



AMUSEMENT MACHINE DISTRIBUTOR LICENSE INFORMATION

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 EMAIL: LICENSE@MILWAUKEE.GOV
WWW.MILWAUKEE.GOV

LICENSE PERIOD:

Annual, July 1 thru June 30

APPLICATION:

Apply at City Clerk License Division, City Hall, 200 E. Wells Street, Room 105, Milwaukee, WI 53202, (414) 286-2238.

A list disclosing the addresses of premises where machines are presently placed or are contracted to be placed, the number of machines placed or to be placed at the premises and the legal name of the entity with whom the machines are placed must be submitted along with this application.

An updated disclosure must be filed on or before December 31st of each calendar year. Failure to do will result in a \$25 late filing of updated disclosure fee.

LICENSE FEE:

\$850 must be submitted with application. Make checks payable to: *City of Milwaukee*. Credit cards are also accepted online and in-person; cash is accepted from applicants filing in person only. When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction.

SIGNATURES:

Full legal names and notarized signatures of the individual, all partners, the agent, president, and secretary of the corporation, or all members of a LLC are required. (All commissioned notaries public, including attorneys, must impress their notary seal on the notarial certificates they issue. Applications submitted without the required seal will be returned.)

REQUIREMENTS:

- Applicants must be 18 years of age.
- Good professional character. A person who has been convicted of any felony, misdemeanor or other offense, the circumstances of which substantially relate to this type of

business, in this state or any other state, may be ineligible for a license.

- An Individual and all partners of a partnership must be residents of the state of Wisconsin for at least one year prior to applying for this license. The residency requirement only applies to the agent of a corporation or Limited Liability Company.

FINGERPRINTS: An individual, all partners of a partnership, and the Agent of a Corporation or Limited Liability Company whose fingerprints are not on file with the Milwaukee Police Department must be fingerprinted. Report to the Milwaukee police department between the hours of 8:00 AM and 6:00 PM (Monday thru Friday, excluding holidays) to the Police Administration Building, 951 N. James Lovell Street (7th St), Room 305 to be fingerprinted. 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.**

REPORT CHANGES: Whenever a fact set forth in the application changes, the licensee shall file a written notice of the change with the License Division within 10 days of the change.

GRANTING OF LICENSES: The Common Council, after recommendations from the Licenses Committee, grants licenses. Please allow 5-6 weeks for processing.

REFUND OF LICENSE FEE: 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.



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Check one: Individual or Partnership (Fill out Section A, B, & D)
 Corporation or LLC (Fill out Section B, C, & D)

Section A	INDIVIDUAL OR PARTNERSHIP:	
	Full Legal Name (Last, First & Middle Initial)	Full Legal Name (Last, First & Middle Initial)
	Home Address (include City, State, Zip Code):	Home Address (include City, State, Zip Code):
	Length of residency:	Length of residency:
	Home Phone Number: () -	Home Phone Number: () -
Section B	Date of Birth:	
	Business Name:	Business Phone Number: () -
	Business Address (include City, State, Zip Code):	
Mailing Address (if different from above address):		
Section C	Full Name of corporation or limited liability company:	
	<i>Agent:</i>	
	Full Legal Name (Last, First & Middle Initial):	Home Address (include City, State & Zip Code):
	Home Phone Number: () -	Date of Birth: Length of Residency:
	<i>President/Member</i>	<i>Vice President/Member</i>
	Full Legal Name (Last, First & Middle Initial):	Full Legal Name (Last, First & Middle Initial):
	Home Address (include City, State, Zip Code):	Home Address (include City, State, Zip Code):
	Length of residency:	Length of residency:
	Home Phone Number: () -	Home Phone Number: () -
	Date of Birth:	Date of Birth:

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Section C Contined	<i>Secretary/Member</i>	<i>Treasurer/Member</i>
	Full legal Name (Last, First & Middle Initial):	Full Legal Name (Last, First & Middle Initial):
	Home Address (include City, State, Zip Code):	Home Address (include City, State, Zip Code):
	Length of residency:	Length of residency:
	Home Phone Number: () -	Home Phone Number: () -
	Date of Birth:	Date of Birth:

Section D	<p>How many games do you presently own? _____</p> <p>A list disclosing the addresses of premises where machines are presently placed or are contracted to be placed, the number of machines placed or to be placed at the premises and the legal name of the entity with whom the machines are placed must be submitted along with this application.</p>
	<p>Has anyone named on this application been convicted of violating any federal or state laws or local ordinances? <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list name of person(s), date, charge, and penalty:</p> <p>_____</p> <p>_____</p> <p>_____</p>
	<p>The undersigned agrees to inform the City Clerk within ten days of any substantial changes in the information supplied in this application.</p> <p>The undersigned 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 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.</p> <p>I have knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.</p>

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ day of _____, 20_____

Individual/Agent of Corp or LLC/Partner

President of Corp/Member of LLC/Partner

Secretary of Corp/Add'l Members/Partner

Notary Public, State of Wisconsin

My commission expires _____
(Notary Seal must be affixed)

Office Use Only:

Initials: _____ Filed: _____ License #: _____ Granted: _____

Issued: _____

