City of Milwaukee

PAWNBROKER 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:
Pawnbroker shall mean an individual, partnership, limited liability company or corporation engaged in the business of lending money on personal property or goods, which are pledged as security for the loan on the condition that if the loan is not repaid within a specified period of time the goods used as security may be sold to compensate for nonpayment.

LICENSE PERIOD:
January 1 thru December 31, 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 $350 license fee **must be submitted with application**. Checks made payable to: City of Milwaukee.

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

RESIDENCY:
The individual, both partners, agent of the corporation or limited liability company must be a resident of the state of Wisconsin for one year prior to the date of application. Proof of residency must be submitted to the Milwaukee Police Department License Investigation Unit upon application, please call (414) 935-7430 to comply with this requirement.

REQUIREMENTS:
The attached bond form in the amount of $500 must be completed by two sureties and submitted with your application.

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

If a variance is required, contact the Board of Zoning Appeals at (414) 286-2501, http://www.mkedcd.org/boza/.

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REFUND OF LICENSE FEE: If an application is withdrawn or denied, you are eligible for a refund in the amount of $300. 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 current photo identification.

Regulations relating to PAWNBROKERS are provided in s. 92-1 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

PAWNBROKER 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)

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:
	Place of Birth:	Place of Birth:
	Home Phone Number: ( ) -	Home Phone Number: ( ) -
	Date of Birth:	Date of Birth:
B	Business Name:	Business Phone Number: ( ) -
	Business Address (include City, State, Zip Code):	
	Mailing Address (if different from above address):	
	Building Owner:	
	Building Owner's Address:	
C	**Full Name of corporation or limited liability company:**	
	State of Incorporation:	
	Agent:	
	Full Name (Last, First & Middle Initial):	Home Address (include City, State & Zip Code):
	Home Phone Number: ( ) -	Date of Birth: / Place of Birth:
	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:
	Place of Birth:	Place of Birth:
	Home Phone Number: ( ) -	Home Phone Number: ( ) -
	Date of Birth:	Date of Birth:

OVER

C Cont.	*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:
	Place of Birth:	Place of Birth:
	Home Phone Number: ( ) -	Home Phone Number: ( ) -
	Date of Birth:	Date of Birth:

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/Agent of Corp or LLC/Partner

_____
President of Corp/Member of LLC/Partner

_____
Secretary of Corp/Add'l Members/Partner

Office Use Only:

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

BOND NO._____

BOND FOR LICENSED PAWNBROKERS

ccl-149b (10/05)

Know all men by these presents, That we, (principal)_____

as principal and (sureties)(1)_____and(2)_____,as sureties, are held and firmly bound unto the City of Milwaukee in the sum of five ($500) hundred dollars, to be paid to the said City of Milwaukee, for which payment well and truly to be made, we bind ourselves and our respective heirs, executors and administrators, and each and everyone of them, jointly and severally by these presents.

Signed and Sealed with our seals, and dated this _____day of_____,20____

The condition of this obligation is such that, Whereas, the above bound Principal has applied to the proper authorities of the City of Milwaukee, for a license to act as a Pawnbroker at (location)_____in the (Ald. district) #_____, in said City of Milwaukee, until the first day of January, 2008. (unless sooner revoked) and whereas, such license has been granted to him.

Now Therefore, if the said(name of principal)_____during the continuance of his license, shall duly comply with the laws of the state of Wisconsin affecting said business, and shall comply with all the requirements of the ordinances of the City of Milwaukee affecting said business, which ordinances are now in effect or may hereafter become effective, then this obligation shall be null and void, otherwise to be in full force and effect.

SURETY 1

In presence of:

_____(Seal)
PRINT NAME OF PRINCIPAL

_____ By_____
(Witness) SIGNATURE OF PRINCIPAL

_____(Seal)
Corp. Operating with Seal, Please Affix

_____
(Witness)

_____
ATTORNEY-IN-FACT/AGENT

AFFIDAVIT

STATE OF WISCONSIN)
)ss
_____ County)

_____,being first duly sworn, on oath deposes and says

that he is _____of the _____,
(Attorney in fact or Agent) (Bonding Company)

surety on the attached bond executed for_____. (Name of Insured)
Affiant further deposes and says that no officer, official or employe of the City of Milwaukee has any interest, directly or indirectly, or is receiving any premium, commission, fee, or other thing of value on account of the sale or furnishing of said bond.

_____
Attorney-in-fact/Agent

Subscribed and sworn to before me this

_____day of _____,20____

Approved as to form and execution.

_____
Notary Public, State of_____

_____
Assistant City Attorney

My Commission expires_____

_____, 20_____

(OVER - SECOND SURETY MUST COMPLETE REVERSE SIDE)

SURETY 2

In presence of:

_____(Seal)
PRINT NAME OF PRINCIPAL

_____ By_____
(Witness) SIGNATURE OF PRINCIPAL

_____(Seal)
_____ Corp. Operating with Seal, Please Affix
(Witness)

_____
ATTORNEY-IN-FACT/AGENT

AFFIDAVIT

STATE OF WISCONSIN)
)ss
_____ County)

_____,being first duly sworn, on oath deposes and says

that he is _____of the _____,
(Attorney in fact or Agent) (Bonding Company)

surety on the attached bond executed for_____.(Name of Insured)
Affiant further deposes and says that no officer, official or employe of the City of Milwaukee has any interest, directly or indirectly, or is receiving any premium, commission, fee, or other thing of value on account of the sale or furnishing of said bond.

_____
Subscribed and sworn to before me this Attorney-in-fact/Agent

_____day of _____,20_____ Approved as to form and execution.

_____ _____
Assistant City Attorney
Notary Public, State of_____

My Commission expires_____ _____,20_____