



PHONOGRAPH MACHINE DISTRIBUTOR LICENSE INFORMATION

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 EMAIL: LICENSE @MILWAUKEE.GOV

LICENSE PERIOD: July 1 thru June 30, Annually

APPLICATION: City Clerk License Division, City Hall, Room 105, 200 E. Wells Street, Milwaukee, WI 53202, telephone (414) 286-2238.

LICENSE FEE: The \$600 license fee and \$25 for each tag **must be submitted with application.** Checks made payable to: City of Milwaukee.

SIGNATURES: Full Legal Names and Notarized signature of the individual, all partners, the agent, president, and secretary of the corporation, or all members of a LLC are required.

TAGS: Applications for coin-operated phonograph machine tags must be completed and filed with our office. Once issued, the tags must be securely fastened to the phonograph machine in a conspicuous place so that they may be easily seen by a police officer.

REQUIREMENTS:

Applicants must be 18 years of age or older.

Good professional character. A person who has been convicted of any felony, misdemeanor or other offense, the circumstances of which substantially relate to this type of business, in this state or any other state, may be ineligible for a license.

RESIDENCY:

An individual and all partners of a partnership, must be residents of the state of Wisconsin for at least one year prior to filing an application. This requirement shall apply only to the agent of a Corporation or Limited Liability Company.

GRANTING: After recommended approval by the Licenses Committee, licenses are granted by the Common Council at regularly scheduled meetings, which are usually held once a month.

It generally takes about 5 to 6 weeks to process an application provided you follow the above instructions in a timely manner.

Please note that no meetings are held during the month of August.

REPORT CHANGES: Whenever a fact set forth in the application changes, the licensee shall file a written notice of the change with the License Division within 10 days of the change.

GRANTING OF LICENSES: Licenses are granted by the Common Council on recommendation of the Licenses Committee. Please allow 5 to 6 weeks for processing.

REFUND OF LICENSE FEE: If an application is withdrawn or denied, you are eligible for a partial refund, provided the refund is requested no later than one year from the date of withdrawal or denial of the application. If a license is not issued, the refund must be requested no later than one year from the date of application, unless the license has been granted, in which case no later than one year from the date of granting of the license.



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(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV
WWW.MILWAUKEE.GOV/LICENSE

Check one: Individual or Partnership (Fill out Section A, B, & D)
 Corporation or LLC (Fill out Section B, C, & D)

Section A	INDIVIDUAL OR PARTNERSHIP: Full Legal Name (Last, First & Middle Initial)		<u>Partner #2</u> Full Legal Name (Last, First & Middle Initial)	
	Home Street Address:		Home Street Address:	
	Home City, State, Zip Code:		Home City, State, Zip Code:	
	Length of residency:		Length of residency:	
	Home Phone Number: () -		Home Phone Number: () -	
	Date of Birth:		Date of Birth:	
Section B	Business Name:		Business Phone Number: () -	
	Business Address (include City, State, Zip Code):			
	Mailing Address (if different from above address):			
Section C	Full Name of corporation or limited liability company:			
	<i>Agent:</i>			
	Full Legal Name (Last, First & Middle Initial):		Home Address (include City, State & Zip Code):	
	Home Phone Number: () -		Date of Birth:	Length of Residency:
	<i>President/Member</i>		<i>Vice President/Member</i>	
	Full Legal Name (Last, First & Middle Initial):		Full Legal Name (Last, First & Middle Initial):	
	Home Street Address:		Home Street Address:	
	Home City, State, Zip Code:		Home City, State, Zip Code:	
	Length of residency:		Length of residency:	
	Home Phone Number: () -		Home Phone Number: () -	
	Date of Birth:		Date of Birth:	

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Section C Cont.	<i>Secretary/Member</i>	<i>Treasurer/Member</i>
	Full Legal Name (Last, First & Middle Initial):	Full Legal Name (Last, First & Middle Initial):
	Home Street Address:	Home Street Address:
	Home City, State, Zip Code:	Home City, State, Zip Code:
	Length of residency:	Length of residency:
	Home Phone Number: () -	Home Phone Number: () -
	Date of Birth:	Date of Birth:

Section D	Provide the number of tags you wish to apply for at this time _____ (An additional \$25 fee per tag is required.)
	Has anyone named on this application been convicted of violating any federal or state laws or local ordinances? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list name of person(s), date, charge, and penalty: _____ _____ _____
<p>The undersigned agrees to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application.</p> <p>The undersigned shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.</p> <p>I have knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.</p>	
<p>SUBSCRIBED AND SWORN TO BEFORE ME THIS</p> <p>_____ day of _____, 20_____</p> <p>_____ Individual/Agent of Corp or LLC/Partner</p> <p>_____ President of Corp/Member of LLC/Partner</p> <p>_____ Secretary of Corp/Add'l Members/Partner</p>	
<p>Notary Public, State of Wisconsin</p> <p>My commission expires _____</p>	

Office Use Only:

Initials: _____ **Filed:** _____ **License#:** _____ **AD:** _____

Granted: _____ **Issued** _____