



## PUBLIC ENTERTAINMENT PREMISES BUSINESS INFORMATION

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](mailto:license@milwaukee.gov) [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

### Who needs a Public Entertainment Premises License?

License required for those conducting or operating public entertainment.

Public Entertainment means any entertainment of any nature or description to which the public generally may gain admission, either with or without the payment of fee. Any entertainment operated commercially for gain by membership, season ticket, invitation or other system open or offered to the public generally shall be deemed to constitute a public entertainment. This definition includes dances, shows, and exhibitions provided for a fee including plays, skits, musical revues, children’s theater, dance productions, musical concerts, opera and the production or provision of sights or sounds or visual or auditory sensations which are designed to or may divert, entertain or otherwise appeal to members of the public who are admitted to the place of entertainment, which is produced by any means, including radio, phonograph, jukebox, television, video reproduction, tape recorder, piano, orchestra or band or any other musical instrument, slide or movie projector, spotlights, or interruptible or flashing light devices and decoration. This term includes a carnival, motion picture house or theater, and when offered to the public for a fee, bowling, billiard or amusement machines as defined in s. 107-13.

Any nonprofit organization which leases its premises for holding public entertainment shall first obtain a public entertainment premises license.

### License Period

License expires 1 year from date of issuance.  
License must be issued within 1 year of approval, or a waiver from the Licenses Committee is needed.

### Forms Needed

- ccl-bapp – Business Application
- ccl-pep1 – Supplementary Application for Public Entertainment Premises
- ccl-pln1 – Plan of Operation<sup>[1]</sup>
- Detailed floor plan<sup>[1]</sup> (see instructions on ccl-pln1)
- Lease or proof of ownership<sup>[1]</sup>

[1] Not required if you currently hold an Alcohol Beverage Establishment license and no changes are being made.

### Notarization

Provide the required notarizations on forms. Commissioned notaries public, including attorneys, must impress notary seals on each page notarized. Any applications filed without required notarial seals will be returned.

### Fee

Based on the maximum capacity of the premises as established by the Common Council:

Capacity	Fee
25 or fewer persons, or premises without a capacity:	\$150
26-79 persons:	\$250
80-99 persons:	\$375
100-149 persons:	\$500
150-179 persons:	\$700
180-299 persons:	\$1000
300-499 persons:	\$1,500
500 or more persons:	\$2,000

### Exemptions

No public entertainment premises license shall be required for the following:

- A theater or motion picture house at which the only person or organization providing motion pictures or theater performances is the person or organization that owns the premises.
- Organizations formed exclusively for the purpose of ballet performance and instruction and which have received tax-exempt status from the United States internal revenue service.
- Billiard tables provided on the premises of bona fide clubs or social organizations not operating for private profit which provide other membership privileges and activities, even though there is a charge for playing billiards.
- Any public show or exhibition conducted exclusively by charitable, eleemosynary, educational or religious organizations on their own premises.
- Any dance studio, which means a room, place or space in which dancing classes are held and dancing instruction is given for hire.
- Recorded background music which is incidental to operation of the establishment located on the premises and is either:
  - In the case of a licensed alcohol beverage premises, operated by the licensee, manager or bartender.
  - In the case of a premises without an alcohol beverage license, operated by a regular employee of the establishment.
- The showing of motion pictures by an eleemosynary organization on land owned by the City or Milwaukee County, provided motion pictures are not shown more than twice monthly at a single location.

## **Temporary Public Entertainment**

### **Premises Permit**

If you wish to obtain a temporary permit for 4 or less days (except for a carnival which can be up to 14 days), contact the License Division for a Temporary Public Entertainment Premises Permit.

### **Residency**

No public entertainment club license shall be granted to any person who is not a resident of the state of Wisconsin. This applies to the individual applicant, all partners, or the agent of a corporation or LLC.

### **Disqualification Period after Denial**

Whenever an application for any entertainment license is denied, no other application by the same applicant for the same or any other entertainment license at the same premises shall be recommended for approval by the Licensing Committee for a period of 12 months following the date of the denial.

