



Business Information Form

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

ccl-businfo 4/25/24

(414) 286-2238 license@milwaukee.gov www.milwaukee.gov/license

SUBMIT FORM

How are you filing?

Before you start completing the forms, decide if you are filing as a sole proprietor (one person), partnership (two or more persons), corporation, limited liability company (LLC) or nonprofit organization.

The name of the sole proprietor, all partners, corporation, limited liability company, or nonprofit organization is the Legal Entity Name. The Legal Entity Name on all permits, documents, certificates, etc. submitted to our office must be exactly the same as the Legal Entity Name in Section 1 of the Business License Application.

Submit the following:

- Business Information Form (see instructions below)
- Business Plan of Operation
 - (a plan of operation is not required for home improvement or private alarm businesses)
- License Fee*
- Supplemental Forms/Documents*

*This information is found on the Supplemental Information sheet for the specific license for which you are applying.

Completing the Business Information Form By

Section:

If filing as a Sole Proprietor

- 1 – check sole proprietor, the legal entity name is your name, provide business name and contact information
- 2 – provide your name and contact information
- 3 – SKIP this section
- 4 - Occupancy Permit Status: Check appropriate box. Signature needed.

If filing as a Partnership

- 1 - check partnership, the legal entity name is the partnership, provide business name and contact information
- 2 - provide name/contact information for one partner
- 3 - provide name/contact information for additional partner(s)
- 4 - Occupancy Permit Status: Check appropriate box. All partners must sign.

If filing as a Corporation or Limited Liability Company

- 1 - check LLC or Corporation, the legal entity name is the LLC or Corporation, provide business name and contact information
- 2 - provide name and contact information for the agent (also include percent of ownership interest if agent is also a shareholder)
- 3 - provide the name and contact information for all shareholders that own 20% or more ownership interest
- 4 - Occupancy Permit Status: Check appropriate box. Two 20% or more shareholders must sign. If there are no 20% or more shareholders, a corporate officer must print their name and title and sign.

Payment Options

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

REPORT FOR FINGERPRINTING

Everyone listed on the Business Information Form - sole proprietor, all partners, agent, and all 20% or more shareholders must report for fingerprinting.

Where?

Milwaukee Police Department
Police Administration Building
951 N. James Lovell Street (7th St) Room 330

When?

8:00 AM to 3:30 PM (Mon- Fri, excluding holidays)

Previously printed?

Call (414) 935-7281 to check if your prints are still on file.

Out of Town Resident?

If you are not a resident of Milwaukee, Racine, Ozaukee, Washington or Waukesha Counties, call (414) 935-7281 for instructions.

Exemptions:

If the license you are applying for is exempt from the fingerprinting requirement, it will be stated on the Supplemental Information sheet for that license.

CONTACT THE DISTRICT ALDERPERSON

You may wish to contact the district alderperson where your business will be located at (414) 286-2221 to discuss your plans.

CONTACT NEIGHBORHOOD SERVICES

Businesses located in the City of Milwaukee must obtain an Occupancy Permit. An inspection may be required.
Development Center, Permit Desk,
809 N. Broadway, 1st floor
(414) 286-8210 www.milwaukee.gov/lms

SUBMIT WI SELLER'S PERMIT

You must provide proof that you hold a WI Seller's Permit.
WI Department of Revenue (414) 227-4000
819 N. 6th St, Rm 408
www.revenue.wi.gov/faqs/pes/seller.html

Exemptions:

If the license you are applying for is exempt from the seller's permit requirement, it will be stated on the Supplemental Information sheet for that license.

REGISTER WITH DFI

Corporation, limited liability company, and nonprofit applicants must provide proof of registration with the Department of Financial Institutions (DFI).
 Division of Corporate & Consumer Services
 (608) 261-7577 <http://www.dfi.wi.gov>

SUPPLEMENTAL INFORMATION SHEET

For any additional requirements and/or exemptions, see the Supplemental Information sheet for the specific license type for which you are applying.

LICENSING COMMITTEE APPROVAL

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

COMMON COUNCIL APPROVAL

Licenses are then granted by the Common Council after recommendation of the Licensing 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.

ADDITIONAL INFORMATION

Forms

Forms can be obtained at www.milwaukee.gov/license or by contacting our office.

Changes During the License Year

- If any information provided on this form changes, file a written notice of the change with the License Division within 30 days of the change.
- Some changes can be reported by using the Changes of Fact, Written Notice form (ccl-chgfact). If the change you are reporting is not listed on this form, contact our office for information on how to report your change.

