



**PUBLIC PASSENGER VEHICLES  
VEHICLE REPLACEMENT PROCEDURES**  
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  
WWW.MILWAUKEE.GOV/LICENSE

**Application(s) Required**

Vehicle Replacement Form  
(ccl-vehchgapp)

Weights and Measures License Supplemental  
Application (Metered taxis only)  
(ccl-wm)

The following items must be submitted along with  
the application:

**Fee**

\$25

**New Certificate of Vehicle Registration**

A current valid certificate of vehicle registration for  
the new vehicle is required. Registration must be  
in the same legal entity name as that which holds  
the permit.

A copy of the vehicle registration application  
showing proof of receipt by the Wisconsin  
Department of Transportation and payment of the  
fee will also be accepted. However, applicants  
providing a copy of the vehicle registration  
application must present the certificate of vehicle  
registration to the License Division as soon as it is  
received.

**New Certificate of Insurance**

A new certificate of insurance or change of vehicle  
endorsement form is required. Certificate must be  
in the same legal entity name as that which holds  
the permit.

The certificate of insurance must show proof of  
insurance adding the new vehicle (including the  
year, make, vehicle identification number and  
permit number) and deleting the old vehicle.

The certificate of insurance can be emailed to  
[license@milwaukee.gov](mailto:license@milwaukee.gov) or faxed to the License  
Division at (414) 286-3057.

**Current PPV Permit**

The current permit for the old vehicle must be  
turned in to the License Division.

**Weights and Measures License**

Metered taxicabs are required to obtain a new  
weights and measures license for the taximeter.  
File forms ccl-wm and ccl-vehchgapp together,  
have the meter inspected, and submit proof that  
the meter passed inspection to the License  
Division.

**Issuance**

Upon receipt of the application, payment of the  
fee, a new approved certificate of vehicle  
registration, new certificate of insurance, weights  
and measure if applicable, and the old permit, the  
new permit will be issued.

**Authorized Representative Statement**

Permits will be issued only to the vehicle owners,  
unless an Authorized Representative Statement is  
on file with the License Division authorizing  
another person to pick up permits.

**Vehicle Inspection**

Vehicles are inspected by the Department of  
Public Works. When a vehicle is due for  
inspection notice is sent listing the date, time, and  
place of inspection.

**Milwaukee Code of Ordinances**

- See Chapter 100 for Public Passenger  
Vehicle Regulations
- Available online at  
[www.milwaukee.gov/ordinances](http://www.milwaukee.gov/ordinances)



**VEHICLE REPLACEMENT FORM**  
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Indicate Type of License: <input type="checkbox"/> Junk Collector Truck <input type="checkbox"/> Public Passenger Vehicle			
Permit/Sticker # being transferred: _____			
Full Name of Licensee:			
Business Name:			
<b>From (enter old vehicle information):</b>			
Year:	Make:	Model:	Passenger-carrying capacity (public passenger vehicles only):
Vehicle ID Number (VIN):		License Plate Number:	Color:
<b>To (enter new vehicle information):</b>			
Year:	Make:	Model:	Passenger-carrying capacity (public passenger vehicles only):
Vehicle ID Number (VIN):		License Plate Number:	Color:
<b>PUBLIC PASSENGER VEHICLES ONLY</b>			
Check body style of new vehicle:			
<input type="checkbox"/> Limousine <input type="checkbox"/> 4-Door Sedan <input type="checkbox"/> 2-Door Coupe <input type="checkbox"/> Van <input type="checkbox"/> Wagon <input type="checkbox"/> Sport Utility <input type="checkbox"/> Other _____			
<b>TAXICABS ONLY</b>			
Are you changing affiliations at this time? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, indicate new affiliation:			
<input type="checkbox"/> All City Veteran Taxi <input type="checkbox"/> Brew City Cab Cooperative <input type="checkbox"/> American United Cab Company, Inc. <input type="checkbox"/> Yellow Cab Co-op <input type="checkbox"/> Mitchell International Taxicab <input type="checkbox"/> Independent			
The undersigned agrees to inform the City Clerk within 10 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 add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; 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.			
_____ Signature of Licensee (Sole Proprietor, Partner, Agent or 20% or More Shareholder)			

Office Use Only:

Initials: \_\_\_\_\_ Filed: \_\_\_\_\_ App #: \_\_\_\_\_  PPV: Remove from MPD Queue

PPV:  Reg Recd  Ins Recd  Permit Surrendered  Inspected: \_\_\_\_\_

JCT: LC \_\_\_\_\_ CC \_\_\_\_\_ New Sticker # \_\_\_\_\_  Mayor's Signature

Issued: \_\_\_\_\_ License # \_\_\_\_\_