### **Disqualification Period after Withdrawal**

Whenever an application for any entertainment license is withdrawn after commencement of a Licensing Committee hearing on the application, no other application by the same applicant for the same or any other entertainment license at the same premises shall be recommended for approval by the Licenses Committee for a period of 6 months following the withdrawal date.

## **City of Milwaukee Ordinance Regulations**

- MCO 108
- Available online at [www.milwaukee.gov/ordinances](http://www.milwaukee.gov/ordinances)



**PUBLIC ENTERTAINMENT PREMISES  
SUPPLEMENTAL APPLICATION**

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(414) 286-2238 [www.milwaukee.gov/license](http://www.milwaukee.gov/license) e-mail address: [license@milwaukee.gov](mailto:license@milwaukee.gov)

**TYPES OF ENTERTAINMENT (CHOOSE ALL THAT APPLY)**

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Instrumental Musicians                         | <input type="checkbox"/> Bands                | <input type="checkbox"/> Battle of the Bands | <input type="checkbox"/> Comedy Acts             |
| <input type="checkbox"/> Disc Jockey                                    | <input type="checkbox"/> Magic Shows          | <input type="checkbox"/> Poetry Readings     | <input type="checkbox"/> Dancing by Performers   |
| <input type="checkbox"/> Adult Entertainment/<br>Strippers/Erotic Dance | <input type="checkbox"/> Wrestling            | <input type="checkbox"/> Patron Contests     | <input type="checkbox"/> Patrons Dancing         |
| <input type="checkbox"/> Jukebox  | <input type="checkbox"/> Karaoke              | <input type="checkbox"/> Bowling Alley       | <input type="checkbox"/> Pool Tables             |
| <input type="checkbox"/> Motion Pictures                                | <input type="checkbox"/> Amusement Machines – | How many? _____                              | How many? _____                                  |
| How many? _____   | How many? _____                               | <input type="checkbox"/> Concerts            | <input type="checkbox"/> Theatrical Performances |
| <input type="checkbox"/> Other: _____                                   |   | Approx. # per year? _____                    | Approx. # per year? _____                        |

**WILL PROMOTERS EVER BE USED FOR ANY OF THE ENTERTAINMENT?**

No  Yes, describe: \_\_\_\_\_

**LEGAL CAPACITY OF PREMISES**

\_\_\_\_\_ (Call the Milwaukee Development Center at 414-286-8211 w questions.) Your legal capacity will determine the license fee for your Public Entertainment Premise License. If you would like to request that the license be approved with a lower capacity than that listed above, indicate lower capacity \_\_\_\_\_. If approved, this lower capacity will print on your license and override the capacity listed on your Occupancy Permit.

**IDENTIFY IF SOUND AMPLIFICATION IS USED**

No  Yes, describe: \_\_\_\_\_

**DECLARATIONS, ACKNOWLEDGEMENTS, & DISCLOSURES**

The undersigned understands that after the license has been issued, a change to the plan of operation will require a written request to change and approval from the Common Council.  
The undersigned agrees to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application.  
The undersigned understands that applicants 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 shall 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.  
The undersigned has knowledge of the City Ordinances currently regulating public entertainment, and understands that the license may be subject to suspension, non-renewal or revocation, if the applicant violates any rule, law or regulation of the city of Milwaukee and State of Wisconsin.

**60 DAY WAIVER (FOR APPLICANTS ALSO APPLYING FOR OTHER LICENSES AT THIS TIME)**

I request that my Public Entertainment Premises LICENSE application be HELD subject to the review requirements of the other licenses for which I am applying. I THEREFORE waive the requirement of Milwaukee Code of Ordinances SECTION 108-5-1-b requiring THAT THE COMMON COUNCIL DENY OR GRANT MY Public Entertainment Premises application within 60 days after certification.  
Signature of Applicant: \_\_\_\_\_

**NOTARIZED SIGNATURES OF APPLICANTS**

**SUBSCRIBED AND SWORN TO BEFORE ME**  
This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
\_\_\_\_\_  
(Clerk/Notary Public)  
My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Agent/Owner/Partner

