



Individual Application 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 www.milwaukee.gov/license

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General Instructions

Who must fill out this form?

All applicants applying for individual licenses with the City Clerk License Division must complete this form

Supplemental Application Form Required

A supplemental application form relating to the type of license for which you are applying must also be submitted with the Individual Application.

How to complete this form:

Provide your full legal name, date of birth, contact information and driver's license/state ID number in Section 1.

Signature and date is required in Section 2.

Fees

- Applications must be accompanied by fee payment.
- Make checks payable to the City of Milwaukee. When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction.
- Credit cards are also accepted online.
- Cash is accepted from applicants filing in person only.

Proof of Identity/Authorized Rep

- All persons submitting applications, amending information or picking up licenses/permits must provide proof of identity.
- If you wish someone else to pick up your licenses/permits, you must complete an Authorized Representative Statement.

Fingerprinting

- Fingerprinting is required of all individuals whose fingerprints are not on file with the Milwaukee Police Department.
- Report to the Milwaukee Police Department between 8:00 AM and 6:00 PM (Monday thru Friday, excluding holidays) at the Police Administration Building, 951 N. James Lovell Street (7th St), Room 305.
- If you have previously been fingerprinted by the Milwaukee Police Department, call (414) 935-7281 to determine whether your fingerprints are still on file.
- If you are an out of town resident, call (414) 935-7281 to receive information regarding how to comply with the fingerprint requirement.

Granting/Issuance of Licenses

- Most licenses are granted by the Common Council after recommendation of the License Committee of the Common Council. To accommodate this schedule, please allow 6-8 weeks for processing. There are no meetings in the month of August.

Report Changes

- If your name has been legally changed, official documentation, for example, a copy of a marriage certificate, a divorce decree, etc., must be submitted with your application. A driver's license is not acceptable documentation.
- Whenever a fact set forth in the application changes, the licensee shall file a written notice of the change with the License Division within 10 days of the change.

Refunds

- If an application is withdrawn or denied, you are eligible for a partial refund of the license fee, 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.

Applications

- If an application is still pending requirements met over a year from the date of application, the filing of a new application will be required if/when an applicant wishes to continue pursuing the license.

What's New?

- New information regarding licensing can be reviewed at the License Division webpage www.milwaukee.gov/license.



INDIVIDUAL APPLICATION

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INDIVIDUAL'S INFORMATION

Section 1	Full Legal Name (Last, First & Middle Initial):		Date of Birth:
	List any other names by which you have been known on official records:		
	Home Address (include city, state, zip code):		
	City:	State:	ZIP Code:
	Home Phone #:	Cell Phone #:	
	Cell Phone Provider: <input type="checkbox"/> Verizon <input type="checkbox"/> AT&T <input type="checkbox"/> T-Mobile <input type="checkbox"/> US Cellular <input type="checkbox"/> Cricket <input type="checkbox"/> Virgin <input type="checkbox"/> Other		
	Email Address:		
	Mailing Address (if different than home address):		
	City:	State:	Zip Code:
	Driver's License/State ID #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> State:_____		

SIGNATURE

Section 2	I understand that I am required to inform the City Clerk within 10 days of any substantial changes in any of the information supplied in this application.
	I have knowledge of the City Ordinances currently regulating the license applied for herein, and understand that the license may be subject to suspension, non-renewal or revocation, if I violate any rule or regulation relating to this license.
	I understand that I 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.
	I certify that I am the applicant and all my statements are true and correct.
	<p>-----</p> <p>Print Name</p> <p>-----</p> <p>Signature</p>

A SUPPLEMENTAL APPLICATION RELATING TO THE TYPE OF LICENSE FOR WHICH YOU ARE APPLYING MUST BE SUBMITTED WITH THIS APPLICATION.

Office Use Only: Initials: _____ Filed: _____ Application # _____
 Paid: _____ MPD _____ Granted _____ License # _____