City of Milwaukee

PARKING PLACE OR LOT 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:

Any garage or other building or any plot, piece or parcel of land in or upon which a business is conducted of storing motor vehicles where the owner or person storing such vehicle is charged a fee, but excluding the renting of private garages or private parking space and parking places for 15 cars or less.

LICENSE PERIOD:

Biennial, April 1 through March 31 of odd-numbered years.

APPLICATION:

Obtain application from City Clerk License Division, City Hall, 200 E. Wells Street, Room 105, Milwaukee, WI 53202 or by calling (414) 286-2238.

LICENSE FEE:

The $21 license fee **must be submitted with application**. Checks made payable to: City of Milwaukee.

SIGNATURES:

Notarized signatures of an individual, all partners, the agent, president, and secretary of a corporation, or the agent and all members of the limited liability company are required.

OTHER REQUIREMENTS:

If the applicant (or agent of a corporation or LLC) is not a Milwaukee County resident, a local representative residing in Milwaukee County must be listed on the application.

Contact the Milwaukee Development Center, Permit Desk, at 809 N. Broadway, 1st Floor, or call (414) 286-8211, http://www.mkedcd.org/build/pdfs/occcert.pdf for any needed permits.

Contact the State Office Building, 819 N. 6th St. Room 408, or call (414) 444-4000 to determine if a Seller's Permit (tax number) is needed, http://www.dor.state.wi.us/.

REFUND OF LICENSE FEE:

No refund is available for this license.

DUPLICATE LICENSE FEE:

The fee for a duplicate license is $8. You must bring current photo identification.

ORDINANCES GOVERNING PARKING LOTS OR PLACES ARE LOCATED IN SECTION 84-20 OF THE MILWAUKEE CODE AND MAY BE VIEWED ONLINE **http://www.milwaukee.gov/ordinances** or purchased from the Legislative Reference Bureau in City Hall, Room B-11.

City of Milwaukee

PARKING PLACE OR LOT LICENSE APPLICATION

ccl-147b (11/03)

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(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 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:
	Place of Birth:	Place of Birth:
Section B	Business Name:	Business Phone Number:( ) -
	Business Address (include City, State, Zip Code):	
	Address of Parking Place (Lot):	
Section C	**Full Name of corporation or limited liability company:**	
	Agent:	
	Full Name (Last, First & Middle Initial):	Place of Birth:
	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:
	Place of Birth:	Place 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):
	Home City, State, Zip Code:	Home City, State, Zip Code:
	Home Phone Number: ( ) -	Home Phone Number: ( ) -
	Date of Birth:	Date of Birth:
	Place of Birth:	Place of Birth:

Section D

Person in Charge: Full Name (Last, First & Middle Initial):	Date of Birth:
Home Address (include City, State, Zip Code):	Home Phone Number: ( ) -

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_____

_____
(Ind/Agent of Corp or LLC/Partner)

_____
Notary Public, State of Wisconsin

_____
(Pres of Corp/Member of LLC/Partner)

My commission expires_____

_____
(Sec of Corp/Addt'l Part/Memb of LLC)

Office Use Only:

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