



## BUSINESS TRANSFER INSTRUCTIONS

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

(414) 286-2238 [license@milwaukee.gov](mailto:license@milwaukee.gov) [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

ccl-transfer 2/24/20

### Fee

\$25; no fee if transferring stock only

- Check payable to the City of Milwaukee.
- Credit card online after your application is processed and an invoice is created. An invoice number is needed to make an online payment.
- Cash in person only.

### Forms needed

- Business Transfer Application
- If change of location – Supplemental Application required for each license type
- Plan of Operation & Floor Plan if requesting any changes (required for all changes of location)
- Alcohol Establishments:
  - Change of agent or shareholder applicants – see Alcohol Change of Agent/Owner form for additional requirements
  - For all other changes, contact our office for required forms. Changes of location also require an appointment

### Requirements

#### Change of Location

A new occupancy permit is required.  
Contact: Development Center, Permit Desk,  
809 N. Broadway, 1st floor  
(414)286-8211  
<http://city.milwaukee.gov/build>

#### Change of Agent/20% or more owner

Fingerprints are required for the following:  
Alcohol Establishments, Food Peddlers, Hotel/Motel, Home Improvement Contractor, Rooming House, Public Entertainment Premises, Recycling/Salvaging/Towing, Massage Establishment, Secondhand Dealer

If your fingerprints are not on file with the Milwaukee Police Department report to:

Police Administration Building  
951 N. James Lovell Street (7th St) Room 330  
8:00 AM to 6:00 PM  
(Monday thru Friday, excluding holidays)

If you have previously been fingerprinted by the Milwaukee Police Department, call (414) 935-7281 to determine whether your fingerprints are still on file. If you are an out of town resident, call (414) 935-7281 to receive information regarding how to comply with the fingerprint requirement.

### Reorganization of Legal Entity

A legal entity reorganizing under a different type of entity or as a different name may qualify for a transfer. At least one owner must remain as an owner. The business must remain in the same location

A new occupancy permit is required.  
Contact: Development Center, Permit Desk,  
809 N. Broadway, 1st floor  
(414)286-8211  
<http://city.milwaukee.gov/build>

Proof of registration of the new legal entity with the WI Department of Financial Institutions (DFI) is required.  
Contact: DFI Division of Corporate & Consumer Services  
(608) 261-7577  
[www.wdfi.org/](http://www.wdfi.org/)

A new Wisconsin Seller's Permit is required.  
Contact: WI Department of Revenue  
819 N. 6th St, Room 408  
(414) 227-4000  
[www.dor.state.wi.us/](http://www.dor.state.wi.us/)

Wisconsin Seller's Permit Exemptions:  
Home Improvement Contractors, Hotel/Motel, Loading Zones, Massage Establishments, Private Alarm, Private Waste Collector, Public Passenger Vehicle Owners, Rooming Houses, Self Service Laundry, Snow Plow, Tattoo & Body Piercing, and Recycling, Salvaging & Towing (for repossessions only or if dealing, storing, transporting, removing and/or recycling in junk and/or valuable metal only)

### Approval

Most licenses require approval from the Licenses Committee. If you need to appear at the Licenses Committee meeting, you will receive a notice in the mail.

Licenses are then granted by the Common Council after recommendation of the Licenses Committee. Allow 6-8 weeks for processing. There are no meetings in August.

After all requirements are met, the license will be issued. Post the license in a clearly visible place at your business.



# BUSINESS TRANSFER APPLICATION

ccl-transfer1 2/24/20

Office of the City Clerk License Division

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## SECTION 1 CHECK THE TYPE OF TRANSFER:

CHANGE OF LOCATION     REORGANIZATION OF LEGAL ENTITY     CHANGE OF AGENT     TRANSFER OF STOCK

## SECTION 2 LIST ALL LICENSE(S) TO TRANSFER:

Type/Number: \_\_\_\_\_ Type/Number: \_\_\_\_\_ Type/Number: \_\_\_\_\_

Type/Number: \_\_\_\_\_ Type/Number: \_\_\_\_\_ Type/Number: \_\_\_\_\_

## SECTION 3 LICENSE(S) ARE CURRENTLY ISSUED TO:

Legal Entity Name: \_\_\_\_\_

Premises Address: \_\_\_\_\_

## SECTION 4 TRANSFER TO: (ENTER ALL OWNERSHIP INFORMATION WHETHER IT IS CHANGING OR NOT)

Legal Entity (check one):     Sole Proprietor     Partnership     Corporation     LLC     Non Profit

Legal Entity Name: \_\_\_\_\_ Trade/DBA Name: \_\_\_\_\_

Premises Address (include city/state/zip): \_\_\_\_\_

Mailing Address:  Same as premise     Other (include city/state/zip): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## SECTION 5 AGENT / SOLE PROPRIETOR / 1<sup>ST</sup> PARTNER

FULL LEGAL NAME (Last, First & Middle Initial): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address (include city/state/zip): \_\_\_\_\_

Driver's License Number/State ID #:     -     -     -   State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Percent of Ownership Interest (if applicable): \_\_\_\_\_ Email: \_\_\_\_\_

## SECTION 6 LIST ALL PERSONS WITH 20% OR MORE OWNERSHIP INTEREST / ADDITIONAL PARTNERS

FULL LEGAL NAME (Last, First & Middle Initial): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address (include city/state/zip): \_\_\_\_\_

Driver's License Number/State ID #:     -     -     -   State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Percent of Ownership Interest: \_\_\_\_\_ Email: \_\_\_\_\_

FULL LEGAL NAME (Last, First & Middle Initial): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address (include city/state/zip): \_\_\_\_\_

Driver's License Number/State ID #:     -     -     -   State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Percent of Ownership Interest: \_\_\_\_\_ Email: \_\_\_\_\_

Are there additional persons with 20% or more interest or partners?     No     Yes    If yes, attach additional forms as necessary.

**Office Use Only:**    Initials \_\_\_\_\_    Filed \_\_\_\_\_    Application #(s) \_\_\_\_\_    Paid \_\_\_\_\_  
MPD \_\_\_\_\_    DNS \_\_\_\_\_    LC \_\_\_\_\_    CC \_\_\_\_\_  
Issued \_\_\_\_\_    License #(s) \_\_\_\_\_

**SECTION 7 PLAN OF OPERATION & FLOOR PLAN**

Are you requesting changes to the current plan of operation or floor plan?

Yes If Yes, you must submit a new Plan of Operation and Floor Plan. Required for all changes of location.

No

**SECTION 8 SIGNATURE(S)**

I/we understand that I am/we are required to inform the City Clerk within 10 days of any substantial changes in any of the information supplied in this application.

I/we have knowledge of the City Ordinances currently regulating the license applied for herein, and understand that the license may be subject to suspension, non-renewal or revocation, if I/we violate any rule or regulation relating to this license.

I/we understand that I/we 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.

I/we certify that I am/we are the applicant and all statements are true and correct.

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Signature of Agent or 20%+ Owner