



Steven A. Braatz, Jr.
City Clerk
City Clerk's Office
sbraatz@westalliswi.gov
414.302.8220

May 7, 2019

Martha G. Solis Villasenor
1468 S 94 St
West Allis, WI 53214

Dear Ms. Solis Villasenor:

The Chairman of the License & Health Committee orders that you appear at their meeting on **Tuesday, May 21, 2019**, at 7:00 P.M., (during recess of the Common Council Meeting) in Room 128, West Allis City Hall, 7525 W. Greenfield Ave., regarding your July 1, 2019 - June 30, 2020 Operator's License (bartender/sales clerk) application.

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,

Steven A. Braatz, Jr.
City Clerk

/amn



Steven A. Braatz, Jr.
City Clerk
City Clerk's Office
sbraatz@westalliswi.gov
414.302.8220

May 28, 2019

Martha G. Solis Villasenor
1468 S 94 St
West Allis, WI 53214

VIA CERTIFIED MAIL

Dear Ms. Solis Villasenor:

The Chairman of the License & Health Committee orders that you appear at their meeting on **Tuesday, June 4, 2019**, at 6:00 P.M., in Room 128, West Allis City Hall, 7525 W. Greenfield Ave., regarding your July 1, 2019 - June 30, 2020 Operator's License (bartender/sales clerk) application.

This letter serves as a **second request for you to appear**. Should you fail to appear as scheduled, your application for a Operator's License (bartender/sales clerk) 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,

Steven A. Braatz, Jr.
City Clerk

/amn

| 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>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (<i>Printed Name</i>) C. Date of Delivery</p> | | | | | | | | | | | | | | | | |
| <p>1. Article Number</p> <p style="text-align: center;">Martha G. Solis Villasenor 1468 S 94 St West Allis, WI 53214</p>  <p style="text-align: center;">9590 9402 2151 6193 6738 59</p> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | | | | | | | | | | | | | | | | |
| <p>2. Article Number (<i>Transfer from service label</i>)</p> <p style="text-align: center;">7013 1710 0000 1798 7219</p> | <p>3. Service Type</p> <table border="0"> <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 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 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 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) | | | | | | | | | | | | | | | | | |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p> | | | | | | | | | | | | | | | | | |

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

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OFFICIAL USE

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

Postmark Here

Sent To

Martha G. Solis Villasenor

1468 S 94 St

West Allis, WI 53214

PS Form 3800, August 2006

See Reverse for Instructions

USPS Tracking®

FAQs > (<https://www.usps.com/faqs/uspstracking-faqs.htm>)

Track Another Package +

Tracking Number: 70131710000017987219




Remove X

Your item was delivered at 2:11 pm on June 4, 2019 in MILWAUKEE, WI 53214.

Delivered

June 4, 2019 at 2:11 pm
Delivered
MILWAUKEE, WI 53214

Get Updates 

- Text & Email Updates** 
- Tracking History** 
- Product Information** 

See Less 

Feedback

Can't find what you're looking for?

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

FAQs (<https://www.usps.com/faqs/uspstracking-faqs.htm>)

The easiest tracking number is the one you don't have to know.

With Informed Delivery®, you never have to type in another tracking number. Sign up to:

- See images* of incoming mail.
- Automatically track the packages you're expecting.
- Set up email and text alerts so you don't need to enter tracking numbers.
- Enter USPS Delivery Instructions™ for your mail carrier.

Feedback

Sign Up

([https://reg.usps.com/entreg/RegistrationAction_input?](https://reg.usps.com/entreg/RegistrationAction_input?app=UspsTools&appURL=https%3A%3A)

*NOTE: Black and white (grayscale) images show the outside, front of letter-sized envelopes and mailpieces that are processed through USPS automated equipment.



Steven A. Braatz, Jr.
City Clerk
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sbraatz@westalliswi.gov
414.302.8220

June 7, 2019

Martha G. Solis Villasenor
1468 S 94 St
West Allis, WI 53214

Dear Ms. Solis Villasenor

On June 4, 2019 the Common Council denied your 2019-2020 Operator's License (bartender/sales clerk) application based on not obeying and following laws.

Sincerely,

A handwritten signature in black ink, appearing to read "Steve Braatz".

Steven A. Braatz, Jr.
City Clerk

/amn