Reset Form

ccl-267a

City of Milwaukee

LOBBYIST REGISTRATION FORM

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV
www.milwaukee.gov/license

Lobbying regulations located in Chapter 305 of the Milwaukee Code of Ordinances.

Name of Lobbyist:

1) Full Name (Last, First & Middle Initial)	
2) Occupation:	

Lobbyist's Place of Employment:

3) Employer's Name:	4) Employer Telephone Number:
5) Employer Address (include City, State, Zip Code):	
6) Email address at principal place of employment:	

Principal Information:

7) Principal Name:	
8) Occupation/Type of Business:	9) Principal Telephone Number
10) Principal's Address (include City, State, Zip Code):	
11) Principal's Email Address:	

Principal's Contact Person:

12) Contact Person Name:	13) Contact Person Telephone Number:
14) Contact Person Address (include City, State, Zip Code):	
15) Contact Person Email Address:	

16) Principal's Authorized Signers (attach additional sheets if necessary):

Name:	Telephone Number:	Address:	E-Mail Address:

17) Enter below the file number, if assigned, the subject matter of the legislative or administrative action(s) for which the lobbyist has been retained, and any economic interest the lobbyist and real party in interest have in the matter.

*The registrant is required to amend the registration filing so that his or her file reflects at all times the areas of legislative and administrative action that the registrant is attempting to influence; see lobbyist manual for details.

File No.	Subject Matter:
Does the lobbyist have any direct or indirect economic interest in the matter? ☐ Yes ☐ No If yes, please describe:	
What is the principal's or other real party in interest's direct or indirect economic interest in the legislative or administrative matter?	

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Enter below additional Legislative or Administrative Action(s) for which the lobbyist has been retained:

File No.	Subject Matter:
Does the lobbyist have any direct or indirect economic interest in the matter? ☐ Yes ☐ No If yes, please describe:	
What is the principal's or other real party in interest's direct or indirect economic interest in the legislative or administrative matter?	

File No.	Subject Matter:
Does the lobbyist have any direct or indirect economic interest in the matter? ☐ Yes ☐ No If yes, please describe:	
What is the principal's or other real party in interest's direct or indirect economic interest in the legislative or administrative matter?	

File No.	Subject Matter:
Does the lobbyist have any direct or indirect economic interest in the matter? ☐ Yes ☐ No If yes, please describe:	
What is the principal's or other real party in interest's direct or indirect economic interest in the legislative or administrative matter?	

I have received a copy of the lobbying rules and regulations established in Chapter 305, Subchapter 3 of the Milwaukee Code of Ordinances.

Signature: _____ Date: _____

A written authorization form (ccl-267b) must accompany this registration application.

Any incomplete applications, applications submitted without the required fee or applications submitted without the written authorization form will not be accepted.

Office Use Only:

Initials:_____ Transaction #: _____

Principal First Name Entry: _____

Principal Last Name Entry: _____

Written Authorization Form Attached: ☐

Copy of Ordinance given to registrant: ☐ In Person ☐ Mailed

Received Date and Time Stamp:

City of Milwaukee

WRITTEN AUTHORIZATION FOR LOBBYIST

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A written authorization must accompany all lobbyist registrations.

Name of Lobbyist:

Principal Name:

I/We do hereby authorize the _____ (Name of Lobbyist) to represent _____ (Name of Principal) in lobbying activities with city of Milwaukee officials.

*Signature of Principal or Authorized Signer of the Principal:

_____

Date: _____

If the principal does not sign this form, the person signing the form must be listed in section 16 of the lobbyist registration form as an authorized signer.

Office Use Only:

Initials:_____ Lobbyist #: _____

Received

Date and Time Stamp: