



PHONOGRAPH MACHINE DISTRIBUTOR 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

LICENSE PERIOD:

Annual, July 1 thru June 30

APPLICATION:

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

An updated disclosure must be filed on or before December 31st of each calendar year. Failure to do will result in a \$25 late filing of updated disclosure fee.

LICENSE FEE:

\$850 must be submitted with application. Make checks payable to: City of Milwaukee.

SIGNATURES:

Full Legal Names and Notarized signature of the individual, all partners, the agent, president, and secretary of the corporation, or all members of a LLC 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:

Applicants must be 18 years of age or older.

Good professional character. A person who has been convicted of any felony, misdemeanor or other offense, the circumstances of which substantially relate to this type of business, in this

state or any other state, may be ineligible for a license.

An individual and all partners of a partnership, must be residents of the State of Wisconsin for at least one year prior to filing an application. This requirement shall apply only to the agent of a Corporation or Limited Liability Company.

REPORT CHANGES:

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

GRANTING OF LICENSES:

Licenses are granted by the Common Council on recommendation of the Licenses Committee. Please allow 5 to 6 weeks for processing.

REFUND OF LICENSE FEE:

If an application is withdrawn or denied, you are eligible for a partial refund of the license fee, provided the refund is requested no later than one year from the date of withdrawal or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



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(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV
WWW.MILWAUKEE.GOV/LICENSE

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

Section A	INDIVIDUAL OR PARTNERSHIP:		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:	
	Length of residency:		Length of residency:	
	Home Phone Number: () -		Home Phone Number: () -	
Date of Birth:		Date of Birth:		
Section B	Business Name:		Business Phone Number: () -	
	Business Address (include City, State, Zip Code):			
	Mailing Address (if different from above address):			
Section C	Full Name of corporation or limited liability company:			
	<i>Agent:</i>			
	Full Legal Name (Last, First & Middle Initial):		Home Address (include City, State & Zip Code):	
	Home Phone Number: () -		Date of Birth:	Length of Residency:
	<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:	
	Length of residency:		Length of residency:	
	Home Phone Number: () -		Home Phone Number: () -	
Date of Birth:		Date of Birth:		

OVER

Section C Contined	<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:
	Length of residency:	Length of residency:
	Home Phone Number: () -	Home Phone Number: () -
	Date of Birth:	Date of Birth:

Section D	<p>How many games do you presently own? _____</p> <p>A list disclosing the addresses of premises where machines are presently placed or are contracted to be placed, the number of machines placed or to be placed at the premises and the legal name of the entity with whom the machines are placed must be submitted along with this application.</p>
	<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>The undersigned agrees to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application.</p> <p>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 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.</p>
	<p>SUBSCRIBED AND SWORN TO BEFORE ME THIS</p> <p>_____ day of _____, 20_____</p> <p>_____ Individual/Agent of Corp or LLC/Partner</p> <p>_____ President of Corp/Member of</p> <p>Notary Public, State of Wisconsin LLC/Partner</p> <p>My commission expires _____</p> <p>_____ Secretary of Corp/Add'l Members/Partner</p>

Office Use Only:

Initials: _____ **Filed:** _____ **License#:** _____ **AD:** _____

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