



PRIVATE WASTE COLLECTOR 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: Bi-annual, License expires on January 31 in odd years.

APPLICATION: Apply at City Clerk License Division, City Hall, 200 E. Wells Street, Room 105, Milwaukee, WI 53202.

FEE: \$65 per vehicle. **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: 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.

REQUIREMENTS:

- Contact the City of Milwaukee, Development Center, Permit Desk, 809 N. Broadway, 1st floor, (414) 286-8211, <http://www.mkedcd.org/build/pdfs/occcert.pdf> to determine if any additional permits are required.
- Contact the State of Wisconsin, 819 N. 6th St, Room 408, (414) 227-4000, <http://www.dor.state.wi.us/> to determine whether you need a seller's permit.

GRAFFITI CONTROL: Each licensed private waste collector or applicant for a private waste collector's license shall submit a plan for ongoing and scheduled removal of graffiti on waste containers. The plan shall be attached to the application for a new license or license renewal filed. The plan shall include a fax number and the name of the administrator responsible for maintenance for the applicant or licensee.

PARTIAL REFUND OF LICENSE FEE: If an application is withdrawn or denied, you are eligible for a partial refund, provided the refund is requested no later than one year from the date of withdrawal or denial of the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

ORDINANCES GOVERNING PRIVATE WASTE COLLECTORS ARE LOCATED IN SECTION 79-9 OF THE MILWAUKEE CODE OF ORDINANCES AND MAY BE VIEWED ONLINE <http://www.milwaukee.gov/ordinances>



**City
of
Milwaukee**

**PRIVATE WASTE COLLECTOR
LICENSE APPLICATION**

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(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV

www.milwaukee.gov/license

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

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 Address (include City, State, Zip Code):		
	Description of truck used for this purpose:		
	Year:	Make:	Plate Number:
	Vehicle ID Number (VIN):		
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 Phone Number: () -	Date of Birth:
	Home Address (include City, State & Zip Code):		
	<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:	

Section C	<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:
	Home Phone Number: () -	Home Phone Number: () -
	Date of Birth:	Date of Birth:
Section D	<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 Corporation or Member of LLC/Partner</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">President of Corporation/Member of LLC/Partner</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Secretary of Corporation/Additional Members/Partners</p>	

Office Use Only:

Initials: _____ Filed: _____ License #: _____ Granted: _____
 Sticker # _____ Plan Submitted: