City of Milwaukee

DANGEROUS WEAPONS 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: License expires on April 30 in even-numbered years.

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

FEE: The $50 license fee **must be submitted with application**. Make checks payable to: City of Milwaukee.

SIGNATURES: Signatures of the individual, all partners, the agent, president and secretary of a corporation, the agent and all members of a limited liability company are required.

REQUIREMENTS:

- An occupancy permit must be obtained from the City of Milwaukee Department of City Development. Contact the Development Center, Permit Desk at 809 N. Broadway, 1st floor, (414) 286-8211. Additional information available online at http://www.mkedcd.org/build/pdfs/occcert.pdf.

- A Seller's Tax Number must be obtained from the state of Wisconsin. Contact the Department of Revenue at 819 N. 6th St., Room 408, (414) 227-4000. Additional information is available online at http://www.dor.state.wi.us/

- A federal license must be obtained from the Federal Bureau of Alcohol, Tobacco and Firearms/Explosives. Contact the Milwaukee field office at 1000 N. Water St., Suite 1700, (414) 727-6170.

- Applicants who sell any secondhand (used) dangerous weapons must also obtain a Second Hand Dealer's license from this office.

FINGERPRINTS:
All applicants (including partners, all corporate officers, members, agent, directors, 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 receive information regarding how to comply with the fingerprint requirement.

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.

GRANTING OF LICENSES:
Licenses are granted by the Common Council on recommendation of the Utilities and Licenses Committee. Please allow 5-6 weeks for processing

REFUND OF LICENSE FEE: If an application is withdrawn or denied, you are eligible for a refund in the amount of $25, provided the refund is requested no later than one year from the date of withdrawal or denial of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.

ORDINANCES GOVERNING DANGEROUS WEAPONS LICENSES ARE LOCATED IN SECTION 105-43 OF THE MILWAUKEE CODE OF ORDINANCES AND MAY BE VIEWED ONLINE http://www.ci.mil.wi.us/ctygov/council/isysintro.htm or purchased from the Legislative Reference Bureau in City Hall, Room B-11.

ccl-126b (10/03)

DANGEROUS WEAPONS 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

City of Milwaukee

Check one: ☐ Individual or ☐ Partnership (Fill out Section A, B, D & E)
☐ Corporation or LLC (Fill out Section B, C, D & E)

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:

B

Business Name:
Business Address (include City, State, Zip Code):
Have you been issued a Federal License? ☐ Yes ☐ No If yes, #_____. If no, you must obtain a federal license from the Federal Building 310 W. Wisconsin Ave., Firearms Division (414) 297-3991.
List the type of dangerous weapons being sold:

C

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

OVER

C Continued

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:
Stockholder ☐ Percentage of Stock %	Stockholder ☐ Percentage of Stock %

List any additional stockholders owning 20% or more stock:

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:
Stockholder ☐ Percentage of Stock %	Stockholder ☐ Percentage of Stock %

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:

_____

_____

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

_____
Individual/Agent of Corp or LLC/Partner

_____
President of Corp/Member of LLC/Partner

_____
Secretary of Corp/Add'l Members/Partners

Office Use Only:

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