City of Milwaukee

SNOW PLOW INFORMATION SHEET

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: October 1- September 30, Annually

APPLICATION: Complete, sign and return (by mail or in person) application to City Clerk License Division, City Hall, 200 E. Wells Street, Room 105, Milwaukee, WI 53202.

REQUIREMENTS:

- The $30 license fee **must be submitted with application**. Checks made payable to: City of Milwaukee.
- Signatures of the individual, all partners, the agent, president, and secretary of a corporation, or the agent and all members of a LLC are required.
- The attached certificate of insurance form showing proof of at least $5,000 of public liability on your snowplow must be submitted with your application (Section 116-12 of the Milwaukee Code of Ordinances.)
- Inspection of your vehicle must be completed before your application can be processed. Call Fleet Operations (414) 286-5561 to arrange for the inspection. The inspection will be conducted at the Municipal garage, 2142 W. Canal St. Bring your application to the inspection and if your equipment is approved, the inspector will sign and date the back of your application. ***(Applications cannot be processed without the Fleet Operations Inspector's signature.)***

ISSUANCE OF LICENSE:

Your license will be issued once the vehicle passes inspection, your insurance is approved, and the required fee has been paid.

REFUND OF LICENSE FEE: If an application is withdrawn or denied, you are eligible for a refund in the amount of $5, provided the refund is requested no later than one year from the date of withdrawal or denial of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.

Applications submitted without the required fee, signatures and certificate of insurance will be returned.

ORDINANCES GOVERNING SNOW PLOWS ARE LOCATED IN SECTION 116-12 OF THE MILWAUKEE CODE 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.

SNOW PLOW LICENSEE'S CERTIFICATE OF INSURANCE

_____
(Herein called Insurance Company)

Address_____

_____

ISSUED TO THE CITY OF MILWAUKEE, 200 E. Wells St. Rm 105, Milwaukee, WI 53202

The company hereby certifies that it has issued to:

Name_____

Address_____
(INCLUDE CITY, STATE & ZIP CODE)

a general liability policy No._____effective_____,20____,

expires_____, 20____, providing for limits of at least $5,000.00 provided however, that the insurance afforded is subject to the terms, conditions, limitations, and exclusions of the policy.

"The policy described in this certificate of insurance includes the coverage required by Section 116-12 of the Milwaukee Code of Ordinance."

Said policy provides that notwithstanding any other provision therein, ten days' written notice of cancellation, material change, expiration, or intent not to renew will be given to the City Clerk of the City of Milwaukee; otherwise such insurance as is afforded thereunder shall remain in full force and effect.

Dated this_____day of_____,20____ Signed_____
Authorized Representative

AFFIDAVIT

STATE OF WISCONSIN)
) ss
_____ County)

_____,being first duly sworn, on oath deposes and says that he is
Authorized Representative

the agent of the_____, insurer on the attached certificate issued to
(Insurance Company)

_____.
(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 policy.

Signed_____
Authorized Representative

Subscribed and sworn to before me this

_____day of _____,20_____

_____
Notary Public, State of Wisconsin

My Commission expires_____

City of Milwaukee

SNOW PLOW APPLICATION

OFFICE OF THE CITY CLERK LICENSE DIVISION
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(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV

Any incomplete application or application submitted without the proof of public liability, municipal inspection or the required fee will be returned. Checks should be made payable to the 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)

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

OVER

Section D

Address where vehicles will be stored:

Location(s) to be plowed: _____

_____

_____

_____

_____

_____

_____

If more space is needed, attach a separate sheet.

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 depose 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/Partners

Bureau of Fleet Operations: (to be reviewed/completed by Bureau Staff)

Date of Inspection: Passed ☐ Failed ☐ Inspected By:

Description of vehicles:

Year	Make	License Plate Number	VIN
Year	Make	License Plate Number	VIN
Year	Make	License Plate Number	VIN
Year	Make	License Plate Number	VIN
Year	Make	License Plate Number	VIN

If more space is needed, please attach a separate sheet.

License Division Office Use Only:

Initials: _____ Filed: _____ License #: _____ Issued: _____