



LOADING ZONE 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:

December 1, 2010 to November 30, 2012.

APPLICATION:

To obtain an application, call the Traffic Engineering Department at (414) 286-8677.

Completed applications should be submitted to the License Division, City Hall, 200 E. Wells Street, Room 105, Milwaukee, WI 53202.

FEE:

\$250 for each 30 feet or fraction thereof, or \$50 for a Disabled Loading Zone. The fee must be submitted with application. Checks should be made payable to the 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.

METER REMOVAL FEE:

An additional \$60 fee will be charged for each parking meter that may need to be removed in order to install your loading zone.

SIGNATURE REQUIRED:

Signature of the individual applicant, a partner, the agent or officer of a corporation, or the agent or member of an LLC is required on the application.

NON-PROFIT LOADING ZONE APPLICATIONS:

Applications must include the tax-exempt number.

GRANTING OF LICENSES:

Licenses are granted by the Common Council. Allow 5-6 weeks for processing.

LOADING ZONES FOR USE BY GENERAL PUBLIC:

Sec. 101-23.7-2, Milwaukee Code of Ordinances, provides that loading and unloading zones are for the use of the general public and are not restricted solely for the use of the permit holders or their patrons.

Loading and unloading zones are to be used for the purpose of, and while actively engaged in, loading or unloading property or passengers. Loading zones are not considered parking spaces.

PARTIAL REFUND OF LICENSE FEE:

If an application is withdrawn or denied, you are eligible for a partial refund, providing it is requested no later than one year from the date of withdrawal or denial of the application.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.

ELIGIBILITY FOR A DISABLED LOADING ZONE:

- The individual is blind, meaning the individual has central visual acuity that does not exceed 20/200 in the better eye with correcting lenses or a visual field that subtends an angle no greater than 20 degrees.
- The individual is visually impaired, meaning the individual has a loss of vision that can reasonably be expected to lead to blindness or a loss of vision that represents a handicap to employment or other major life activities.
- The individual has a disability, such as but not limited to Alzheimer's disease, delayed mental development or brain injury, which compromises the individual's problem-solving or reasoning skills and which makes it necessary for the individual to receive assistance in moving safely between the individual's residence and any vehicle that transports the individual.

APPLYING FOR A DISABLED LOADING ZONE:

1. The name of the disabled person must be listed as the applicant and all the information given shall be that of the disabled person.
2. If the applicant is unable to sign, the person signing the application must note their relationship to the applicant (for example: mother, father, wife, etc.)
3. All disabled loading zone applications must be submitted with a statement from a physician or a chiropractor licensed to practice in the State of Wisconsin or a Christian Science Practitioner residing in the State of Wisconsin specifically stating that the applicant meets one of the conditions listed in 101-23.7-1-b of the Milwaukee Code of Ordinances. See form ccl-138m "Physician's Certification of Disability Statement".
4. The physician's statement should not include any descriptions, list of symptoms, diagnosis or any other details of the exact nature of the individual's physical or mental ailment.
5. If the condition is temporary, the physician's statement should indicate the approximate date on which the disability will end.

ORDINANCES REGULATING LOADING ZONES

(CURB SPACE SPECIAL PRIVILEGE) ARE LOCATED IN S. 101-23.7 OF THE MILWAUKEE CODE AND MAY BE VIEWED ONLINE
<http://www.milwaukee.gov/ordinances>



NEW LOADING ZONE 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
WWW.MILWAUKEE.GOV/LICENSE

Mail completed application and fee to the address listed above. Make checks payable to: *City of Milwaukee*.

[!] Applications submitted incomplete or without the appropriate fee or Disabled Loading Zone applications submitted without a Physician's Certification of Disability Statement will be returned.

A	Check (√) one box below to identify type of applicant, and then complete the required application sections. <input type="checkbox"/> Individual or <input type="checkbox"/> Partnership (Fill out Sections B, C & E) <input type="checkbox"/> Disabled Loading Zone Individual Applicant (Fill out Sections B & E) <input type="checkbox"/> Corporation, Limited Liability Company or Non Profit Organization (Fill out Sections C, D & E)	
B	INDIVIDUAL OR PARTNER 1: Full Legal Name (Last, First & Middle Initial)	PARTNER 2: Full Legal 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: () -
C	Business Name:	
	Business Address (include City, State, Zip Code):	
	Mailing Address (if different from business address):	
	Location of Loading Zone (as provided by Traffic Engineering):	
	Reason(s) for Loading Zone:	
D	Full Name of Corporation, Limited Liability Company or Non Profit Organization:	
	List Tax Exempt Number (Non Profit Organizations only):	
	<i>Agent:</i>	
	Full Legal Name (Last, First & Middle Initial):	Home Phone Number: () -
	Home Address (include City, State & Zip Code):	
	<i>President/Member</i>	<i>Vice President/Member</i>
	Full Legal Name (Last, First & Middle Initial):	Full Legal 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: () -

D Continued	<i>Secretary/Member</i>	<i>Treasurer/Member</i>
	Full Legal Name (Last, First & Middle Initial):	Full Legal 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: () -

E	<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>▶ _____ Signature of Individual, Partner, Agent, Officer, Member or Relative of Disabled Loading Zone Applicant</p>	<p>▶ _____ Relationship to Disabled Loading Zone Applicant (Example: parent, spouse, guardian, etc.)</p>

Office Use Only

Traffic Engineering	Curb Space Area Footage: _____
	Location where signs are to be placed: _____
	Hours of Use: _____
	<input type="checkbox"/> Regular Loading Zone \$250.00 _____
	<input type="checkbox"/> Loading Zone over 30 feet (\$250 per 30 feet) _____
	<input type="checkbox"/> Disabled Loading Zone \$50.00 _____
	<input type="checkbox"/> Non-profit Loading Zone \$250 _____
<input type="checkbox"/> Non-profit Loading Zone over 30 feet (\$250 per 30 feet) _____	
<input type="checkbox"/> Parking Meter Removal _____ @ \$60.00 _____	
Total Fee _____	
Reviewed by Traffic Engineering _____	

Aldersperson	To be completed by the Local Aldersperson:	
	<input type="checkbox"/> Recommend Approval	▶ _____
	<input type="checkbox"/> Objection	Signature of Local Aldersperson
	Check reason(s) for objection:	
	<input type="checkbox"/> The nature of land use in the block	
	<input type="checkbox"/> The availability of parking in the block	
	<input type="checkbox"/> The roadway geometrics in the block	
<input type="checkbox"/> The hours of the day or night when use is necessary or most convenient		
<input type="checkbox"/> The likely impact on the surrounding neighborhood		
<input type="checkbox"/> In the case of a disabled loading zone, the validity of the disability claimed		

Office Use Only: Initials: _____ Filed: _____ AD: _____

License Type: _____ #: _____ Granted: _____ Issued: _____