\_\_\_\_\_  
Additional Owner/Partner

**\*Notary Seal must be affixed.**



# PLAN OF OPERATION

<b>1. Premises Location</b>
<input type="checkbox"/> Free Standing Building <input type="checkbox"/> Strip Mall <input type="checkbox"/> Other _____
<b>2. Describe Premises Structure</b>
<input type="checkbox"/> Single Story <input type="checkbox"/> Multi-Story - # of Stories _____ <input type="checkbox"/> Other _____
<b>3. Describe Surrounding Area</b>
<input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Other _____
<b>4. Premises Location</b>
a) <input type="checkbox"/> Major Thoroughfare <input type="checkbox"/> Secondary Street <input type="checkbox"/> Other _____ b) Nearest Cross Street _____
<b>5. Proximity of Premises to Church, School, Daycare Center or Hospital</b>
Is there at least 300 feet between the building and any church, school, daycare center or hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6. Miscellaneous Business Questions</b>
a) Proposed Opening Date: _____ b) Is this premise under construction? <input type="checkbox"/> Yes <input type="checkbox"/> No                    If yes, list estimated completion date: _____ c) Is this a franchise? <input type="checkbox"/> Yes <input type="checkbox"/> No d) Is this premises currently licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No                    If yes, list type of license: _____ e) Is the current licensee operating? <input type="checkbox"/> Yes <input type="checkbox"/> No                    If no, list date closed: _____ f) What other types of licenses/permits will you or do you hold at this location? (check all that apply) <input type="checkbox"/> Occupancy Permit <input type="checkbox"/> Cigarette & Tobacco <input type="checkbox"/> Gas Station <input type="checkbox"/> Extended Hours <input type="checkbox"/> Other: _____ g) Do you have future plans for other businesses, licenses or permits at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____
<b>7. Food</b>
Will food be served on the premises? <input type="checkbox"/> No <input type="checkbox"/> Yes                    If yes, a Food Dealer license is required. Check all that apply: <input type="checkbox"/> Prepackaged Food <input type="checkbox"/> Snacks <input type="checkbox"/> Appetizers <input type="checkbox"/> Catered Events <input type="checkbox"/> Full Meals – Hours of Food Service: From _____ To _____ A menu must be submitted with this Plan of Operation for all restaurants.
<b>8. Type of Business</b>
Briefly describe the type of business you plan to operate if granted a license (attach additional sheets as necessary.) _____ _____ _____

<b>9. Litter and Noise</b>			
How are the grounds kept clean? <input type="checkbox"/> Sweep <input type="checkbox"/> Pressure Wash <input type="checkbox"/> Pick Up Litter <input type="checkbox"/> Other: _____			
How often will grounds be cleaned? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other: _____			
Grounds Cleaned By: <input type="checkbox"/> Licensee <input type="checkbox"/> Building Owner <input type="checkbox"/> Employees <input type="checkbox"/> Hired Maintenance <input type="checkbox"/> Other: _____			
How are noise issues prevented and/or addressed? <input type="checkbox"/> Security <input type="checkbox"/> Manager approaches customer(s) <input type="checkbox"/> Call Police <input type="checkbox"/> Signs Posted <input type="checkbox"/> Other: _____			
<b>10. Smoking and Sanitation</b>			
Are there designated outdoor smoking areas? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe the area(s) and provide location(s): _____			
Number of Garbage Cans:      Inside: _____ Locations: _____ Outside: _____ Locations: _____			
Is a Crowd Control Barrier used? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, describe: _____			
Describe sanitation facilities (restrooms): _____			
Provide name of solid waste contractor: _____			
<b>11. Security</b>			
Are there parking spaces on the premises? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, number of spaces: _____ and describe security provisions: _____			
Are there designated loading areas? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, describe security provisions _____			
Do you have security personnel on the premise? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, how many? _____			
AND    What are their responsibilities? _____			
What security equipment do they use? _____			
List their licensing, certification or training credentials: _____			
Are there security cameras? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, list all locations: _____			
Are searches and/or identification checks conducted upon entry? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, describe: _____			
<b>12. Percentage of Sales (must total 100%)</b>			
Alcohol _____ %	Food Sales _____ %	Entertainment _____ %	Other _____ %
<b>13. Businesses On The Premise (choose all that apply):</b>			
<b>Type 1</b>			
<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Cafe/Coffee Shop	<input type="checkbox"/> Deli or Fast Food Restaurant	<input type="checkbox"/> Private/Fraternal/Veterans Club
<input type="checkbox"/> Night Club	<input type="checkbox"/> Tavern	<input type="checkbox"/> Cocktail Lounge	<input type="checkbox"/> Teen Club
<input type="checkbox"/> Bowling Alley	<input type="checkbox"/> Hotel	<input type="checkbox"/> Banquet Hall	<input type="checkbox"/> Sports Facility
<b>Type 2</b>			
<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Corner Store	<input type="checkbox"/> Supermarket	<input type="checkbox"/> Convenience Store
<input type="checkbox"/> Gas Station	<input type="checkbox"/> Other _____		
<b>14. Legal Capacity of Premises (Only premises identified as Type I in Question #13)</b>			
_____ (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)			

