



# CHANGES OF FACT, WRITTEN NOTICE

Whenever any fact set forth in the application changes, the licensee shall file a written notice of the change with the City Clerk, License Division within 30 days of such change. Return this form via email to [license@milwaukee.gov](mailto:license@milwaukee.gov) or mail to: City Clerk, License Division, City Hall, 200 E. Wells Street, Room 105, Milwaukee, WI 53202

Date: \_\_\_\_\_ License Type: \_\_\_\_\_ License Number: \_\_\_\_\_

Premises Address: (if applicable) \_\_\_\_\_

Corporation/LLC Name: (if applicable) \_\_\_\_\_

**TO THE LICENSE DIVISION OF THE CITY OF MILWAUKEE:** ( Complete only the sections where changes are being reported.)

I, \_\_\_\_\_, wish to file notice of the following change(s):  
(Print Name)

1. Home Address (include city, state, zip code): \_\_\_\_\_

2. Phone Number (include area code): \_\_\_\_\_ Home Business Cell

3. Mailing Address (include city, state, zip code): \_\_\_\_\_

4. Full Legal Name (persons only): From: \_\_\_\_\_ To: \_\_\_\_\_  
Also submit documentation such as a copy of a marriage certificate, divorce decree, drivers license or social security card.

5. **Weights & Measures:** Adding Devices Removing Devices: Type \_\_\_\_\_  
How many? \_\_\_\_\_

6. **PPV Drivers:**  Adding Handicapped & Elderly Class "H"  
(Submit with \$25 non-refundable fee and Passenger Assistance Training Certificate.)

7. **PPV Vehicle Owners Only:** Change of Business Address (include city, state, zip code): \_\_\_\_\_

8. Other: \_\_\_\_\_  
(Check with the License Division before submitting "Other" changes using this form.)

\_\_\_\_\_  
Signature of Licensee  
(Individual, Partner; or Agent of Corp/LLC)

**Office Use Only:** License #: \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_ To LC: \_\_\_\_\_

LC Email: MPD HD DNS LC Initials \_\_\_\_\_