



JUNK DEALER'S 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

DEFINITION: A "junk dealer" shall mean a person, firm, partnership, or corporation that buys, sells, gathers, delivers or stores junk and maintains a yard or building therefore as a principal place of business.

LICENSE PERIOD: May 1 to April 30: Licenses are issued for a 2-year period, which expires on April 30 in even numbered years, regardless of date of issuance.

LICENSE FEE: \$275 main yard; \$45 for each additional storage yard; 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.

APPLICATION: Complete, sign and return application to City Clerk License Division, City Hall, Room 105, 200 E. Wells Street, Milwaukee, WI 53202.

SIGNATURES REQUIRED: Full legal names and signatures of the individual, all partners, or the agent of a corporation or an LLC are required.

STORAGE YARDS: Filing of a separate application is required for each additional storage yard.

OTHER PERMITS REQUIRED:

Occupancy Permit: 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/occcert.pdf>.

Seller's Permit: 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/>.

Auto Salvage License: If hauling abandoned vehicles to Miller Compressing, you must also obtain a Wisconsin "Auto Salvage" License.

Contact the Wisconsin Department of Transportation Dealer Section, (608) 266-1425, P.O. Box 7909, Madison, WI 53707, or online at <http://www.dot.wisconsin.gov/business/dealers/> for information. Local municipalities are required to sign the state of Wisconsin application form. We cannot sign your form until you have first been granted and issued a City of license.

FINGERPRINTING; BACKGROUND INVESTIGATION:

All persons listed on the applications who are agents, officers, and members must be fingerprinted. The fingerprinting requirement also applies to stockholders owning 20% or more stock, if a corporation or a limited liability company.

Fingerprinting is conducted each weekday (excluding holidays) between the hours of 8:00 a.m. and 6:00 p.m. at the Police Administration Building, 951 N. James Lovell Street (7th St), Room 305.

If you are unsure if your fingerprints are already on file, report to the above address or call (414) 935-7281 for confirmation.

If you do not reside locally, call (414) 935-7430 to find out how to comply with the fingerprint requirement.

All fingerprints must be taken or on file prior to the completion of Police Background Investigation.

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 4 to 6 weeks to process an application provided you follow the above instructions in a timely manner. 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.



**City
of
Milwaukee**

JUNK DEALER'S 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)

A	INDIVIDUAL OR PARTNERSHIP:	
	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: () -
B	Date of Birth:	
	Business Name:	Business Phone Number: () -
	Business Address (include City, State, Zip Code):	
	Mailing Address (if different from above address):	
	Manager Name:	Manager Phone Number:
	Manager Home Address (Include City, State, Zip Code)	
	Indicate what you use for your business: Vehicles <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, How many? _____ Carts <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, How many? _____ Do you have additional storage yards? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, you must complete a separate application. Do you have any Aluminum Can Reclaiming Machines? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, How many? _____ List addresses where Aluminum Can Reclaiming Machines are located: _____ _____	
C	Full Name of corporation or limited liability company:	
	Address, if different from business address (Include City, State, Zip Code):	
	Date & State of Incorporation:	
	<i>Agent:</i>	
	Full Name (Last, First & Middle Initial):	Home Phone Number: () -
Home Address (include City, State & Zip Code):		Date of Birth:

OVER

C Cont.	<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:
	<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:	
D	<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>_____</p> <p>Individual/Agent of Corporation or LLC/Partner</p> <p>_____</p> <p>President of Corporation/Member of LLC/Partner</p> <p>_____</p> <p>Secretary of Corporation/Add'l Members/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.