



PHONOGRAPH MACHINE PREMISES 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
WWW.MILWAUKEE.GOV/LICENSE

LICENSE PERIOD: Annual, July 1 thru June 30

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

FEE: The \$55 license fee, and \$25 fee for each tag (if required), **must be submitted with the application.** Make checks payable to: *City of Milwaukee.*

TAGS: If you own any of the amusement machines on the premises, you will need to purchase a tag for each machine. Once issued, the tags must be securely fastened to the amusement machines in a conspicuous place so that they may be easily seen by a police officer.

SIGNATURES: Full Legal Names and notarized signatures of the individual, all partners, the agent, president, and secretary of the corporation, or all members of a LLC are required. (All commissioned notaries public, including attorneys, must impress their notary seal on the notarial certificates they issue. Applications submitted without the required seal will be returned).

REQUIREMENTS:

Applicants must be 18 years of age.

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.

Contact the Milwaukee Development Center Permit Desk, 809 N. Broadway, 1st Floor, telephone (414) 286-8211 to determine if any additional permits are needed. Permit must be in the name of the same legal entity as the license applicant.

GRANTING OF LICENSES: The Common Council, on recommendation of the Licenses Committee, grants licenses. Please allow 5-6 weeks for processing.

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.

PARTIAL REFUND OF LICENSE FEE: If an application is withdrawn or denied, you are eligible for a partial refund, provided the refund is requested no later than one year from the date of withdrawal or denial of the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.



PHONOGRAPH PREMISES LICENSE APPLICATION

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

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 Name (Last, First & Middle Initial)	Full Name (Last, First & Middle Initial)
	Home Address (include City, State, Zip Code):	Home Address (include City, State, Zip Code):
	Length of residency:	Length of residency:
	Home Phone Number: () -	Home Phone Number: () -
Section B	Date of Birth:	
	Business Name:	
	Business Phone Number: () -	
	Business Address (include City, State, Zip Code):	
	Mailing Address (if different from above address):	
	Name of Building Owner:	
	Address of Building Owner (include City, State, Zip Code):	
Number of Machines:		
Do you own these machines? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enclose additional \$25.00 per machine. If no, list name of distributor:		
Please indicate any other type of business conducted on the premises:		
Section C	Full Name of corporation or limited liability company:	
	<i>Agent:</i>	
	Full Name (Last, First & Middle Initial):	Home Address (include City, State & Zip Code):
	Home Phone Number: () -	Date of Birth:

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	<i>President/Member</i>	<i>Vice President/Member</i>
	Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
	Home Address (include City, State, Zip Code):	Home Address (include City, State, Zip Code):
	Length of residency:	Length of residency:
	Home Phone Number: () -	Home Phone Number: () -
	Date of Birth:	Date of Birth:
Section C Cont.	<i>Secretary/Member</i>	<i>Treasurer/Member</i>
	Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
	Home Address (include City, State, Zip Code):	Home Address (include City, State, Zip Code):
	Length of residency:	Length of residency:
	Home Phone Number: () -	Home Phone Number: () -
	Date of Birth:	Date of Birth:
Section D	<p>Has anyone named on this application been convicted of violating any federal or state laws or local ordinances? <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list name of person(s), date, charge, and penalty:</p> <p>_____</p> <p>_____</p> <p>_____</p>	
	<p>The undersigned agrees to inform the City Clerk within ten days of any substantial changes in the information supplied in this application. 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>_____</p> <p>Notary Public, State of Wisconsin</p> <p>My commission expires _____</p> <p>_____</p> <p>Individual/Agent of Corp or LLC/Partner</p> <p>_____</p> <p>President of Corp/Member of LLC/Partner</p> <p>_____</p> <p>Secretary of Corp/Add'l Members/Partner</p>	

Office Use Only:

Initials: _____ Filed: _____ License #: _____ AD: _____ Granted: _____