AUTHORIZED REPRESENTATIVE STATEMENT

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

This form is only required if you wish someone other than yourself (or your partner or the agent and/or officers/members of your Corporation/LLC) to pick up your license(s),

To the City of Milwaukee - License Division:

I,_____
(Name of individual, partners, or agent of corporation or LLC)

_____
(Name of Corporation or Limited Liability Company)

_____ licensee
(License Type)

at _____
(Premise Address, if applicable)

Authorize the following individual(s) to pick-up my licenses:

1) Full Name: _____ DOB_____

Address (include city/state/zip):_____

Phone #_____ Email_____

2) Full Name: _____ DOB_____

Address (include city/state/zip):_____

Phone #_____ Email_____

3) Full Name: _____ DOB_____

Address (include city/state/zip):_____

Phone #_____ Email_____

4) Full Name: _____ DOB_____

Address (include city/state/zip):_____

Phone #_____ Email_____

Name: _____
(individual, partner, agent, 20% or more shareholder)

Signature: _____ Date: _____