



SECONDHAND DEALER 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

DEFINITIONS: “Secondhand dealer” means any person, firm, partnership, corporation or association operating, owning or leasing a fixed place of business for the purchase, sale or exchange of any secondhand articles of personal property.

“Secondhand” means previously owned by a member of the general public immediately prior to the transaction at hand. It does not mean previously owned by a wholesaler, retailer or another secondhand dealer.

EXEMPTIONS: This license is not required for those parties dealing in motor vehicles, coins, stamps, gold and silver bullion, secondhand jewelry, videos, video games, cassettes, compact discs, baseball cards, secondhand books and magazines, works of fine art and secondhand industrial machinery and equipment; a business as a licensed precious metal and gem dealer, pawnbroker, junk collector, junk dealer or auctioneer; transactions at occasional garage or yard sales, estate sales, coin, gem, stamp or antique shows, conventions or auctions; or to any charitable organization or to any person conducting a sale the proceeds of which are donated to a charitable organization.

ANNUAL LICENSE PERIOD: January 1 thru December 31, annually.

LICENSE FEE: \$75; license fee must be submitted at the time of application. Make checks payable to: *City of Milwaukee*.

APPLICATION: Return completed applications to City Clerk License Division, Room 105, City Hall, 200 E. Wells Street, Milwaukee, WI 53202.

[!] Important: Use full legal names in filling out the application forms.

ELIGIBILITY REQUIREMENTS: No license shall

be granted to any person who has not resided in the state of Wisconsin continuously for a period of at least one year prior to the filing of his or her application.

CERTAIN SIGNATURES REQUIRED: The signature is required of the applicant, if an individual; a partner, if a partnership; or the agent, any officer or member of a corporation or Limited Liability Company.

ADDITIONAL PERMIT REQUIREMENTS:

► An Occupancy Permit must be obtained from the City of Milwaukee, Development Center, Permit Desk, 809 N. Broadway, 1st floor, (414) 286-8211, www.mkedcd.org/build/pdfs/occcert.pdf

► A Wisconsin Sales Tax Account Number (Seller's Permit) must be obtained from the State of Wisconsin, 819 N. 6th St, Room 408, (414) 227-4000, www.dor.state.wi.us

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

REFUND OF LICENSE FEE: If an application is withdrawn or denied, you are eligible for a refund in the amount of \$50, 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.

[!] Reminder: Incomplete applications as well as applications submitted without the required fee and signature(s) will be returned.



**SECONDHAND DEALER
LICENSE APPLICATION**
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WWW.MILWAUKEE.GOV/LICENSE

A	► IDENTIFYING TYPE OF ENTITY HOLDING PERMIT.
	Check (√) one and complete all required sections: <input type="checkbox"/> INDIVIDUAL: (Complete Sections B and E to H) <input type="checkbox"/> PARTNERSHIP: (Complete Sections B, C and E to H) <input type="checkbox"/> CORPORATION OR LLC: (Complete Sections D to H)

B	► INDIVIDUAL APPLICANT OR PARTNER 1.	C	► PARTNER 2.
	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:		

D	(1) ► IDENTIFYING NAME OF CORPORATION OR LLC.	
	Full Name of Corporation or Limited Liability Company:	State of Incorporation:
	(2) ► AGENT OF CORPORATION OR LLC.	
	Full Legal Name (Last, First & Middle Initial):	Home Address (include City, State & Zip Code):
	Home Phone Number: () -	Date of Birth: Place of Birth:
	(3) ► PRESIDENT OR LLC MEMBER 1.	(4) ► VICE PRESIDENT OR LLC MEMBER 2.
	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:	
(5) ► SECRETARY OR LLC MEMBER 3.	(6) ► TREASURER OR LLC MEMBER 4.	
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:	

E	► IDENTIFYING CONVICTIONS OF APPLICANTS.
	Has any person listed in Sections B to D on this application been convicted within the preceding 10 years of violating any federal laws, state statutes or city ordinances substantially related to the circumstances of the licensed activity? Check (√) one: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, then list the names of the persons convicted, dates of convictions, violations, and penalties imposed. _____
	Attached additional sheets, if necessary.

F	(1) ► IDENTIFYING BUSINESS TRADE NAME AND ADDRESS.
	Business Trade Name: _____ Business Phone Number: () - _____
	Business Address (include City, State, Zip code): _____
(2) ► IDENTIFYING OPTIONAL MAILING ADDRESS.	
Mailing Address (include City, State, Zip code): _____	
(3) ► IDENTIFYING TYPE OF MERCHANDISE OFFERED FOR SALE.	
Identify the type of merchandise that will be offered for sale: _____	

G	► IDENTIFYING OWNER OF BUILDING.
	Full Legal Name of Building Owner (Last, First & Middle Initial): _____
	Home Address of Building Owner (include City, State, Zip code): _____

H	(1) ► DECLARATIONS, ACKNOWLEDGEMENTS AND DISCLOSURES.
	1. The undersigned agrees to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application. 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. 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.
	(2) ► SIGNATURE OF APPLICANT.
	► _____ Signature of Individual; Partner; Agent/Officer/Member of Corp or LLC ► _____ Print Name of Person Signing Above

Office Use Only:
Filed: _____ Initials: _____ License #: _____ Granted: _____ Issued: _____