



## AUTO WRECKER INFORMATION SHEET

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

**DEFINITION:** An auto wrecker licensee shall buy motor vehicles for purposes of dismantling or disassembling vehicles for the purpose of dealing in the parts thereof.

**LICENSE PERIOD:** Biennial, May 1<sup>st</sup> thru April 30<sup>th</sup>, expiring in odd-numbered years.

### **APPLICATION:**

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

### **FEE:**

\$250, for main yard; \$35 (\$50, effective 1/1/10) for each additional yard. Must be submitted with application. Checks made 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 signatures of the individual, all partners, the agent, president, and secretary of the corporation, or all members of a LLC are required.

### **STORAGE YARDS:**

A separate application must be completed for each additional storage yard. If you require additional applications, please call our office at (414) 286-2238.

**REQUIREMENTS:** A permit must be obtained from the City of Milwaukee, Development Center,

Permit Desk, 809 N. Broadway, 1<sup>st</sup> floor, (414) 286-8211.

Contact the State Office Building, 819 N. 6<sup>th</sup> St., Room 408, (414) 227-4000 to determine if a seller's permit is needed.

### **FINGERPRINTS:**

All applicants (including partners, all corporate officers, members, agent, directors, manager, and stockholders owning 20% or more of the stock of the corporation) 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 (7<sup>th</sup> 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. *Renewal applicants do not need to be re-fingerprinted by the police department.*

If you are an out of town resident, call (414) 935-7281 to receive information regarding how to comply with the fingerprint requirement.

**REFUND OF LICENSE FEE:** If an application is withdrawn or denied, you are eligible for a refund in the amount of \$200, 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.

ORDINANCES GOVERNING AUTO WRECKERS ARE LOCATED IN CHAPTER 93  
OF THE MILWAUKEE CODE AND MAY BE VIEWED ONLINE <http://www.milwaukee.gov/license>  
or purchased from the Legislative Reference Bureau in City Hall, Room B-11.



**City  
of  
Milwaukee**

**AUTO WRECKER  
LICENSE APPLICATION**

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

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

<b>Section A</b>	<b>INDIVIDUAL OR PARTNERSHIP:</b> Full Name (Last, First & Middle Initial)		Partner #2 Full Name (Last, First & Middle Initial)
	Home Street Address:		Home Street Address:
	Home City, State, Zip Code:		Home City, State, Zip Code:
	Home Phone Number: (    )    -		Home Phone Number: (    )    -
	Date of Birth:		Date of Birth:
<b>Section B</b>	Business Name:		Business Phone Number:(    )    -
	Business Address (include City, State, Zip Code):		
	Hours of Operation:		
	List Plans of Operation:		
	Do you have a storage yard? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, submit a separate application for each yard.		
Do you buy, sell, exchange or deal in used or secondhand bicycles, bicycle parts, tires or batteries, either retail or wholesale? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, describe:			
<b>Section C</b>	<b>Full Name of corporation or limited liability company:</b>		
	<b>State of Incorporation:</b>		
	<i>Agent:</i>		
	Full Name (Last, First & Middle Initial):		Home Address (include City, State & Zip Code):
	Home Phone Number: (    )    -		Date of Birth:
	<i>President/Member</i>		<i>Vice President/Member</i>
	Full Name (Last, First & Middle Initial):		Full Name (Last, First & Middle Initial):
	Home Street Address:		Home Street Address:
	Home City, State, Zip Code:		Home City, State, Zip Code:
	Home Phone Number: (    )    -		Home Phone Number: (    )    -
Date of Birth:		Date of Birth:	

**OVER**

<b>Section C Cont.</b>	<i>Secretary/Member</i>	<i>Treasurer/Member</i>
	Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
	Home Street Address:	Home Street Address:
	Home City, State, Zip Code:	Home City, State, Zip Code:
	Home Phone Number: (    )    -	Home Phone Number: (    )    -
	Date of Birth:	Date of Birth:
<b>Section D</b>	<p>Have anyone named on this application ever been convicted of violating any federal or state laws, or local ordinances? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list 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. 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><b>I have knowledge of the City Ordinances currently regulating the license applied for herein, and all statements made in the foregoing application are true and correct.</b></p> <p style="text-align: right;">_____</p> <p style="text-align: right;">(Individual/Agent of Corporation or LLC/Partner)</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">(President of Corporation/Member of LLC/Partner)</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">(Secretary of Corporation/Add'l Member/Partners)</p>	

**Office Use Only:**

**Initials:** \_\_\_\_\_ **Filed:** \_\_\_\_\_ **AD:** \_\_\_\_\_ **License #:** \_\_\_\_\_ **Granted:** \_\_\_\_\_

# STATEMENT OF STOCK OWNERSHIP

ccl-247 (03/30/07)

This statement is required of all Corporations or Limited Liability Companies applying for a License in the City of Milwaukee. All persons who individually own 20% or more of the Corporation's/LLC's total or voting stock, or proxies for that amount of stock, together with the amount of stock and/or proxies held by each such person or persons, must be listed below.

Name of Corp or LLC \_\_\_\_\_

Corp or LLC Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

## STOCKHOLDERS

Full Name (First, Middle & Last)	Home Address (Not business or office)	City, State, & Zip	Date of Birth	Percentage of Shares Held
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(if more space is required, attach additional sheets)

**We understand that transfers of stock must be reported to the City Clerk within 48 hours after such transfer.**

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Wisconsin

My Commission Expires \_\_\_\_\_

(Notary Seal must be affixed)

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Signature of President/Member of LLC

\_\_\_\_\_  
Signature of Secretary/Member

**NOTE: Per the Milwaukee Code of Ordinances, a penalty is provided for submitting false statements or affidavits.**