



PROFESSIONAL PHOTOGRAPHER 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

DEFINITION: A professional photographer shall be any person, firm, corporation (either as principal or agent) engaged in the business of taking, soliciting, coloring, finishing, processing, enlarging or selling finished still, motion picture or electronically recorded photographs for profit. It does not include any business in which the foregoing is merely incidental to or a part of any other type of business such as publishing or advertising business, nor street photographers, nor the development and processing of negatives taken by others, nor shall it include coin-operated photo machines, nor shall it include the business of photography carried on solely for commercial purposes and known only as commercial photographers.

LICENSE PERIOD: May 1 to April 30; licenses are issued for a 2-year period which expires on April 30 in even-numbered years, regardless of the date of issuance.

LICENSE FEE: \$75. **Fee must be submitted with application.** Checks made payable to: City of Milwaukee.

SIGNATURES REQUIRED: Notarized signatures of the individual, all partners, the agent, president and secretary of the corporation or all members of a Limited Liability Company are required.

REQUIREMENTS:

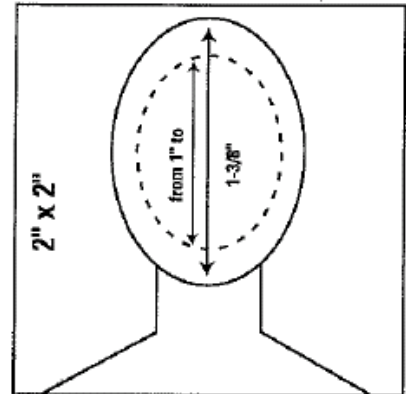
A permit must be obtained from the City of Milwaukee, Development Center, Permit Desk, 809 N. Broadway, 1st floor, (414) 286-8211. Permit must be in the name of the same legal entity as the license applicant. <http://www.mkedcd.org/build/pdfs/occcert.pdf>. A State Seller's Tax Number must be obtained from the State of Wisconsin, 819 N. 6th St, Room 408, (414) 444-4000 <http://www.dor.state.wi.us/>

PHOTOGRAPHS: If filing as an individual or partnership (pictures of both partners), two recent full-faced photos must be submitted with the application in the size shown. If filing as a corporation or Limited Liability Company, photographs of the manager or person in charge must be submitted with the application.

Polaroid or Polaroid type photos are not acceptable.

GRANTING: After recommended approval by the Licenses Committee, licenses are granted by the Common Council at regularly scheduled meetings, which are usually held once a month. It generally takes 5-6 weeks to process an application provided you follow the above instructions in a timely manner. Please note that no meetings are held during the month of August.

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.





**City
of**

Milwaukee

**PROFESSIONAL PHOTOGRAPHER
LICENSE APPLICATION**

OFFICE OF THE CITY CLERK LICENSE DIVISION
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www.milwaukee.gov/license

Check one:

- Individual or Partnership (Fill out Section A, B, D & E)
 Corporation or LLC (Fill out Section B, C, D & E)

Section A	<u>INDIVIDUAL OR PARTNERSHIP:</u>		
	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:	
Section B	<u>Business Name:</u>	Business Phone Number: () -	Number of customers expected on a daily basis:
	Business Address (include City, State, Zip Code):		
	Business Mailing Address (if different from above):		
	Briefly describe your plan of operation for the business:		
Section C	<u>Full Name of corporation or limited liability company:</u>		
	Address, if different from business address (include City, State, & Zip Code):		
	<i>Agent Or Local Manager:</i> Full Name (Last, First & Middle Initial):		
	Home Address (include City, State & Zip Code):		
	Date of Birth:	Home Phone Number: () -	
	<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:	
	Home Phone Number: () -	Home Phone Number: () -	
	Date of Birth:	Date of Birth:	

OVER

<p><i>Secretary/Member</i></p> <p>Full Name (Last, First & Middle Initial):</p> <p>Home Address (include City, State, Zip Code):</p> <p>Home City, State, Zip Code:</p> <p>Home Phone Number: () -</p> <p>Date of Birth:</p>	<p><i>Treasurer/Member</i></p> <p>Full Name (Last, First & Middle Initial):</p> <p>Home Address (include City, State, Zip Code):</p> <p>Home City, State, Zip Code:</p> <p>Home Phone Number: () -</p> <p>Date of Birth:</p>
Section D	<p>Are you a free-lance photographer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Has anyone named on this application been convicted of violating any federal laws, state or local ordinances: <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, name person (s), date(s), charge(s) and penalties:</p> <p>_____</p> <p>_____</p> <p>_____</p>
Section E	<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 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.</p> <p>SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ 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 Member/Partner</p>

Office Use Only:

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