



PAWNBROKER 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:

Pawnbroker shall mean an individual, partnership, limited liability company or corporation engaged in the business of lending money on personal property or goods, which are pledged as security for the loan on the condition that if the loan is not repaid within a specified period of time the goods used as security may be sold to compensate for nonpayment.

LICENSE PERIOD:

January 1 thru December 31, Annually

APPLICATION:

Submit application to City Clerk License Division, City Hall, Room 105, 200 E. Wells Street, Milwaukee, WI 53202, telephone (414) 286-2238.

FEE:

\$375. License fee **must be submitted with application**. Checks made 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.

SIGNATURES:

Signatures of the individual, all partners, the agent, president and secretary of the corporation, or the agent and all members of a limited liability company are required.

RESIDENCY:

The individual, both partners, or agent of a corporation or limited liability company must be a resident of the state of Wisconsin for one year prior to the date of

application. Proof of residency must be submitted to the Milwaukee Police Department License Investigation Unit upon application, please call (414) 935-7430 to comply with this requirement.

REQUIREMENTS:

The attached bond form in the amount of \$500 must be completed by two sureties and submitted with your application.

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 same legal entity as the license applicant.
<http://www.mkedcd.org/build/pdfs/occcert.pdf>.

If a variance is required, contact the Board of Zoning Appeal, (414) 286-2501, or visit online at <http://www.mkedcd.org/boza/>.

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.

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If an application is withdrawn or denied, you are eligible for a partial refund, provided the refund is requested no later than one year from the date of withdrawal or denial of the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



PAWNBROKER LICENSE APPLICATION

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 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:
	Place of Birth:	Place of Birth:
	Home Phone Number: () -	Home Phone Number: () -
B	Business Name:	
	Business Address (include City, State, Zip Code):	
	Mailing Address (if different from above address):	
	Building Owner:	
	Building Owner's Address:	
C	Full Name of corporation or limited liability company:	
	State of Incorporation:	
	<i>Agent:</i>	
	Full Name (Last, First & Middle Initial):	Home Address (include City, State & Zip Code):
	Home Phone Number: () -	Date of Birth: Place of Birth:
	<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:
	Place of Birth:	Place of Birth:
	Home Phone Number: () -	Home Phone Number: () -
Date of Birth:	Date of Birth:	

C Cont.	<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:
	Place of Birth:	Place of Birth:
	Home Phone Number: () -	Home Phone Number: () -
	Date of Birth:	Date of Birth:
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 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 style="text-align: center;">_____</p> <p style="text-align: center;">Individual/Agent of Corp or LLC/Partner</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">President of Corp/Member of LLC/Partner</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Secretary of Corp/Add'l Members/Partner</p>	

Office Use Only:

Initials: _____ Filed: _____ AD: _____ License #: _____ Granted: _____

SURETY 2

In presence of:

PRINT NAME OF PRINCIPAL

(Witness)

By _____
SIGNATURE OF PRINCIPAL

(Witness)

(Seal)
Corporations Operating with Seal, Please Affix

ATTORNEY-IN-FACT/AGENT

AFFIDAVIT

STATE OF WISCONSIN)
)ss
_____ County)

I, _____, being first duly sworn, on oath depose and say
(Print Name of Attorney-In-Fact/Agent)

that I am _____ of the _____,
(Attorney in fact or Agent) (Bonding Company)

surety on the attached bond executed for _____
(Name of Insured)

Affiant further deposes and says that no officer, official or employee of the City of Milwaukee has any interest, directly or indirectly, or is receiving any premium, commission, fee, or other thing of value on account of the sale or furnishing of said bond.

Subscribed and sworn to before me this

Attorney-in-fact/Agent

_____ day of _____, 20_____

Notary Public, State of _____

My Commission expires _____
Notary seal muse be affixed