City of Milwaukee

BILLIARD HALL 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:
Submit application to City Clerk License Division, City Hall, Room 105, 200 E. Wells Street, Milwaukee, WI 53202; telephone (414) 286-2238.

FEE:
The $125 license fee **must be submitted with application**. Checks made payable to: City of Milwaukee. In addition, a separate license for each pool table is required; submit an additional $40 per pool table.

SIGNATURES:
Signature of the individual, all partners, an officer of a corporation, or a member of a limited liability company are required.

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

Must be resident of the state of Wisconsin for at least 90 days prior to filing the application.

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) 227-4000, http://www.dor.state.wi.us/

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.

REFUND OF LICENSE FEE: If an application is withdrawn or denied, you are eligible for a refund in the amount of $75, provided the refund is requested no later than one year from the date of withdrawal or denial of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.

DUPLICATE LICENSE FEE: The fee for a duplicate license is $8. You must bring a current photo Identification.

Regulations relating to BILLIARD HALLS are provided in ch. 87 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

BILLIARD HALL LICENSE 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)
☐ 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: ( ) -
	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):	
	Name of Building Owner:	
	Address of Building Owner (include City, State, Zip Code):	
	Number of pool tables at this location: (Submit additional $35.00 per table.)	
	Please indicate any other type of business conducted on the premises:	
Section C	**Full Name of corporation or limited liability company:**	
	Agent:	
	Full Name (Last, First & Middle Initial):	Home Address (include City, State & Zip Code):
	Home Phone Number: ( ) -	Date of Birth: / Length of Residency:

OVER

	President/Member	*Vice President/Member*
	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.	*Secretary/Member*	*Treasurer/Member*
	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

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

_____
_____
_____
_____

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 say that I am the person named above and that all statements made in the foregoing application are true and correct.

_____
Individual/Officer of Corp/Member of LLC/Partner

_____
Partner

Office Use Only:

Initials:_____Filed:_____ License #:_____ AD:_____Granted:_____