



SNOW PLOW BUSINESS INFORMATION SHEET

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: October 1- September 30, Annually

APPLICATION: Complete, sign and return (by mail or in person) application to City Clerk License Division, City Hall, 200 E. Wells Street, Room 105, Milwaukee, WI 53202.

[!] Applications submitted without the required fee, signatures and certificate of insurance will be returned.

REQUIREMENTS:

- The \$50 license fee **must be submitted with application.** Checks made payable to: City of Milwaukee.
- The signatures of the individual, all partners, the agent, or an officer of a corporation, or the agent or member of an LLC are required. Use full legal names in filling out the application forms.
- The attached certificate of insurance form showing proof of at least \$5,000 of public liability on your snowplow must be submitted with your application (Section 116-12 of the Milwaukee Code of Ordinances.)
- Inspection of your vehicle must be completed before your application can be processed. Call Fleet Operations (414) 286-5561 to arrange for the inspection. The inspection will be conducted at the Municipal garage, 2142 W. Canal St. Bring your application to the inspection and if your equipment is approved, the inspector will sign and date the back of your application. ***(Applications cannot be processed without the Fleet Operations Inspector's signature.)***

ISSUANCE OF LICENSE:

Your license will be issued once the vehicle passes inspection, your insurance is approved, and the required fee has been paid.

PARTIAL REFUND OF LICENSE FEE: If an application is withdrawn or denied, you are eligible for a partial refund, provided the refund is requested no later than one year from the date of withdrawal or denial of the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 REGULATING SNOW PLOW BUSINESSES ARE LOCATED IN SECTION 116-12, MILWAUKEE CODE OF ORDINANCES, AND MAY BE VIEWED ONLINE <http://www.milwaukee.gov/ordinances>



**City
of
Milwaukee**

SNOW PLOW 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

Any application submitted incomplete or without the proof of public liability, municipal inspection or the required fee will be returned. Make checks payable to: *City of Milwaukee.*

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

Section A	INDIVIDUAL OR PARTNERSHIP:	
	Full Name (Last, First & Middle Initial)	Full Name (Last, First & Middle Initial)
	Home Address (include City, State, Zip Code):	Home Address (include 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: () -	
	Business Address (include City, State, Zip Code):	
Mailing Address, if different from above (include City, State, Zip Code):		
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):
	Home Phone Number: () -	Date of Birth:
	<i>President/Member</i>	
	Full Name (Last, First & Middle Initial):	<i>Vice President/Member</i>
	Home Address (include City, State, Zip Code):	Full Name (Last, First & Middle Initial):
	Home Address (include City, State, Zip Code):	Home Address (include City, State, Zip Code):
	Home Phone Number: () -	Home Phone Number: () -
	Date of Birth:	Date of Birth:
	<i>Secretary/Member</i>	
	Full Name (Last, First & Middle Initial):	<i>Treasurer/Member</i>
Home Address (include City, State, Zip Code):	Full Name (Last, First & Middle Initial):	
Home Address (include City, State, Zip Code):	Home Address (include City, State, Zip Code):	
Home Phone Number: () -	Home Phone Number: () -	
Date of Birth:	Date of Birth:	

OVER

Section D	Address where vehicles will be stored:			
	Location(s) to be plowed: _____			

	<i>If more space is needed, attach a separate sheet.</i>			
Section E	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.			
	I have knowledge of the City Ordinances currently regulating the license applied for herein, and depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.			
	_____ Individual/Agent of Corp or LLC/Partner _____ President of Corp/Member of LLC/Partner _____ Secretary of Corp/Add'l Members/Partners			
Bureau of Fleet Operations: (to be reviewed/completed by Bureau Staff)				
Date of Inspection: _____ Passed <input type="checkbox"/> Failed <input type="checkbox"/> Inspected By: _____				
Description of vehicles:				
Year	Make	License Plate Number	VIN	
_____	_____	_____	_____	
Year	Make	License Plate Number	VIN	
_____	_____	_____	_____	
Year	Make	License Plate Number	VIN	
_____	_____	_____	_____	
Year	Make	License Plate Number	VIN	
_____	_____	_____	_____	
If more space is needed, please attach a separate sheet.				

Office Use Only:

Initials: _____ Filed: _____ License #: _____ Issued: _____