



**City
of
Milwaukee**

BOWLING ALLEY 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

License Period: July 1 thru June 30, Annually.

License Fee: \$25 per alley. Check made payable to: *City of Milwaukee*.

Requirements:

- A permit must be obtained from the City of Milwaukee, Development Center, Permit Desk, 809 N. Broadway, 1st floor, (414) 286-8211. Permit must be in the name of the same legal entity as the license applicant. <http://www.mkedcd.org/build/pdfs/occert.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/>.

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):		
	Number of Alleys at this location:		
Section C	Please indicate any other type of business conducted at the premises:		
	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:	Length of Residency:
	<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>_____</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 refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; 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;">_____</p> <p style="text-align: center;">Individual/Officer of Corp/Member of LLC/Partner</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Partner</p>	

Office Use Only:

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