

Board of Zoning Appeals – City of Milwaukee

9. That this affidavit is made in support of the Amended Application changing the operator of the premises located at _____ from _____.

Dated at Milwaukee, Wisconsin, this _____ day of _____, 20____.

**State of Wisconsin
County of Milwaukee**

Subscribed and sworn to before me

This _____ day of _____, 20____.

**Notary Public, State of Wisconsin
My Commission expires: _____**