City of Milwaukee

DANCE STUDIO 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: Dance Studio shall mean any room, place or space in which classes in dancing are held and instruction in dancing are given for hire.

LICENSE PERIOD: July 1 thru June 30, Annually.

LICENSE FEE: $125. Checks made payable to: City of Milwaukee.

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

SIGNATURES: The notarized signatures of an individual, all partners, the agent and all officers of a corporation, and the agent and all members of a limited liability company are required.

REQUIREMENTS: May only be issued to applicants who have attained the age of 21 and are residents of the state of Wisconsin.

Professional Character: The Common Council, consistent with ss. 111.321, 111.322, and 111.335, Wis. Stats., may refuse to grant a license to any person who has been convicted of a felony, misdemeanor, or other offense the circumstances of which substantially relate to the circumstances of the particular licensed activity.

ADDITIONAL PERMITS/LICENSES: Applicants must also obtain a permit from the Milwaukee Development Center (Permit Desk), 809 N. Broadway, 1st Floor, telephone (414) 286-8211. Contact the Health Department, 841 N. Broadway, telephone (414) 286-3674 to check on any licenses you may need.

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

REFUND OF LICENSE FEE: If an application is withdrawn or denied, you are eligible for a refund in the amount of $75, provided the refund is requested no later than one year from the date of withdrawal or denial of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 DANCE STUDIOS are provided in ch. 108 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

DANCE STUDIO 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)

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):
Home Phone Number: ( ) -	Home Phone Number: ( ) -
Length of Residency:	Length of Residency:
Date of Birth:	Date of Birth:

Section B

Business Name:		Other license(s) held by applicant or attached to the premises:
Business Address (include City, State, Zip Code):		
Building Owner Name:		
Owner Home Address:		Home Phone Number:
Aldermanic District:	Business Phone Number: ( ) -	Legal Occupancy of the Premises:
Hours of Operation:	Number of Off Street Parking Spaces available at the premises:	Number of patrons expected on a daily basis:
Will sound amplification equipment be used? ☐ Yes ☐ No If yes, describe:		
Security plan for the premises:		
Plan to maintain orderly appearance and operation of the premises with respect to litter and noise:		

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 Phone Number: ( ) -
Home Address (include City, State & Zip Code):	
Length of Residency:	Date of Birth:

OVER

Section C Continued

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):
Home Phone Number: ( ) -	Home Phone Number: ( ) -
Date of Birth:	Date of Birth:
Length of Residency:	Length of Residency:
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):
Home Phone Number: ( ) -	Home Phone Number: ( ) -
Date of Birth:	Date of Birth:
Length of Residency:	Length of Residency:

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:

_____

_____

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_____

_____
Signature of Individual/Agent of Corp or LLC/Partner

_____
Notary Public, State of Wisconsin

_____
Signature of President of Corp/Member of LLC/Partner

My commission expires_____

_____
Signature of Sec of Corp/Addt'l Member/Partner

Office Use Only:

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