PUBLIC ENTERTAINMENT PREMISES
BUSINESS INFORMATION
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  www.milwaukee.gov/license

Who needs a Public Entertainment Premises License?
License required for those conducting or operating public entertainment.

Public Entertainment means any entertainment of any nature or description to which the public generally may gain admission, either with or without the payment of fee. Any entertainment operated commercially for gain by membership, season ticket, invitation or other system open or offered to the public generally shall be deemed to constitute a public entertainment. This definition includes dances, shows, and exhibitions provided for a fee including plays, skits, musical revues, children’s theater, dance productions, musical concerts, opera and the production or provision of sights or sounds or visual or auditory sensations which are designed to or may divert, entertain or otherwise appeal to members of the public who are admitted to the place of entertainment, which is produced by any means, including radio, phonograph, jukebox, television, video reproduction, tape recorder, piano, orchestra or band or any other musical instrument, slide or movie projector, spotlights, or interruptible or flashing light devices and decoration. This term includes a carnival, motion picture house or theater, and when offered to the public for a fee, bowling, billiard or amusement machines as defined in s. 107-13.

Any nonprofit organization which leases its premises for holding public entertainment shall first obtain a public entertainment premises license.

License Period
License expires 1 year from date of issuance. License must be issued within 1 year of approval, or a waiver from the Licenses Committee is needed.

Forms Needed
- ccl-bapp – Business Application
- ccl-pep1 – Supplementary Application for Public Entertainment Premises
- ccl-pln1 – Plan of Operation[^1]
- Detailed floor plan[^1] (see instructions on ccl-pln1)
- Lease or proof of ownership[^1]

[^1] Not required if you currently hold an Alcohol Beverage Establishment license and no changes are being made.

Notarization
Provide the required notarizations on forms. Commissioned notaries public, including attorneys, must impress notary seals on each page notarized. Any applications filed without required notarial seals will be returned.

Fee
Based on the maximum capacity of the premises as established by the Common Council:

<table>
<thead>
<tr>
<th>Capacity</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 or fewer persons, or premises without a capacity:</td>
<td>$150</td>
</tr>
<tr>
<td>26-79 persons:</td>
<td>$250</td>
</tr>
<tr>
<td>80-99 persons:</td>
<td>$375</td>
</tr>
<tr>
<td>100-149 persons:</td>
<td>$500</td>
</tr>
<tr>
<td>150-179 persons:</td>
<td>$700</td>
</tr>
<tr>
<td>180-299 persons:</td>
<td>$1000</td>
</tr>
<tr>
<td>300-499 persons:</td>
<td>$1,500</td>
</tr>
<tr>
<td>500 or more persons:</td>
<td>$2,000</td>
</tr>
</tbody>
</table>

Exemptions
No public entertainment premises license shall be required for the following:

- A theater or motion picture house at which the only person or organization providing motion pictures or theater performances is the person or organization that owns the premises.
- Organizations formed exclusively for the purpose of ballet performance and instruction and which have received tax-exempt status from the United States internal revenue service.
- Billiard tables provided on the premises of bona fide clubs or social organizations not operating for private profit which provide other membership privileges and activities, even though there is a charge for playing billiards.
- Any public show or exhibition conducted exclusively by charitable, eleemosynary, educational or religious organizations on their own premises.
- Any dance studio, which means a room, place or space in which dancing classes are held and dancing instruction is given for hire.
- Recorded background music which is incidental to operation of the establishment located on the premises and is either:
  - In the case of a licensed alcohol beverage premises, operated by the licensee, manager or bartender.
  - In the case of a premises without an alcohol beverage license, operated by a regular employee of the establishment.
- The showing of motion pictures by an eleemosynary organization on land owned by the City or Milwaukee County, provided motion pictures are not shown more than twice monthly at a single location.
Temporary Public Entertainment
Premises Permit
If you wish to obtain a temporary permit for 4 or less days (except for a carnival which can be up to 14 days), contact the License Division for a Temporary Public Entertainment Premises Permit.

Residency
No public entertainment club license shall be granted to any person who is not a resident of the state of Wisconsin. This applies to the individual applicant, all partners, or the agent of a corporation or LLC.

