



PAWNBROKER LICENSE 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:

Pawnbroker shall mean an individual, partnership, limited liability company or corporation engaged in the business of lending money on personal property or goods, which are pledged as security for the loan on the condition that if the loan is not repaid within a specified period of time the goods used as security may be sold to compensate for nonpayment.

LICENSE PERIOD:

January 1 thru December 31, Annually

APPLICATION:

Submit application to City Clerk License Division, City Hall, Room 105, 200 E. Wells Street, Milwaukee, WI 53202, telephone (414) 286-2238.

FEE:

The \$350 license fee **must be submitted with application.** Checks made payable to: City of Milwaukee.

SIGNATURES:

Signatures of the individual, all partners, the agent, president, and secretary of the corporation, and the agent and all members of a limited liability company are required.

RESIDENCY:

The individual, both partners, agent of the corporation or limited liability company must be a resident of the state of Wisconsin for one year prior to the date of application. Proof of residency must be submitted to the Milwaukee Police Department License Investigation Unit upon application, please call (414) 935-7430 to comply with this requirement.

REQUIREMENTS:

The attached bond form in the amount of \$500 must be completed by two sureties and submitted with your application.

A permit must be obtained from the City of Milwaukee, Development Center, Permit Desk, 809 N. Broadway, 1st floor, (414) 286-8211. Permit must be in the same legal entity as the license applicant.
<http://www.mkedcd.org/build/pdfs/occcert.pdf>.

If a variance is required, contact the Board of Zoning Appeal, (414) 286-2501, or visit online at <http://www.mkedcd.org/boza/>.

REPORT CHANGES:

Whenever any fact set forth in the application changes, the licensee shall file a written notice of the change with the License Division within 10 days.

PARTIAL REFUND OF LICENSE FEE:

If an application is withdrawn or denied, you are eligible for a partial refund, provided the refund is requested no later than one year from the date of withdrawal or denial of the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.

Regulations relating to PAWNBROKERS are provided in s. 92-1 of the Milwaukee Code of Ordinances and are available online at <http://www.milwaukee.gov/ordinances>



PAWNBROKER LICENSE APPLICATION

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

A	INDIVIDUAL OR PARTNERSHIP:	
	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:
	Place of Birth:	Place of Birth:
	Home Phone Number: () -	Home Phone Number: () -
B	Date of Birth:	
	Business Name:	Business Phone Number: () -
	Business Address (include City, State, Zip Code):	
	Mailing Address (if different from above address):	
	Building Owner:	
Building Owner's Address:		
C	Full Name of corporation or limited liability company:	
	State of Incorporation:	
	<i>Agent:</i>	
	Full Name (Last, First & Middle Initial):	Home Address (include City, State & Zip Code):
	Home Phone Number: () -	Date of Birth: Place of Birth:
	<i>President/Member</i>	<i>Vice President/Member</i>
	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:
	Place of Birth:	Place of Birth:
	Home Phone Number: () -	Home Phone Number: () -
	Date of Birth:	Date of Birth:

C Cont.	<i>Secretary/Member</i>	<i>Treasurer/Member</i>
	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:
	Place of Birth:	Place of Birth:
	Home Phone Number: () -	Home Phone Number: () -
	Date of Birth:	Date of Birth:
D	<p>Has anyone named on this application been convicted of violating any federal or state laws or local ordinances? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name of person(s), date, charge, and penalty:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
	<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>I have knowledge of the City Ordinances currently regulating the license applied for herein and say that I am the person named above and that all statements made in the foregoing application are true and correct.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Individual/Agent of Corp or LLC/Partner</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">President of Corp/Member of LLC/Partner</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Secretary of Corp/Add'l Members/Partner</p>	

Office Use Only:

Initials: _____ Filed: _____ AD: _____ License #: _____ Granted: _____

