



BILLIARD HALL/POOL TABLE 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

LICENSE PERIOD:

July 1 thru June 30, Annually

APPLICATION:

Submit application to City Clerk License Division, City Hall, Room 105, 200 E. Wells Street, Milwaukee, WI 53202; telephone (414) 286-2238.

FEES: \$125 (\$150, effective 1/1/10) for Billiard Hall License; and
\$40 for each Pool Table

Payment of all fees must be submitted with the 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 Signatures of the individual, all partners, an officer of a corporation, or a member of a limited liability company are required.

REQUIREMENTS:

Applicants must be 18 years of age or older.

Must be resident of the state of Wisconsin for at least 90 days prior to filing the application.

A permit must be obtained from the City of Milwaukee, Development Center, Permit Desk, 809 N. Broadway, 1st floor, (414) 286-8211, <http://www.mkedcd.org/build/pdfs/occcert.pdf>.

A State Seller's Tax Number must be obtained from the State of Wisconsin, 819 N. 6th St, Room 408, (414) 227-4000, <http://www.dor.state.wi.us/>

GRANTING:

After recommended approval by the Licenses Committee, licenses are granted by the Common Council at regularly scheduled meetings, which are usually held once a month. It generally takes about 5-6 weeks to process an application provided you follow the above instructions in a timely manner. Please note that no meetings are held during the month of August.

PARTIAL REFUND OF LICENSE FEE: If an application is withdrawn or denied, you are eligible for a partial refund, provided the refund is requested no later than one year from the date of withdrawal or denial of the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.

Regulations relating to BILLIARD HALLS are provided in ch. 87 of the Milwaukee Code of Ordinances and are available online at <http://www.milwaukee.gov/ordinances>



**City
of
Milwaukee**

BILLIARD HALL 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)

Section A	INDIVIDUAL OR PARTNERSHIP:	
	Full Name (Last, First & Middle Initial)	Full 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:	Date of Birth:
	Business Name:	Business Phone Number: () -
	Business Address (include City, State, Zip Code):	
	Mailing Address (if different from above address):	
	Name of Building Owner:	
	Address of Building Owner (include City, State, Zip Code):	
	Number of pool tables at this location: (Submit additional \$35.00 per table.)	
Please indicate any other type of business conducted on the premises:		
Section C	Full Name of corporation or limited liability company:	
	<i>Agent:</i>	
	Full Name (Last, First & Middle Initial):	Home Address (include City, State & Zip Code):
	Home Phone Number: () -	Date of Birth:

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	<i>President/Member</i>	<i>Vice President/Member</i>
	Full Name (Last, First & Middle Initial):	Full 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 C Cont.	<i>Secretary/Member</i>	<i>Treasurer/Member</i>
	Full Name (Last, First & Middle Initial):	Full 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>Has anyone named on this application been convicted of violating any federal or state laws or local ordinances? <input type="checkbox"/> Yes <input type="checkbox"/> No 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. 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 say that I am the person named above and that all statements made in the foregoing application are true and correct.</p> <p style="text-align: center;">_____ Individual/Officer of Corp/Member of LLC/Partner</p> <p style="text-align: center;">_____ Partner</p>	

Office Use Only:

Initials: _____ **Filed:** _____ **License #:** _____ **AD:** _____ **Granted:** _____