Disqualification Period after Denial
Whenever an application for any entertainment license is denied, no other application by the same applicant for the same or any other entertainment license at the same premises shall be recommended for approval by the Licensing Committee for a period of 12 months following the date of the denial.

Disqualification Period after Withdrawal
Whenever an application for any entertainment license is withdrawn after commencement of a Licensing Committee hearing on the application, no other application by the same applicant for the same or any other entertainment license at the same premises shall be recommended for approval by the Licenses Committee for a period of 6 months following the withdrawal date.

City of Milwaukee Ordinance
Regulations
- MCO 108
- Available online at www.milwaukee.gov/ordinances
### TYPES OF ENTERTAINMENT (CHOOSE ALL THAT APPLY)

<table>
<thead>
<tr>
<th>Instrumental Musicians</th>
<th>Bands</th>
<th>Battle of the Bands</th>
<th>Comedy Acts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disc Jockey</td>
<td>Magic Shows</td>
<td>Poetry Readings</td>
<td>Dancing by Performers</td>
</tr>
<tr>
<td>Adult Entertainment/Strippers/Erotic Dance</td>
<td>Wrestling</td>
<td>Patron Contests</td>
<td>Patrons Dancing</td>
</tr>
<tr>
<td>Jukebox</td>
<td>Karaoke</td>
<td>Bowling Alley</td>
<td>Pool Tables</td>
</tr>
<tr>
<td>Motion Pictures</td>
<td>Amusement Machines</td>
<td>How many?</td>
<td>How many?</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td>Approx. # per year?</td>
<td>Approx. # per year?</td>
</tr>
</tbody>
</table>

### WILL PROMOTERS EVER BE USED FOR ANY OF THE ENTERTAINMENT?

- **No**
- **Yes**, describe: __________________________________________________________

### LEGAL CAPACITY OF PREMISES

(Call the Milwaukee Development Center at 414-286-8211 w questions.) Your legal capacity will determine the license fee for your Public Entertainment Premise License. If you would like to request that the license be approved with a lower capacity than that listed above, indicate lower capacity__________. If approved, this lower capacity will print on your license and override the capacity listed on your Occupancy Permit.

### IDENTIFY IF SOUND AMPLIFICATION IS USED

- **No**
- **Yes**, describe: __________________________________________________________

### DECLARATIONS, ACKNOWLEDGEMENTS, & DISCLOSURES

The undersigned understands that after the license has been issued, a change to the plan of operation will require a written request to change and approval from the Common Council.

The undersigned agrees to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application.

The undersigned understands that applicants 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 shall 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.

The undersigned has knowledge of the City Ordinances currently regulating public entertainment, and understands that the license may be subject to suspension, non-renewal or revocation, if the applicant violates any rule, law or regulation of the city of Milwaukee and State of Wisconsin.

### 60 DAY WAIVER (FOR APPLICANTS ALSO APPLYING FOR OTHER LICENSES AT THIS TIME)

I request that my Public Entertainment Premises LICENSE application be HELD subject to the review requirements of the other licenses for which I am applying. I THEREFORE waive the requirement of Milwaukee Code of Ordinances SECTION 108-5-1-b requiring THAT THE COMMON COUNCIL DENY OR GRANT MY Public Entertainment Premises application within 60 days after certification.

Signature of Applicant:

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**NOTARIZED SIGNATURES OF APPLICANTS**

**SUBSCRIBED AND SWORN TO BEFORE ME**

This________day of ______________________, 20_________

Agent/Owner/Partner

(Clerk/Notary Public)  
Additional Owner/Partner

My Commission Expires________________________________”

*Notary Seal must be affixed.*
# PLAN OF OPERATION

## 1. Premises Location
- [ ] Free Standing Building
- [ ] Strip Mall
- [ ] Other ________________________________

## 2. Describe Premises Structure
- [ ] Single Story
- [ ] Multi-Story - # of Stories ________
- [ ] Other ________________________________

## 3. Describe Surrounding Area
- [ ] Commercial
- [ ] Residential
- [ ] Industrial
- [ ] Other ________________________________

## 4. Premises Location
a) [ ] Major Thoroughfare
b) [ ] Secondary Street
- [ ] Other ________________________________

## 5. Proximity of Premises to Church, School, Daycare Center or Hospital
Is there at least 300 feet between the building and any church, school, daycare center or hospital?  [ ] Yes  [ ] No