### 15. Hours of Operation

Day of the Week	Proposed Hours of Operation:		Number of Customers expected each day	Potential Age Range of Customers	Class B Applicants: Age Restriction (If none, write 'None')
	Open	Close			
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Entertainment Indoor Closing Hours - If alcohol beverage establishment, same as alcohol license hours.  
 If non-alcohol establishment 1:00 am Sunday to Thursday; 1:30 am Friday and Saturday.

Entertainment Outdoor Closing Hours - 10:00 pm Sunday – Thursday; 12:00 am Friday and Saturday, unless otherwise approved by Common Council in licensee’s plan of operation.

### 16. This Section to be Completed by Alcohol Applicants Only

- a) Property Owners Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_
- b) Are you taking out this application for anyone that may not be eligible for a license?  No  Yes  
 If yes, list name and address: \_\_\_\_\_
- c) Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the business?  No  Yes  
 If no, list the name and address of the person(s) who will: \_\_\_\_\_

Class B Applicants: If the agent, a partner or the individual licensee will not be conducting the day-to-day operations of the business, the person(s) listed above must obtain a Class B Managers license.

- d) Does anyone else have money invested or any other interest in this business?  No  Yes  
 If yes, explain: \_\_\_\_\_
- e) Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business?  
 No  Yes If yes, list name and address: \_\_\_\_\_
- f) Will any of the following types of businesses be conducted at this location? (check all that apply)  
 Bed & Breakfast  Billiard/Pool Hall  Comedy Club  Indoor Golf Facility  
 Video Game Center(6 or more games)  Brew Pub  Volleyball Court  Theater  Wine Tasting Room  
 Department Store  Pharmacy  Gift Shop  Museum  Center for the Visual & Performing Arts
- g) If applying for Class B or C license, are you applying for “Service Bar Only”?  No  Yes  
 Service Bar Only means customers cannot sit at the bar. Alcohol is served to patrons seated at tables. No stools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.

### 17. Proof of Ownership, Lease, or Offer to Purchase (new & transfer applicants only)

**Submit proof of ownership, lease, or offer to purchase the building with this application.**

A lease or office to purchase must:

- a) Be in the same legal entity name as that apply for the license
- b) Reflect the same address as the premises address on this application
- c) Reflect current dates and
- d) Be signed by the lessor/seller and lease/buyer

**18. Property Information (new & transfer applicants only)**

- a) Do you own or lease the building?  Own  Lease
- b) Who owns the fixtures (for example, coolers, etc.)? \_\_\_\_\_
- c) Are you purchasing the stock and/or fixtures?  No  Yes If yes, amount paid \$ \_\_\_\_\_
- d) Total amount paid for business \$ \_\_\_\_\_
- e) Total amount paid for goodwill of the business \$ \_\_\_\_\_

Goodwill comprises the reputation and customer relationships of an existing business. If the price you pay for the business exceeds the fair market value of all of the rest of the assets of the business, the excess may be considered goodwill.

