



VIDEO GAME CENTER 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: Video Game Center means a place of business in which 6 or more amusement machines are made available for use by the public. If there are 5 or less machines, an amusement machine premise license is required instead.

LICENSE PERIOD: July 1 thru June 30, Annually

APPLICATION: Complete, sign and return (by mail or in person) application to City Clerk License Division. Use your full, legal name.

[!] Applications submitted incomplete or without the required fee and/or signature will be RETURNED.

FEE: \$450 **submitted with application**, plus an additional \$25 for every machine owned. Make checks payable to: *City of Milwaukee*.

SIGNATURES: Full Legal Names and notarized signatures of the individual, all partners, the agent, president, and secretary of the corporation, or the agent and all members of a LLC are required. (All commissioned notaries public, including attorneys, must impress their notary seal on the notarial certificates they issue. Applications submitted without the required seal will be returned.)

REQUIREMENTS: Applicants must be 18 years of age or older.

An individual applicant and all partners of a partnership must be residents of the state of Wisconsin for at least one year prior to applying for this license. This requirement shall only apply to the agent of a Corporation or Limited Liability Company.

Applicants must also obtain a permit from the Milwaukee Development Center (Permit Desk), 809 N. Broadway, 1st Floor, telephone (414) 286-8211.

No Video Game Center shall be located within 300 feet of a public or private school, or within 1,000 feet of another Video Game Center.

If there is a coin-operated phonograph (jukebox) on the premises, you must also apply for a Phonograph Premise permit.

FINGERPRINTS: An individual applicant, all partners of a partnership, and the Agent of a Corporation or Limited Liability Company whose fingerprints are not on file with the Milwaukee Police Department must be fingerprinted.

Report to the Police Administration Building, 951 N. James Lovell Street (7th St), Room 305 between the hours of 8:00 AM and 6:00 PM (Monday thru Friday, excluding holidays) to be fingerprinted.

If you have previously been fingerprinted by the MPD, then call (414) 935-7281 to determine whether your fingerprints are still on file. Renewal applicants do not need to be fingerprinted again.

If you do not reside locally, call (414) 935-7281 to receive information regarding how to comply with the fingerprint requirement.

HOURS OF OPERATION FOR YOUTHS: No Video Game Center Licensee shall allow any person under the age of 18 years to operate an amusement machine at times when the person is required to be in regular school attendance. Curfew laws pursuant to s. 106-23-2 are applicable. A responsible person shall be on duty and in charge of the Video Game Center at all times. (See ch. 84, MCO for exceptions.)

GRANTING OF LICENSES: Licenses are granted by the Common Council after recommendation from the Licenses Committee. Please allow 5-6 weeks for processing.

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.



VIDEO GAME CENTER LICENSE APPLICATION

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

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):
	Length of residency:	Length of residency:
	Home Phone Number: () -	Home Phone Number: () -
Section B	Date of Birth:	
	Business Name:	Business Phone Number: () -
	Business Address (include City, State, Zip Code):	
	Mailing Address (if different from above address):	
	Name of Building Owner:	
	Address of Building Owner (include City, State, Zip Code):	
Section C	Number of Machines: (If there are 5 or less machines, an amusement machine premise license is required instead.)	Do you own these machines? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enclose additional \$25.00 per machine. If no, list name of distributor:
	Please indicate any other type of business conducted on the premises:	
	Full Name of corporation or limited liability company:	
Section C	<i>Agent:</i>	
	Full Name (Last, First & Middle Initial):	Home Address (include City, State & Zip Code):
	Home Phone Number: () -	Date of Birth:

	<i>President/Member</i>	<i>Vice President/Member</i>
	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):
	Length of residency:	Length of residency:
	Home Phone Number: () -	Home Phone Number: () -
	Date of Birth:	Date of Birth:
Section C Cont.	<i>Secretary/Member</i>	<i>Treasurer/Member</i>
	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):
	Length of residency:	Length of residency:
	Home Phone Number: () -	Home Phone Number: () -
	Date of Birth:	Date of Birth:
Section D	<p>Has anyone named on this application been convicted of violating any federal or state laws or local ordinances? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name of person(s), date, charge, and penalty: _____</p>	
	<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</p> <p>_____ 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 Members/Partner</p>	

Office Use Only:

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