## 6. Miscellaneous Business Questions
a) Proposed Opening Date: ____________________________
b) Is this premise under construction?  [ ] Yes  [ ] No  If yes, list estimated completion date: ____________________________
c) Is this a franchise?  [ ] Yes  [ ] No
d) Is this premises currently licensed?  [ ] Yes  [ ] No  If yes, list type of license: ____________________________
e) Is the current licensee operating?  [ ] Yes  [ ] No  If no, list date closed: ____________________________
f) What other types of licenses/permits will you or do you hold at this location? (check all that apply)
   - [ ] Occupancy Permit
   - [ ] Cigarette & Tobacco
   - [ ] Gas Station
   - [ ] Extended Hours
   - [ ] Other: ____________________________
g) Do you have future plans for other businesses, licenses or permits at this location?  [ ] Yes  [ ] No  
   If yes, explain: ____________________________

## 7. Food
Will food be served on the premises?  [ ] No  [ ] Yes  If yes, a Food Dealer license is required.
Check all that apply:  [ ] Prepackaged Food  [ ] Snacks  [ ] Appetizers  [ ] Catered Events  
[ ] Full Meals – Hours of Food Service: From ______ To ______
A menu must be submitted with this Plan of Operation for all restaurants.

## 8. Type of Business
Briefly describe the type of business you plan to operate if granted a license (attach additional sheets as necessary.)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
### 9. Litter and Noise

- **How are the grounds kept clean?**
  - [ ] Sweep
  - [ ] Pressure Wash
  - [ ] Pick Up Litter
  - [ ] Other: ______________________

- **How often will grounds be cleaned?**
  - [ ] Daily
  - [ ] Weekly
  - [ ] Other: ______________________

- **Grounds Cleaned By:**
  - [ ] Licensee
  - [ ] Building Owner
  - [ ] Employees
  - [ ] Hired Maintenance
  - [ ] Other: ______________________

- **How are noise issues prevented and/or addressed?**
  - [ ] Security
  - [ ] Manager approaches customer(s)
  - [ ] Call Police
  - [ ] Signs Posted
  - [ ] Other: ______________________

### 10. Smoking and Sanitation

- **Are there designated outdoor smoking areas?**
  - [ ] No
  - [ ] Yes

  If yes, describe the area(s) and provide location(s):
  __________________________________________________________

- **Number of Garbage Cans:**
  - **Inside:** ________
  - **Locations:** ______________________

  - **Outside:** ________
  - **Locations:** ______________________

- **Grounds Cleaned By:**
  - [ ] Licensee
  - [ ] Building Owner
  - [ ] Employees
  - [ ] Hired Maintenance
  - [ ] Other: ______________________

- **Number of Garbage Cans:**
  - **Inside:** ________
  - **Locations:** ______________________

  - **Outside:** ________
  - **Locations:** ______________________

- **Is a Crowd Control Barrier used?**
  - [ ] No
  - [ ] Yes

  If yes, describe:
  __________________________________________________________

- **Describe sanitation facilities (restrooms):**
  __________________________________________________________

- **Provide name of solid waste contractor:**
  __________________________________________________________

### 11. Security

- **Are there parking spaces on the premises?**
  - [ ] No
  - [ ] Yes

  If yes, number of spaces: ________

  and describe security provisions:
  __________________________________________________________

- **Are there designated loading areas?**
  - [ ] No
  - [ ] Yes

  If yes, describe security provisions:
  __________________________________________________________

- **Do you have security personnel on the premises?**
  - [ ] No
  - [ ] Yes

  If yes, how many? ________

  AND
  - What are their responsibilities?
  __________________________________________________________

  - What security equipment do they use?
  __________________________________________________________

  - List their licensing, certification or training credentials:
  __________________________________________________________

- **Are there security cameras?**
  - [ ] No
  - [ ] Yes

  If yes, list all locations:
  __________________________________________________________

- **Are searches and/or identification checks conducted upon entry?**
  - [ ] No
  - [ ] Yes

