



## PRECIOUS METAL AND GEM DEALERS 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](http://WWW.MILWAUKEE.GOV/LICENSE)

**DEFINITION:** "Precious metal and gem dealer" means any person, corporation, partnership or association which engages in any transaction of buying, selling, or receiving secondhand jewelry, sterling silverware or gold or silver coins or bullion to and from the public within the city from a fixed and regular place of business.

**LICENSE PERIOD:** Annual, January 1 through December 31

**APPLICATION:** Incomplete applications as well as applications submitted without the required fee and signature(s) will be RETURNED.

**FEE:** \$125 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:** Signature of the individual, all partners, the agent, president, and secretary of the corporation, or the agent and all members of a LLC are required.

### **GENERAL REQUIREMENTS:**

1. Applicants must have a good professional character.
2. Individual applicant, each of the partners or the corporate agents must have been residents of Wisconsin continuously for at least 90 days prior to the dates of application.
3. A permit must be obtained from the City of Milwaukee, Development Center, Permit Desk, 809 N. Broadway, 1<sup>st</sup> floor, (414) 286-8211. See <http://www.mkedcd.org/build/pdfs/occert.pdf>.
4. A State Seller's Tax Number must be obtained from the State of Wisconsin, 819 N. 6<sup>th</sup> Street, Room 408, (414) 227-4000, <http://www.dor.state.wi.us/>

**POLICE INVESTIGATION:** The Milwaukee Police Department conducts an investigation of all license applicants. A representative of the police department in the course of conducting its investigation may contact applicants.

**RECORDING KEEPING:** If you have any questions relating to records that must be kept or the proper means of identification, please contact the Milwaukee Police Department, Gold and Silver Detail, (414) 935-7280.

### **EXEMPTIONS FROM LICENSING REQUIREMENT:**

- Transactions at occasional garage or yard sales, estate sales, coin, gem, or antique or stamp shows, conventions or auctions.
- Transactions involving the purchase of grindings, filing, slag, sweeps, scraps or dust from and industrial manufacturer, dental laboratory, dentist or agent thereof.
- Transactions involving the purchase of photographic film, such as lithographic and x-ray processing.
- Operations between dealers licensed under this section.
- Transactions at financial institutions licensed or regulated by the state of Wisconsin or U.S. government.

**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 PRECIOUS METAL AND GEM DEALERS are provided in s. 92-10, Milwaukee Code of Ordinances, and are available online at <http://www.milwaukee.gov/ordinances>



## PRECIOUS METAL & GEM DEALER LICENSE APPLICATION

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<b>A</b>	<b>▶ IDENTIFYING TYPE OF ENTITY HOLDING PERMIT.</b>		
	Check (√) one and complete all required sections: <input type="checkbox"/> <b>INDIVIDUAL:</b> (Complete Sections B and E to H) <input type="checkbox"/> <b>PARTNERSHIP:</b> (Complete Sections B, C and E to H) <input type="checkbox"/> <b>CORPORATION OR LLC:</b> (Complete Sections D to H)		
<b>B</b>	<b>▶ INDIVIDUAL APPLICANT OR PARTNER 1.</b>		<b>C</b>
	Full Legal Name (Last, First & Middle Initial)		
	Home Street Address		
	Home City, State, Zip Code:		
	Home Phone Number: (     )     -		
Date of Birth:                      Place of Birth:		<b>▶ PARTNER 2.</b>	
Full Legal Name (Last, First & Middle Initial)		Full Legal 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:                      Place of Birth:		Date of Birth:                      Place of Birth:	
<b>(1) ▶ IDENTIFYING NAME OF CORPORATION OR LLC.</b>			
Full Name of Corporation or Limited Liability Company:			State of Incorporation:
<b>(2) ▶ AGENT OF CORPORATION OR LLC.</b>			
Full Legal Name (Last, First & Middle Initial):		Home Address (include City, State & Zip Code):	
Home Phone Number: (     )     -		Date of Birth:	Place of Birth:
<b>(3) ▶ PRESIDENT OR LLC MEMBER 1.</b>		<b>(4) ▶ VICE PRESIDENT OR LLC MEMBER 2.</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>Office Use Only:</b>			
Filed: _____ Initials: _____ License #: _____ Granted: _____ Issued: _____			

<b>C Con't.</b>	<b>(5) ► SECRETARY OR LLC MEMBER 3.</b>	<b>(6) ► TREASURER OR LLC MEMBER 4.</b>
	Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
	Home Address:	Home Address:
	Home City, State, Zip Code:	Home City, State, Zip Code:
	Home Phone Number: (     )     -	Home Phone Number: (     )     -
Date of Birth:	Date of Birth:	

<b>D</b>	<b>(1) ► IDENTIFYING BUSINESS TRADE NAME AND ADDRESS.</b>	
	Business Trade Name:	Business Phone Number: (     )     -
	Business Address (include City, State, Zip code):	
<b>(2) ► IDENTIFYING OPTIONAL MAILING ADDRESS.</b>		
Mailing Address (include City, State, Zip code):		

<b>E</b>	<b>(1) ► DECLARATIONS, ACKNOWLEDGEMENTS AND DISCLOSURES.</b>
	<p>1. The undersigned agrees to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application.</p> <p>2. 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>3. 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>
	<b>(2) ► SIGNATURE OF APPLICANT.</b>
	<p style="text-align: center;">► _____ Signature of Individual; Partner; Agent/Officer/Member of Corp or LLC</p> <p style="text-align: center;">► _____ Signature of President of Corporation/Member of LLC/Partner</p> <p style="text-align: center;">► _____ Signature of Corporation/Add'l Members/Partners</p>