- f) Have you made arrangements with the seller for payment of personal property taxes?  No  Yes

**19. Lease Information (new & transfer applicants who are leasing the premises only)**

- a) Date lease begins \_\_\_\_\_ Ends \_\_\_\_\_
- b) Monthly rental \$ \_\_\_\_\_
- c) Do you have an option to renew the lease?  No  Yes
- d) Does your lease allow for assignment to another party without the consent of the owner?  No  Yes
- e) For what length of time have you been guaranteed occupancy (number of years)? \_\_\_\_\_
- f) In addition to paying the monthly rental, will you have to pay anything additional to the owner of the building to guarantee performance of the lease?  No  Yes If yes, explain \_\_\_\_\_
- g) Does the present owner or occupancy object to the granting of your license?  No  Yes  
If yes, explain \_\_\_\_\_

**20. Change of Agent Applicants Only**

Have there been any changes to the floor plan since the last application was submitted?  No  Yes  
If no, a new floor plan is not required. If yes, submit a new floor plan and explain the change(s): \_\_\_\_\_

**21. Notarized Signatures of Applicants**

**SUBSCRIBED AND SWORN TO BEFORE ME**

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Clerk/Notary Public)

My Commission Expires \_\_\_\_\_

**\*Notary Seal must be affixed.**

\_\_\_\_\_  
Agent/Owner/Partner

\_\_\_\_\_  
Additional Owner/Partner

Note: All information contained in this application is subject to approval by the Common Council. Deviating from approved plan of operation will subject licensee to citations, and/or suspension or non-renewal of the license. Contact the License Division for information on how to request changes.

**New and transfer of premise applicants must submit the following:**

- Proof of ownership, lease or offer to purchase the building
- Detailed floor plan
- If a restaurant, copy of the menu

**If you do not provide all required information, your application will be returned to you.**

## Detailed Floor Plan

**Please read all instructions before preparing the floor plan.**

- A detailed floor plan must be submitted with this application.
- Any application submitted without the detailed floor plan (including all required items as listed below) will be returned.
- Even if the premise has been previously licensed and a floor plan submitted a new floor plan must be submitted with this application.
- The floor plan must be filed on 8 ½ x 11 inch size paper.
- A separate sheet of paper must be filed for each floor where business will be conducted.
- Handwritten plans are acceptable.
- Plans do not need to be architectural drawings and need not be to scale.

