



## PHONOGRAPH MACHINE PREMISES 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  
WWW.MILWAUKEE.GOV/LICENSE

**LICENSE PERIOD:** Annual, July 1 thru June 30

**APPLICATION:** Apply at City Clerk License Division, City Hall, 200 E. Wells Street, Room 105, Milwaukee, WI 53202. Telephone (414) 286-2238.

**FEE:** The \$100 license fee must be submitted with the application. Make checks 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:** Full Legal Names and notarized signatures of the individual, all partners, the agent, president, and secretary of the corporation, or all members of a LLC are required. (All commissioned notaries public, including attorneys, must impress their notary seal on the notarial certificates they issue. Applications submitted without the required seal will be returned).

### **REQUIREMENTS:**

Applicants must be 18 years of age.

Good professional character. A person who has been convicted of any felony, misdemeanor or

other offense, the circumstances of which substantially relate to this type of business, in this state or any other state, may be ineligible for a license.

Contact the Milwaukee Development Center Permit Desk, 809 N. Broadway, 1st Floor, telephone (414) 286-8211 to determine if any additional permits are needed. Permit must be in the name of the same legal entity as the license applicant.

**GRANTING OF LICENSES:** The Common Council, on recommendation of the Licenses Committee, grants licenses. Please allow 5-6 weeks for processing.

**REPORT CHANGES:** 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.

**PARTIAL REFUND OF LICENSE FEE:** If an application is withdrawn or denied, you are eligible for a partial refund, provided the refund is requested no later than one year from the date of withdrawal or denial of the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



## PHONOGRAPH PREMISES 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 Legal Name (Last, First & Middle Initial)	Full Legal Name (Last, First & Middle Initial)
	Home Address (include City, State, Zip Code):	Home Address (include City, State, Zip Code):
	Length of residency:	Length of residency:
	Home Phone Number: (    )    -	Home Phone Number: (    )    -
<b>Section B</b>	Date of Birth:	Date of Birth:
	Business Name:	Business Phone Number: (    )    -
	Business Address (include City, State, Zip Code):	
	Mailing Address (if different from above address):	
	Full Legal Name of Building Owner:	
	Address of Building Owner (include City, State, Zip Code):	
	Number of Machines:	Do you own these machines? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list name of distributor:
Please indicate any other type of business conducted on the premises:		
<b>Section C</b>	<b>Full Name of corporation or limited liability company:</b>	
	<i>Agent:</i>	
	Full Legal Name (Last, First & Middle Initial):	Home Address (include City, State & Zip Code):
	Home Phone Number: (    )    -	Date of Birth:

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	<i>President/Member</i>	<i>Vice President/Member</i>
	Full Legal Name (Last, First & Middle Initial):	Full Legal Name (Last, First & Middle Initial):
	Home Address (include City, State, Zip Code):	Home Address (include City, State, Zip Code):
	Length of residency:	Length of residency:
	Home Phone Number: (    )    -	Home Phone Number: (    )    -
	Date of Birth:	Date of Birth:
<b>Section C Contined</b>	<i>Secretary/Member</i>	<i>Treasurer/Member</i>
	Full Legal Name (Last, First & Middle Initial):	Full Legal Name (Last, First & Middle Initial):
	Home Address (include City, State, Zip Code):	Home Address (include City, State, Zip Code):
	Length of residency:	Length of residency:
	Home Phone Number: (    )    -	Home Phone Number: (    )    -
	Date of Birth:	Date of Birth:
<b>Section D</b>	<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>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>_____ Individual/Agent of Corp or LLC/Partner</p> <p>_____ President of Corp/Member of LLC/Partner</p> <p>Notary Public, State of Wisconsin</p> <p>My commission expires _____</p> <p>_____ Secretary of Corp/Add'l Members/Partner</p>	

**Office Use Only:**

Initials: \_\_\_\_\_ Filed: \_\_\_\_\_ License #: \_\_\_\_\_ AD: \_\_\_\_\_ Granted: \_\_\_\_\_ Issued: \_\_\_\_\_