



## PARKING PLACE OR LOT INFORMATION

OFFICE OF THE CITY CLERK LICENSE DIVISION  
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202  
(414) 286-2238 EMAIL: LICENSE@MILWAUKEE.GOV

### **DEFINITION:**

Any garage or other building or any plot, piece or parcel of land in or upon which a business is conducted of storing motor vehicles where the owner or person storing such vehicle is charged a fee, but excluding the renting of private garages or private parking space and parking places for 15 cars or less.

### **LICENSE PERIOD:**

Biennial, April 1 through March 31 of odd-numbered years.

### **APPLICATION:**

Obtain application from City Clerk License Division, City Hall, 200 E. Wells Street, Room 105, Milwaukee, WI 53202 or by calling (414) 286-2238.

### **LICENSE FEE:**

The \$50 license fee **must be submitted with application**. Checks made payable to: City of Milwaukee. Credit cards are also accepted online and in-person; cash is accepted from applicants filing in person only. 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.

### **SIGNATURES:**

Notarized signatures of an individual, all partners, the agent, president, and secretary of a corporation, or the agent and all members of the limited liability company are required.

### **OTHER REQUIREMENTS:**

If the applicant (or agent of a corporation or LLC) is not a Milwaukee County resident, a local representative residing in Milwaukee County must be listed on the application.

Contact the Milwaukee Development Center, Permit Desk, at 809 N. Broadway, 1st Floor, or call (414) 286-8211, <http://www.mkedcd.org/build/pdfs/occcert.pdf> for any needed permits.

Contact the State Office Building, 819 N. 6th St. Room 408, or call (414) 227-4000 to determine if a Seller's Permit (tax number) is needed, <http://www.dor.state.wi.us/>.

**REFUND OF LICENSE FEE:** If an application is withdrawn or denied, you are eligible for a refund in the amount of \$25, provided the refund is requested no later than one year from the date of withdrawal or denial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.



**City  
of  
Milwaukee**

**PARKING PLACE OR LOT  
LICENSE APPLICATION**

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

Check one:  Individual or  Partnership (Fill out Section A, B, & D)  
 Corporation or LLC (Fill out Section B, C, & D)

<b>Section A</b>	<b>INDIVIDUAL OR PARTNERSHIP:</b>	
	Full Name (Last, First & Middle Initial)	Full Name (Last, First & Middle Initial)
	Home Street Address:	Home Street Address:
	Home City, State, Zip Code:	Home City, State, Zip Code:
	Home Phone Number: ( ) -	Home Phone Number: ( ) -
	Date of Birth:	Date of Birth:
<b>Section B</b>	Place of Birth:	Place of Birth:
	Business Name:	Business Phone Number:( ) -
	Business Address (include City, State, Zip Code):	
Address of Parking Place (Lot):		
<b>Section C</b>	<b>Full Name of corporation or limited liability company:</b>	
	<i>Agent:</i>	
	Full Name (Last, First & Middle Initial):	Place of Birth:
	Home Address (include City, State & Zip Code):	
	Home Phone Number: ( ) -	Date of Birth:
	<i>President/Member</i>	<i>Vice President/Member</i>
	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 City, State, Zip Code:	Home City, State, Zip Code:
	Home Phone Number: ( ) -	Home Phone Number: ( ) -
	Date of Birth:	Date of Birth:
Place of Birth:	Place of Birth:	

<b>Section C Cont.</b>	<i>Secretary/Member</i>	<i>Treasurer/Member</i>
	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 City, State, Zip Code:	Home City, State, Zip Code:
	Home Phone Number: (    )        -	Home Phone Number: (    )        -
	Date of Birth:	Date of Birth:
	Place of Birth:	Place of Birth:
<b>Section D</b>	Person in Charge: Full Name (Last, First & Middle Initial):	Date of Birth:
	Home Address (include City, State, Zip Code):	Home Phone Number: (    )        -
	<p>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 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.</p> <p><b>I have knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.</b></p> <p>SUBSCRIBED AND SWORN TO BEFORE ME THIS</p> <p>_____ day of _____, 20_____</p> <p>_____ (Ind/Agent of Corp or LLC/Partner)</p> <p>_____ (Pres of Corp/Member of LLC/Partner)</p> <p>My commission expires _____</p> <p>_____ (Sec of Corp/Addt'l Part/Memb of LLC)</p>	

**Office Use Only:**

**Initials:** \_\_\_\_\_ **Filed:** \_\_\_\_\_ **License #:** \_\_\_\_\_ **Granted:** \_\_\_\_\_