



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

Who Needs a License?

A Private Waste Collector License is required for all persons and businesses that collect and/or transport waste materials on any street or alley in the city of Milwaukee.

Fee

\$65 per vehicle

Forms Needed

- Business License Application (ccl-busapp)
- Private Waste Collector License Supplemental Application (ccl-pwcapp)

See the Business License Application Information sheet for detailed information.

License Period

License expires 2 years from date of issuance.

Register with DFI

Corporation, limited liability company, and nonprofit applicants must provide proof of registration with the Department of Financial Institutions (DFI).

Division of Corporate & Consumer Services (608) 261-7577 <http://www.wdfi.org/>

Exemptions for this License

- Fingerprinting is not required.
- WI Seller's Permit is not required.

Vehicle Stickers

Along with your license, you will be issued a sticker for each vehicle listed on your application.

If you add another vehicle during the license period, you need to submit a new supplemental application, pay the \$65 per vehicle fee, and obtain a sticker for that vehicle.

Regulations

- Milwaukee Code of Ordinances Chapter 79-9
- Available online at www.milwaukee.gov/ordinances



PRIVATE WASTE COLLECTOR LICENSE SUPPLEMENTAL APPLICATION

ccl-pwcapp 12/6/17

Office of the City Clerk License Division
200 E. Wells St. Room 105, Milwaukee, WI 53202

SUBMIT THIS FORM ALONG WITH THE "BUSINESS LICENSE APPLICATION"

Legal Entity Name:		
Business Address:		
VEHICLE DESCRIPTIONS		
Vehicle 1 Office Use Only: Application #		
Vehicle Year:	Make:	Model:
License Plate #	VIN #	
Vehicle 2 Office Use Only: Application #		
Vehicle Year:	Make:	Model:
License Plate #	VIN #	
Vehicle 3 Office Use Only: Application #		
Vehicle Year:	Make:	Model:
License Plate #		
Vehicle 4 Office Use Only: Application #		
Vehicle Year:	Make:	Model:
License Plate #		
GRAFFITI CONTROL		
Describe your plan for ongoing and scheduled removal of graffiti on waste containers:		
Attach additional pages as needed.		
ADMINISTRATOR RESPONSIBLE FOR MAINTENANCE		
Name:	Phone #:	
Email Address:	Fax #:	
REQUIRED SIGNATURE(S)		
Sole Proprietor, Partner, or 20% or More Shareholder: _____ (If there are no 20% or more shareholders, Corporate Officer-print name/title and sign)		
Additional Partner or 20% or More Shareholder: _____		

Office Use Only:

Initials _____ Filed _____ Application # _____ DNS DFI

License # _____ Total # of Vehicles/Stickers _____