



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)

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.

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 or faxed to the License Division at (414) 286-3057.

Issuance

Upon receipt of the application, payment of the fee, the new certificate of vehicle registration, and a new certificate of insurance, 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.

Inspections

Vehicles and meters are inspected randomly by the Department of Public Works. When a vehicle is scheduled for inspection, you will receive a notice in the mail advising 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



VEHICLE CHANGE FORM

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Type of License: <input type="checkbox"/> Public Passenger Vehicle <input type="checkbox"/> Recycling, Salvaging or Towing Vehicle			
Full Name of Licensee:			
Business Name:			
FROM Old Vehicle Information (if replacing a vehicle)			
Permit # being transferred: _____			
Year:	Make:	Model:	Passenger-carrying capacity (public passenger vehicles only):
Vehicle ID Number (VIN):		License Plate Number:	Color:
TO New Vehicle Information			
Year:	Make:	Model:	Passenger-carrying capacity: (public passenger vehicles only):
Vehicle ID Number (VIN):		License Plate Number:	Color:
PUBLIC PASSENGER VEHICLES ONLY			
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 _____			
TAXICABS ONLY			
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"/> American United Cab Company, Inc. <input type="checkbox"/> Independent <input type="checkbox"/> Yellow Cab Co-op <input type="checkbox"/> Mitchell International Taxicab			
Is the actual paper permit being turned in at this time?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason: <input type="checkbox"/> Lost <input type="checkbox"/> Destroyed <input type="checkbox"/> Stolen <input type="checkbox"/> Other: _____			
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

RST: LC _____ CC _____ New/Current Sticker # _____ Photos Mayor's Signature

Issued: _____ License # _____