City of Milwaukee

SECONDHAND MOTOR VEHICLE DEALER & USED MOTOR VEHICLE DEALER – PARTS ONLY 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

DEFINITION: A secondhand motor vehicle dealer's licensee shall buy, sell, exchange or deal in used or secondhand motor vehicles and motor vehicle parts, *either retail or wholesale*.
A used motor vehicle dealer-parts only licensee shall buy, sell, exchange, or deal exclusively in used or secondhand motor vehicle parts, *either retail or wholesale*.
Wholesale means the business of buying and selling, exchanging and dealing motor vehicles and used or secondhand parts of motor vehicles to a license retailer or to another person who holds a permit or license or to the end user, but not operating a lot licensed for that purpose.

LICENSE PERIOD: Biennial, April 1 to March 31 in even numbered years

LICENSE FEE: Secondhand Motor Vehicle Dealer's license: $275; Used Motor Vehicle Dealer-Parts Only license $228. **Fee must be submitted with application**. Checks made payable to: City of Milwaukee.

APPLICATION: Complete, sign and return application to City Clerk License Division, City Hall, 200 E. Wells Street, Room 105, Milwaukee, WI 53202.

SIGNATURES REQUIRED: Notarized signatures of the individual, all partners, the agent of a corporation or a LLC are required.

REQUIREMENTS: Applicants must be 18 years of age or older.

A permit must be obtained from the City of Milwaukee, Development Center, Permit Desk, 809 N. Broadway, 1st floor, (414) 286-8211, http://www.mkedcd.org/build/pdfs/occcert.pdf.

A State Seller's Tax Number must be obtained from the State of Wisconsin, 819 N. 6th St, Room 408, (414) 227-4444, http://www.dor.state.wi.us/. Wholesale dealers are not required to obtain a seller's permit.

A Motor Vehicle License must be obtained from the Wisconsin Department of Transportation Dealer Section, (608) 266-1425, P.O. Box 7909, Madison, WI 53707-7909, http://www.dot.wisconsin.gov/business/dealers/. Local Municipalities are required to sign the state of Wisconsin application form. We cannot sign your form until you have been granted and issued a City of Milwaukee Motor Vehicle Dealer's License.

FINGERPRINTS: All applicants (including all partners, all corporate officers, members, agent, director, manager, and stockholders owning 20% or more of the stock of the corporation) whose fingerprints are not on file with the Milwaukee Police Department must be fingerprinted. Report to the Police Administration Building, 951 N. James Lovell St. (7th St), Room 305, to be fingerprinted. If you are an out of town resident, call (414) 935-7281 to find out how to comply with the fingerprint requirement.

RESTRICTIONS: No sale on Sundays. It shall be unlawful for any licensee to sell, barter, exchange, demonstrate or loan any motor vehicle, whether new or secondhand, on Sunday.

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 5-6 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.

CHANGES IN BUSINESS OPERATIONS: If after a license has been granted, a licensee wishes to substantially deviate from the business operations (from retail to wholesale, or wholesale to retail) that were listed on the original application, the licensee must file a notarized statement with the City Clerk License Division which states the change in the type of business operation. No change in business operation shall take place until the common council has approved the request.

Regulations relating to MOTOR VEHICLE DEALERS are provided in ch. 93 of the Milwaukee Code of Ordinances and are available online at **http://www.milwaukee.gov/ordinances** or can be purchased from the Legislative Reference Bureau in City Hall, Room B-11.

City of Milwaukee

SECONDHAND MOTOR VEHICLE DEALER & USED MOTOR VEHICLE DEALER – PARTS ONLY APPLICATION

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

Check one: ☐ Individual or ☐ Partnership (Fill out Section A, B, D & E) ☐ Corporation or LLC (Fill out Section B, C, D & E)	**Type of License applied for (check one):** ☐ Secondhand Motor Vehicle Retail Dealer ☐ Secondhand Motor Vehicle Wholesale Dealer ☐ Used Motor Vehicle Retail Dealer – Parts Only ☐ Used Motor Vehicle Wholesale Dealer – Parts Only

Section A

INDIVIDUAL OR PARTNERSHIP: Full Name (Last, First & Middle Initial)	Full Name (Last, First & Middle Initial)
Home Street Address:	Home Street Address:
Home City, State, Zip Code:	Home City, State, Zip Code:
Home Phone Number: ( ) -	Home Phone Number: ( ) -
Date of Birth:	Date of Birth:

Section B

Business Name:	Business Phone Number: ( ) -	Aldermanic District:
Business Address (include City, State, Zip Code):		
Business Mailing Address (if different from above):		
Name and Address of Building Owner (include City, State, Zip Code):		
Hours of Operation:	Number of Parking Spaces, if Secondhand Motor Vehicle Retail Dealer:	
List plans to ensure that all motor vehicles associated with the business will be stored, maintained, and repaired on the licensed premises and no code provisions relating to the littering of the public way will be violated:		
Do you buy, sell, exchange or deal in used or secondhand bicycles, bicycle parts, tires or batteries, either retail or wholesale? ☐ Yes ☐ No; If yes, describe:		

Section C

Full Name of corporation or limited liability company:	
Address, if different from business address (include City, State, & Zip Code):	
Agent Or Local Manager: Full Name (Last, First & Middle Initial):	
Home Address (include City, State & Zip Code):	
Date of Birth:	Home Phone Number: ( ) -

OVER

Section C Continued

President/Member	*Vice President/Member*
Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
Home Street Address:	Home Street Address:
Home City, State, Zip Code:	Home City, State, Zip Code:
Home Phone Number: ( ) -	Home Phone Number: ( ) -
Date of Birth:	Date of Birth:
Secretary/Member	*Treasurer/Member*
Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
Home Street Address:	Home Street Address:
Home City, State, Zip Code:	Home City, State, Zip Code:
Home Phone Number: ( ) -	Home Phone Number: ( ) -
Date of Birth:	Date of Birth:

Section D

Has anyone named on this application been convicted of violating any federal laws, state or local ordinances:
☐ Yes ☐ No; If yes, name person (s), date(s), charge(s) and penalties:

_____

_____

Has anyone named on this application had a license relating to the motor vehicle sales denied, not renewed, suspended or revoked? (This information shall also include a record of any actions from the state departments of transportation and financial institutions relating to suspensions, revocations, forfeitures and warnings imposed by these departments relating to the operation of any automotive sales business by the applicant.) ☐ Yes ☐ No
If yes, explain:_____

_____

Section E

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 refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; 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.
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.

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____day of _____, 20_____

_____
Individual/Agent of Corp or LLC/Partner

_____
Notary Public, State of Wisconsin
My commission expires_____

_____
Partner (if applicable)

Truth of Statements and Affidavits; Penalty:
All matters submitted in writing to the city by any applicant or licensee pertaining to licenses issued under chapter 93 shall be true. Any person who submits in writing any untrue statement or affidavit to the city in connection with any such license or application shall be subject to a forfeiture of not more than $500 or in default a payment therefore shall be imprisoned in the county jail or house of correction for Milwaukee County for not more than 20 days; and that license, if granted, shall be subject to revocation and no license of any kind or nature issued under chapter 93 shall thereafter be granted to such a person for a period of one year from the date of revocation.

Office Use Only:

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