  If yes, describe:
  __________________________________________________________

### 12. Percentage of Sales (must total 100%)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>________ %</td>
</tr>
<tr>
<td>Food Sales</td>
<td>________ %</td>
</tr>
<tr>
<td>Entertainment</td>
<td>________ %</td>
</tr>
<tr>
<td>Other</td>
<td>________ %</td>
</tr>
</tbody>
</table>

### 13. Businesses On The Premise (choose all that apply):

**Type 1**

- [ ] Full Service Restaurant
- [ ] Cafe/Coffee Shop
- [ ] Deli or Fast Food Restaurant
- [ ] Private/ Fraternal/ Veterans Club
- [ ] Night Club
- [ ] Tavern
- [ ] Cocktail Lounge
- [ ] Teen Club
- [ ] Bowling Alley
- [ ] Hotel
- [ ] Banquet Hall
- [ ] Sports Facility

**Type 2**

- [ ] Liquor Store
- [ ] Corner Store
- [ ] Supermarket
- [ ] Convenience Store
- [ ] Gas Station
- [ ] Other: ______________________

### 14. Legal Capacity of Premises (Only premises identified as Type I in Question #13)

__________________________

(Call the Milwaukee Development Center at 414-286-8211 if you have questions.)
15. Hours of Operation

<table>
<thead>
<tr>
<th>Day of the Week</th>
<th>Proposed Hours of Operation:</th>
<th>Number of Customers expected each day</th>
<th>Potential Age Range of Customers</th>
<th>Class B Applicants: Age Restriction (If none, write ‘None’)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Open</td>
<td>Close</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
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<tr>
<td>Saturday</td>
<td></td>
<td></td>
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</tbody>
</table>

Entertainment Indoor Closing Hours: If alcohol beverage establishment, same as alcohol license hours.
If non-alcohol establishment 1:00 am Sunday to Thursday; 1:30 am Friday and Saturday.

Entertainment Outdoor Closing Hours: 10:00 pm Sunday – Thursday; 12:00 am Friday and Saturday, unless otherwise approved by Common Council in licensee’s plan of operation.

16. This Section to be Completed by Alcohol Applicants Only

a) Property Owners Name: ___________________________________________ Phone Number: ____________________________
   Address: ________________________________________________________

b) Are you taking out this application for anyone that may not be eligible for a license? ☐ No ☐ Yes
   If yes, list name and address: __________________________________________

Class B Applicants: If the agent, a partner or the individual licensee will not be conducting the day-to-day operations of the business, the person(s) listed above must obtain a Class B Managers license.

c) Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the business? ☐ No ☐ Yes
   If no, list the name and address of the person(s) who will: ________________________________

   Class B Applicants: If the agent, a partner or the individual licensee will not be conducting the day-to-day operations of the business, the person(s) listed above must obtain a Class B Managers license.

d) Does anyone else have money invested or any other interest in this business? ☐ No ☐ Yes
   If yes, explain: ________________________________________________

e) Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business?
   ☐ No ☐ Yes If yes, list name and address: ________________________________

f) Will any of the following types of businesses be conducted at this location? (check all that apply)
   ☐ Bed & Breakfast ☐ Billiard/Pool Hall ☐ Comedy Club ☐ Indoor Golf Facility
   ☐ Video Game Center(6 or more games) ☐ Brew Pub ☐ Volleyball Court ☐ Theater ☐ Wine Tasting Room
   ☐ Department Store ☐ Pharmacy ☐ Gift Shop ☐ Museum ☐ Center for the Visual & Performing Arts

g) If applying for Class B or C license, are you applying for “Service Bar Only”? ☐ No ☐ Yes
   Service Bar Only means customers cannot sit at the bar. Alcohol is served to patrons seated at tables. No stools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.

17. Proof of Ownership, Lease, or Offer to Purchase (new & transfer applicants only)

Submit proof of ownership, lease, or offer to purchase the building with this application.
A lease or office to purchase must:
   a) Be in the same legal entity name as that apply for the license
   b) Reflect the same address as the premises address on this application
   c) Reflect current dates and
   d) Be signed by the lessor/seller and lease/buyer
18. Property Information (new & transfer applicants only)

a) Do you own or lease the building?  ☐ Own ☐ Lease

b) Who owns the fixtures (for example, coolers, etc.)?  _______________________

c) Are you purchasing the stock and/or fixtures?  ☐ No ☐ Yes If yes, amount paid $___________

d) Total amount paid for business $______________

e) Total amount paid for goodwill of the business $_____________

   Goodwill comprises the reputation and customer relationships of an existing business. If the price you pay for the business exceeds the fair market value of all of the rest of the assets of the business, the excess may be considered goodwill.

