



City  
of

Milwaukee

## DANCE STUDIO 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

**DEFINITION:** Dance Studio shall mean any room, place or space in which classes in dancing are held and instruction in dancing are given for hire.

**LICENSE PERIOD:** July 1 thru June 30, Annually.

**LICENSE FEE:** \$175. Checks made payable to: *City of Milwaukee*.

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

Incomplete applications as well as applications submitted without the required fee and notarized signature(s) will be returned.

**SIGNATURES:** Full legal names and notarized signatures of the individual, all partners, or the agent or officer of a corporation, or the agent or a member of a limited liability company 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:** May only be issued to applicants who have attained the age of 21 and are residents of the state of Wisconsin.

Professional Character: The Common Council, consistent with ss. 111.321, 111.322, and 111.335, Wis. Stats., may refuse to grant a license to any person who has been convicted of a felony, misdemeanor, or other offense the circumstances of which substantially relate to the circumstances of the particular licensed activity.

**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 to 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

### **ADDITIONAL PERMITS/LICENSES:**

Applicants must also obtain an occupancy permit from the Milwaukee Development Center (Permit Desk), 809 N. Broadway, 1st Floor, (414) 286-8211.

Contact the Health Department, 841 N. Broadway, (414) 286-3674 to check on any licenses you may need.

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

**REFUND OF LICENSE FEE:** If an application is withdrawn or denied, you are eligible for a refund in the amount of \$100, provided the refund is requested no later than one year from the date of withdrawal or denial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.



**City  
of  
Milwaukee**

# DANCE STUDIO 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](mailto:LICENSE@MILWAUKEE.GOV)

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

<b>Section A</b>	<b><u>INDIVIDUAL OR PARTNERSHIP:</u></b>		Full Name (Last, First & Middle Initial)		
	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):		
	Home Phone Number: (    )    -		Home Phone Number: (    )    -		
	Length of Residency:		Length of Residency:		
Date of Birth:		Date of Birth:			
<b>Section B</b>	<u>Business Name:</u>		Other license(s) held by applicant or attached to the premises:		
	Business Address (include City, State, Zip Code):				
	Building Owner Name:				
	Owner Home Address:			Home Phone Number:	
	Aldermanic District:	Business Phone Number: (    )    -		Legal Occupancy of the Premises:	
	Hours of Operation:		Number of Off Street Parking Spaces available at the premises:		Number of patrons expected on a daily basis:
	Will sound amplification equipment be used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:				
	Security plan for the premises:				
	Plan to maintain orderly appearance and operation of the premises with respect to litter and noise:				
	<b>Section C</b>	<b><u>Full Name of corporation or limited liability company:</u></b>			
Address, if different from business address (include City, State, & Zip Code):					
<i>Agent Or Local Manager:</i>					
Full Name (Last, First & Middle Initial):			Home Phone Number: (    )    -		
Home Address (include City, State & Zip Code):					
Length of Residency:			Date of Birth:		

OVER

Section C Continued	<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):
	Home Phone Number: (     )     -	Home Phone Number: (     )     -
	Date of Birth:	Date of Birth:
	Length of Residency:	Length of Residency:
	<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):
	Home Phone Number: (     )     -	Home Phone Number: (     )     -
Date of Birth:	Date of Birth:	
Length of Residency:	Length of Residency:	
Section D	Has anyone named on this application been convicted of violating any federal laws, state or local ordinances: <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, name person (s), date(s), charge(s) and penalties: _____ _____	
	Section E 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.  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.  SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ day of _____, 20_____ _____ Notary Public, State of Wisconsin  My commission expires _____ <span style="color: blue;">Notary Seal must be affixed</span>	
_____ Signature of Individual/Agent of Corp or LLC/Partner  _____ Signature of President of Corp/Member of LLC/Partner  _____ Signature of Sec of Corp/Addt'l Member/Partner		

**Office Use Only:**

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