ID/Authorized Representative

- Bring picture ID with you to the License Division.
- If you wish someone other than those persons listed on the application to be designated to pick up your licenses/permits, you must complete an Authorized Representative Statement which may be obtained at www.milwaukee.gov/licenses

Refunds

- If an application is withdrawn or denied, you are eligible for a partial refund of the license fee, provided the refund is requested no later than one year from the date of withdrawal or denial of the application.
- If a license is not issued, the refund must be requested no later than one year from the date of application, unless the license has been granted, in which case no later than one year from the date of granting of the license.
- To request a refund, complete the Request for Duplicate License or Withdrawal of Application and/or Fee Refund form (ccl-dupref).

Pending Applications

If an application is still pending over a year from the date of application, the filing of a new application will be required if/when an applicant wishes to continue pursuing the license.

Ordinances Regarding Public Utilities

Licensees must be in compliance with the provisions of the Milwaukee Code of Ordinances 85-31 and 115-39 regarding the accessibility and operation of public utilities on licensed premises. This includes a message visible to the public stating that 911 may be called in an emergency without charge.

Complete ordinances can be viewed at www.milwaukee.gov/ordinances

BUSINESS INFORMATION FORM CHECKLIST

See the Business Information Form information sheet for detailed instructions.

- Submit form and fees
- Report for Fingerprinting
- Contact the District Alderperson
- Contact the Department of Neighborhood Services
- Contact the Health Department
- Submit WI Seller's Permit
- Corporations/LLCs Only: Submit Proof of Registration with DFI
- See the Supplemental Information sheet for the type of license for which you are applying for any additional requirements
- License Committee Approval
- Common Council Approval



BUSINESS INFORMATION FORM

SEE INFORMATION SHEET FOR THE TYPE OF LICENSE FOR WHICH YOU ARE APPLYING FOR ADDITIONAL FORMS REQUIRED

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(414) 286-2238 www.milwaukee.gov/license license@milwaukee.gov

ccl-busapp 12/10/19

BUSINESS CONTACT INFORMATION

Section 1	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Nonprofit Organization				
	Legal Entity Name (sole proprietor, partnership, LLC or Corporation):				
	Business/Trade Name:				
	Phone:		E-mail:		
	Premises Address (include city, state, zip code):				
	Mailing Address: <input type="checkbox"/> Same as premises address <input type="checkbox"/> Same as home address in Section 2 <input type="checkbox"/> Other (include city, state, zip code):				

AGENT / SOLE PROPRIETOR / 1ST PARTNER INFORMATION

Section 2	FULL LEGAL NAME (Last, First & Middle Initial):		Date of Birth:
	Home Address (include city, state, and zip code):		
	Driver's License Number/ ID #:		Issuer: _____
	Home Phone:		Cell Phone:
	Percent % of Ownership Interest (Corp/LLC only):		Email:

LIST ANY ADDITIONAL PARTNER(S) OR OWNER(S) WITH 20% OR MORE INTEREST

Section 3	FULL LEGAL NAME (Last, First & Middle Initial):		Date of Birth:	
	Home Address (include city, state, and zip code):			
	Driver's License Number/ ID #:		Issuer: _____	
	Home Phone:		Cell Phone:	
	Percent % of Ownership Interest:		Email:	
	FULL LEGAL NAME (Last, First & Middle Initial):		Date of Birth:	
	Home Address (include city, state, and zip code):			
	Driver's License Number/ ID #:		Issuer: _____	
	Home Phone:		Cell Phone:	
	Percent % of Ownership Interest:		Email:	
	<input type="checkbox"/> Check if there are additional partners or persons with 20% or more ownership interest. Complete additional sheets as necessary.			

OCCUPANCY PERMIT STATUS AND SIGNATURE(S)

Section 4	CHECK ONE: An occupancy permit <input type="checkbox"/> has been obtained <input type="checkbox"/> has been applied for <input type="checkbox"/> will be obtained before operating <input type="checkbox"/> is not needed (will obtain home occupation statement) <input type="checkbox"/> is not needed-reason: _____	
	I/we understand that I am/we are required to inform the City Clerk within 30 days of 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.	
	The undersigned understands that the filing of an application does not entitle applicants to permits, and that granting of permits is in the sole discretion of the Common Council. I/we state that this application for a license is not made for and behalf of any other person and that the applicant is not acting as an agent for, or in the employ of another. I/we certify that I am/we are the applicant and all statements are true and correct.	
	_____ Signature of Sole Proprietor, Partner, Agent or 20% or more Shareholder (If there are no 20% or more shareholders, Corporate Officer-print name/title and sign)	_____ Signature of additional partner or 20% or more shareholder

Office Use Only:
 Initials: _____
 Filed: _____
 Applications: _____
 NL or NA: Last Lic
 New or Renewal Granted w/ No Issues or _____ DBA
 Exp Date _____
 Paid: _____ MPD
 Granted _____ License # _____
 Note Other Lic