f) Have you made arrangements with the seller for payment of personal property taxes?  ☐ No ☐ Yes

19. Lease Information (new & transfer applicants who are leasing the premises only)

a) Date lease begins_________________ Ends__________________

b) Monthly rental $________________

c) Do you have an option to renew the lease?  ☐ No ☐ Yes

d) Does your lease allow for assignment to another party without the consent of the owner?  ☐ No ☐ Yes

e) For what length of time have you been guaranteed occupancy (number of years)?  ________________

f) In addition to paying the monthly rental, will you have to pay anything additional to the owner of the building to guarantee performance of the lease?  ☐ No ☐ Yes If yes, explain________________________________________

g) Does the present owner or occupancy object to the granting of your license?  ☐ No ☐ Yes
   If yes, explain____________________________________________________________

20. Change of Agent Applicants Only

Have there been any changes to the floor plan since the last application was submitted?  ☐ No ☐ Yes

If no, a new floor plan is not required. If yes, submit a new floor plan and explain the change(s): ________________________________

21. Notarized Signatures of Applicants

SUBSCRIBED AND SWORN TO BEFORE ME

This________________day of_______________________, 20_______

________________________________________________________________________

Agent/Owner/Partner

(Clerk/Notary Public)

My Commission Expires________________________________________

Additional Owner/Partner

*Notary Seal must be affixed.

Note: All information contained in this application is subject to approval by the Common Council. Deviating from approved plan of operation will subject licensee to citations, and/or suspension or non-renewal of the license. Contact the License Division for information on how to request changes.

New and transfer of premise applicants must submit the following:

☐ Proof of ownership, lease or offer to purchase the building
☐ Detailed floor plan
☐ If a restaurant, copy of the menu

If you do not provide all required information, your application will be returned to you.
### Detailed Floor Plan

Please read all instructions before preparing the floor plan.

- A detailed floor plan must be submitted with this application.
- Any application submitted without the detailed floor plan (including all required items as listed below) will be returned.
- Even if the premise has been previously licensed and a floor plan submitted a new floor plan must be submitted with this application.
- The floor plan must be filed on 8 ½ x 11 inch size paper.
- A separate sheet of paper must be filed for each floor where business will be conducted.
- Handwritten plans are acceptable.
- Plans do not need to be architectural drawings and need not be to scale.

### The floor plan must include all of the following:

1. Dimensions of the premises (length x width) and
   - Total square feet of the premises
2. Label all entrances and exits
3. Label all parking areas on the premises (do not include street parking). This is required even if the parking is shared, for example, a strip mall and
   - Provide the dimensions (length x width) of all parking areas on the premises. The parking area(s) should be marked on the floor plan for the first floor showing the relation to the building.
4. Label all seating areas, food preparation areas and bars (as applicable)
5. Mark the North point (N↑) on each page
6. Write the date on each page
7. Write the legal entity name (and agent’s name if a corporation or LLC) on each page
8. Write the trade (business) name on each page
9. Write the premise address on each page

### Alcohol applicants only:

1. Even if the basement is used for alcohol storage only, a floor plan of the basement is still required.
2. Label all alcohol storage areas (coolers, etc.) and
   - Provide dimensions (length x width) of the alcohol storage areas
3. Label all alcohol display areas (behind the bar, shelves, etc.) and
   - Provide dimensions (length x width) of the alcohol display areas
4. Class B & C Applicants Only: Label all outdoor areas used for the sale or service of alcohol beverages (for example, patios, beer gardens, sidewalk cafes and
   - Provide the dimensions (length x width) of all outdoor areas used for the sale and service of alcohol beverages
**Floor Plan Sample:** Please see page 5 of the Plan of Operation for a list of all items that **must** be included. **Reminder:** The areas for Alcohol Beverage Storage and Display must be included and the dimensions must be given. **This includes basement storage.**

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John A. Doe Agent for “ABC Corporation”
“My Bar”
122 Any Street
Date: June 1, 2005