



CHANGES OF FACT, WRITTEN NOTICE

ccl-chgfact 5/9/2024

Whenever any fact set forth in the application changes, the licensee shall file a written notice of the change with the City Clerk, License Division within 10 days of such change. Return this form via email to license@milwaukee.gov or mail to: City Clerk, License Division, City Hall, 200 E. Wells Street, Room 105, Milwaukee, WI 53202

Date: _____ License Type: _____ License Number: _____

Premises Address: (if applicable) _____

Corporation/LLC Name: (if applicable) _____

TO THE LICENSE DIVISION OF THE CITY OF MILWAUKEE: (Complete only the sections where changes are being reported.)

I, _____, wish to file notice of the following change(s):
(Print Name)

1. Home Address (include city, state, zip code): _____

2. Phone Number (include area code): _____ ☐ Home ☐ Business ☐ Cell

3. Mailing Address (include city, state, zip code): _____

4. Full Legal Name (persons only): From: _____ To: _____
Also submit documentation such as a copy of a marriage certificate, divorce decree, drivers license or social security card.

5. **Weights & Measures:** ☐ Adding Devices ☐ Removing Devices: Type _____
How many? _____

6. **PPV Drivers:** ☐ Adding Handicapped & Elderly Class "H"
(Submit with \$25 non-refundable fee and Passenger Assistance Training Certificate.)

7. **PPV Vehicle Owners Only:** Change of Business Address (include city, state, zip code): _____

8. Other: _____
(Check with the License Division before submitting "Other" changes using this form.)

Signature of Licensee
(Individual, Partner; or Agent of Corp/LLC)

Office Use Only: License #: _____ Date _____ Initials _____ To LC: _____

LC Email: ☐ MPD ☐ HD ☐ DNS LC Initials _____