

135 E CRUZEWAY BLVD 106
12th BEACH, FL 32963
772 643 8887

12/69/10

Re: License No. 12 00000843

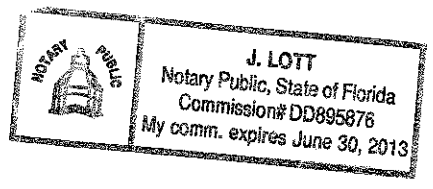
To: City of Key West City Manager:

DEAR MR Scholl,

I have been a city vendor for at least 15 years. I also am a totally disabled by the social security Administration. At the age of 63 my heart condition at this time makes vending impossible. I would like to ask at this time a hardship transfer to CASA Pawley of Key West. My only income is social security disability + whatever I could earn vending. I would appreciate all that can be done to okay this transfer. Thank you + Happy Holidays.

Your truly
Michael I. Lefson

Enclosed SS Document.



HOME 305-294-7075

Cash W. Pawley

3210 Riviera Dr
Key West, Florida 33040
786-291-2493

RECEIVED

DEC 22 2011

CITY MANAGER

December 16, 2011

Mr. Jim Scholl, City Manager, Key West

Dear Mr. Scholl,

I am presenting this letter to request the City Commission to add the transfer of Key West Mobile Vendor License # ~~042~~ to the agenda for the January 6th City Commission Meeting.

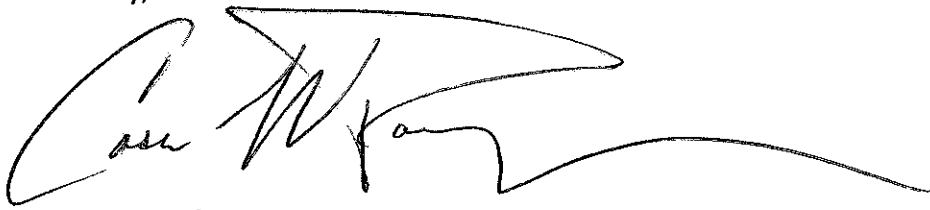
#043 12 00000 843

Mr. Michael I. Nelson is the current owner of this license and is wishing to transfer this license to me, Cash W. Pawley, immediately, due to health issues (See enclosed letter of intent and disability information from Mr. Nelson).

I am the owner of Top This Food Service here in Key West and desire to use this license within the confines of all city, state and county parameters. My mobile vending unit is brand new, modern and has already passed State Health Inspection. I also have my State Licensing as of 11/2011.

I am anxious to get my business under way and appreciate your consideration of this matter.

Sincerely,



Cash W. Pawley

MVL # 12785 per Licensing Dept. CH

Type information, press Enter.

Last activity:

Business control 12785

Created: 10/31/11 by KEYWCAW

Business name & address

Mailing address

NELSON, MICHAEL (MVL)
MOBILE VENDOR
KEY WEST FL 33040

935 E CAUSEWAY BLVD #106
VERO BEACH FL 32963

License number 12 00000843

Appl, issue, expir 103111 103111 93012

License status (F4) AC ACTIVE

Classification (F4) MBV MOBILE VENDOR LICENSE - SERVICE OR RENTA

Exemption (F4)

License comments SERVICES DECAL #43

License restrictions MUST COMPLY WITH MOBILE VENDOR LICENSE

Gross receipts

Reprint this license . N Y=Yes, N=No

Additional charges . . N * Y=Yes, N=No

Miscellaneous . . . N Y=Yes, N=No

Extra requirements . . N * Y=Yes, N=No

Sub codes N Y=Yes, N=No

More...

F3=Exit F5=Code description F9=Applicant/Qualifier
F10=Business maintenance F12=Cancel

F24=More keys

Social Security Administration
Disability Information

NORTHEASTERN PSC
DISABILITY PROC BRANCH
P O BOX 4600
JAMAICA NY 11431

Date: July 26, 2010
Claim Number: 020-36-7055 A

MICHAEL NELSON
2601 S ROOSEVELT BLVD
APT 113C
KEY WEST FL 33040-5126

*485-3200
Dena Pen
FL 33040*

We recently reviewed the evidence in your Social Security disability claim and found that your disability is continuing. Here is some important information about your claim. We have also enclosed information about working that explains some of the terms we use.

You have completed your trial work period. Although you are now working (or have worked and stopped), we find that the work you have been doing does not show that you can do substantial work.

We counted the following as trial work month(s):

January 1991
February 1991
March 1991
April 1991
May 1991
June 1991
July 1991
August 1991
September 1991

Your claim will be reviewed from time to time to see if you are still eligible for benefits based on disability. When your claim is reviewed, you will be contacted if there is any question as to whether your eligibility continues.

If you are receiving Supplemental Security Income payments, any decision about that claim will be sent in a separate notice.

See Next Page