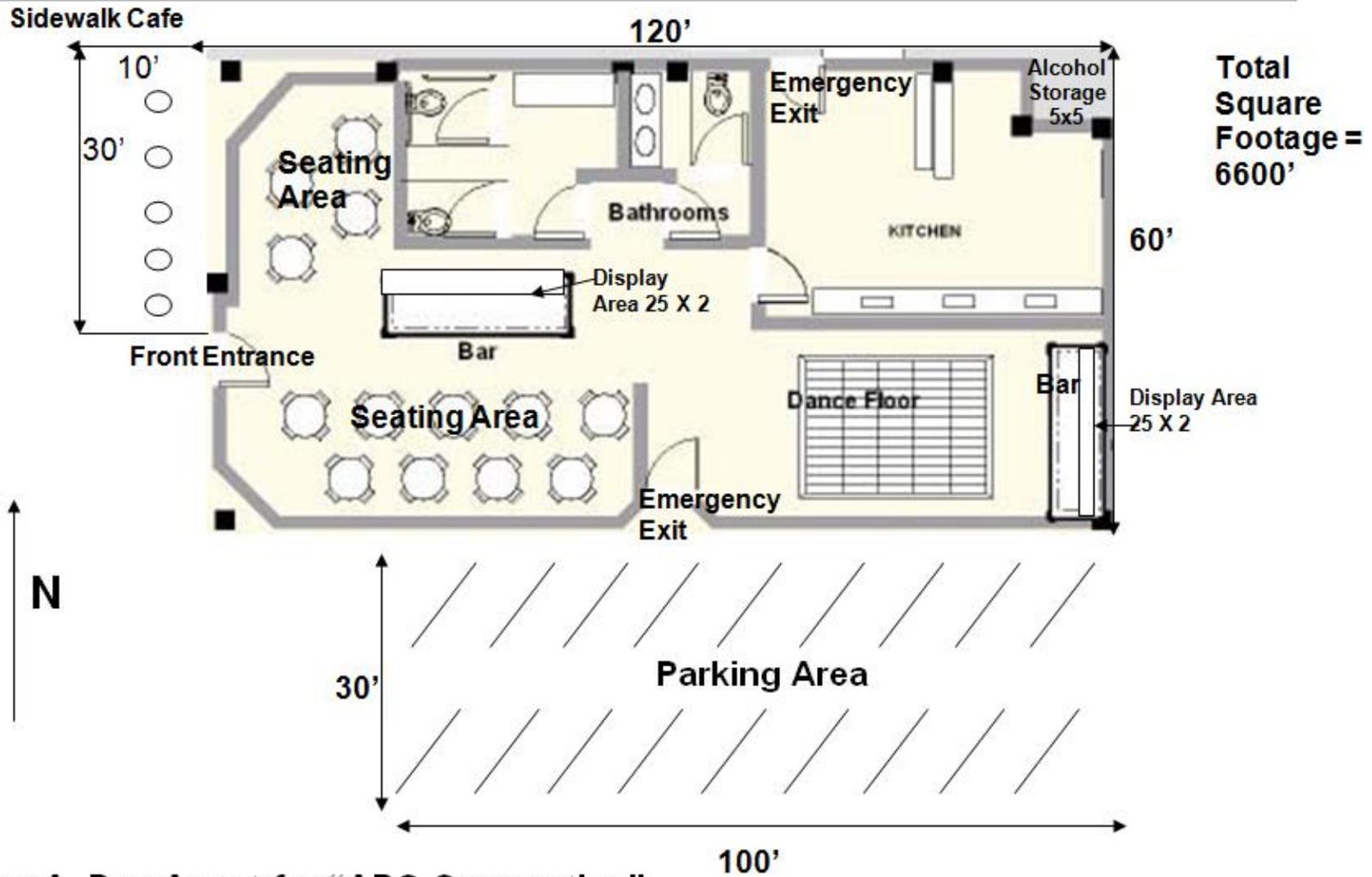
**The floor plan must include all of the following:**

1.  Dimensions of the premises (length x width) and  
 Total square feet of the premises
2.  Label all entrances and exits
3.  Label all parking areas on the premises (do not include street parking) This is required even if the parking is shared, for example, a strip mall and  
 Provide the dimensions (length x width) of all parking areas on the premises. The parking area(s) should be marked on the floor plan for the first floor showing the relation to the building.
4.  Label all seating areas, food preparation areas and bars (as applicable)
5.  Mark the North point (N↑) on each page
6.  Write the date on each page
7.  Write the legal entity name (and agent's name if a corporation or LLC) on each page
8.  Write the trade (business) name on each page
9.  Write the premise address on each page

**Alcohol applicants only:**

1.  Even if the basement is used for alcohol storage only, a floor plan of the basement is still required.
2.  Label all alcohol storage areas (coolers, etc.) and  
 Provide dimensions (length x width) of the alcohol storage areas
3.  Label all alcohol display areas (behind the bar, shelves, etc.) and  
 Provide dimensions (length x width) of the alcohol display areas
4.  Class B & C Applicants Only: Label all outdoor areas used for the sale or service of alcohol beverages (for example, patios, beer gardens, sidewalk cafes and  
 Provide the dimensions (length x width) of all outdoor areas used for the sale and service of alcohol beverages

**Floor Plan Sample:** Please see page 5 of the Plan of Operation for a list of all items that **must** be included. **Reminder: The areas for Alcohol Beverage Storage and Display must be included and the dimensions must be given. This includes basement storage.**



John A. Doe Agent for "ABC Corporation"  
 "My Bar"  
 122 Any Street  
 Date: June 1, 2005