



**PRIVATE ALARM BUSINESS
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
WWW.MILWAUKEE.GOV/LICENSE

A	IDENTIFY TYPE OF ENTITY HOLDING LICENSE.	
	Check (√) one and complete all required sections: <input type="checkbox"/> INDIVIDUAL: (Complete Sections B and E to H) <input type="checkbox"/> PARTNERSHIP: (Complete Sections B, C and E to H) <input type="checkbox"/> CORPORATION OR LLC: (Complete Sections D to H)	

B	INDIVIDUAL APPLICANT OR PARTNER 1.		C	PARTNER 2.	
	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: () -	
Date of Birth:		Date of Birth:			

D	(1) IDENTIFY NAME OF CORPORATION OR LLC.			
	Full Name of Corporation or Limited Liability Company:			
	(2) AGENT OF CORPORATION OR LLC.			
	Full Legal Name (Last, First & Middle Initial):		Home Address (include City, State & Zip Code):	
	Home Phone Number: () -		Date of Birth:	% of Stock Held:
	(3) PRESIDENT OR LLC MEMBER 1.		(4) VICE PRESIDENT OR LLC MEMBER 2.	
	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:	% of Stock Held:	Date of Birth:	% of Stock Held:
	(5) SECRETARY OR LLC MEMBER 3.		(6) TREASURER OR LLC MEMBER 4.	
Full Name (Last, First & Middle Initial):		Full Name (Last, First & Middle Initial):		
Home Address:		Home Address:		
Home City, State, Zip Code:		Home City, State, Zip Code:		
Home Phone Number: () -		Home Phone Number: () -		
Date of Birth:	% of Stock Held:	Date of Birth:	% of Stock Held:	

G	IDENTIFY REGISTERED AGENT (if business not located in Wisconsin).
	List below the registered agent (for service of process, notice or demand required and permitted by law to be served on foreign corporations), if the place of business, as disclosed in Section F-1 above, is not located in the state of Wisconsin.
	Full Legal Name of Registered Wisconsin Agent (Last, First & Middle Initial):
	Business Address of Wisconsin Office of Registered Wisconsin Agent (include City, State, Zip code):

(1) DECLARATIONS, ACKNOWLEDGEMENTS AND DISCLOSURES.
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1. The undersigned agrees to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application.

2. 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.

3. 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.

(2) NOTARIZED SIGNATURES OF APPLICANTS.
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H	The application must be signed under oath by the applicant, if an individual; a partner; if a partnership; or the agent, an officer or member, if a corporation or LLC.	
	SUBSCRIBED AND SWORN TO BEFORE ME THIS	
	_____ day of _____, 20_____	▶ _____ Signature of Individual; Partner; or Agent/Officer/Member of Corp or LLC
	_____ Notary Public, State of Wisconsin	▶ _____ Printed Name of Person Signing Above
	My commission expires _____	
	[!] Important: Notary Seal must be affixed	

Office Use Only:					
Filed: _____	Initials: _____	License #: _____	Granted: _____	Issued: _____	AD: _____