance at the License & Health Committee's public hearing on Tuesday, July 29, 2003, at 6:00 p.m., in Room 128, West Allis City Hall, 7525 W. Greenfield Ave., with regards to the Summons and Complaint in the matter against you for the premises at 6328 W. Mitchell St., d/b/a Deju-Vu (2002-2003 Class B Tavern License no. 6, Dance Hall License no. 5 and Cigarette License no. 35).

Sincerely,

Paul M. Ziehler
City Administrative Officer
Clerk/Treasurer

/hc

cc: Gregory S. Barczak



CITY OF WEST ALLIS

WISCONSIN



City Clerk/Treasurer Office

Paul M. Ziehler
*City Administrative Officer
Clerk/Treasurer*

Dorothy E. Steinke
Deputy City Treasurer

Monica Schultz
Assistant City Clerk

June 26, 2003

David A. Johnson
901 S. 74 St.
West Allis, WI 53214

Dear Mr. Johnson:

This letter confirms your telephone conversation with Assistant City Attorney Janilyn Knorr, advising you of your ordered appearance at the License & Health Committee's public hearing on Tuesday, July 29, 2003, at 6:00 p.m., in Room 128, West Allis City Hall, 7525 W. Greenfield Ave., with regards to the Summons and Complaint in the matter against you for the premises at 6328 W. Mitchell St., d/b/a Deju-Vu (2002-2003 Class B Tavern License no. 6, Dance Hall License no. 5 and Cigarette License no. 35).

Sincerely,

Paul M. Ziehler
City Administrative Officer
Clerk/Treasurer

/hc