



## THEATER 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](mailto:LICENSE@MILWAUKEE.GOV)  
[WWW.MILWAUKEE.GOV/LICENSE](http://WWW.MILWAUKEE.GOV/LICENSE)

**A THEATER** is a building or portion of a building used for exhibitions or performances for which an admission fee is charged. Included (not exclusively) are stage performances and motion picture establishments.

A theater may not be operated without a license from the City of Milwaukee. The only exception to the licensing requirement is a theater operated solely for the benefit of and under the supervision of a religious, educational, or charitable organization.

### **LICENSE PERIOD:**

Biennial, April 1 thru March 31, in even-numbered years.

### **APPLICATION:**

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

### **LICENSE FEE:**

The fee is \$0.30 per seat, rounded to the nearest \$50, with a minimum fee of \$220 and a maximum fee of \$1,600. Checks should be 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:**

The notarized signature of the applicant or the applicant's duly authorized representative is required.

### **REQUIREMENTS:**

If the applicant is not a city of Milwaukee resident, you must list a local representative who lives in Milwaukee County, upon which service can be made.

Applicants must also obtain a permit from the Milwaukee Development Center (Permit Desk), 809 N. Broadway, 1st Floor, telephone (414) 286-8211.

Contact the Health Department, 841 N. Broadway, telephone (414) 286-3674 to check on any licenses you may need.

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If an application is withdrawn or denied, you are eligible for a partial refund, provided the refund is requested no later than one year from the date of withdrawal or denial of the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



# THEATER (STAGE or CINEMA) APPLICATION

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 200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202  
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FEE: \$.30 PER SEAT, ROUNDED TO THE NEAREST \$50.  
 MINIMUM FEE: \$220      MAXIMUM FEE: \$1,600

Check one:

- Individual or  Partnership (Fill out Section A, B, D & E)  
 Corporation or LLC (Fill out Section B, C, D & E)

<b>Section A</b>	<b><u>INDIVIDUAL OR PARTNERSHIP:</u></b>	
	Full Name (Last, First & Middle Initial)	Full Name (Last, First & Middle Initial)
	Home Address (include City, State, Zip Code):	Home Address (include City, State, Zip Code):
	Home Phone Number: (    )    -	Home Phone Number: (    )    -
	Date of Birth:	Date of Birth:
<b>Section B</b>	Theater Name:	
	Theater Address (include City, State, Zip Code):	
	Number of Seats:	Theater Phone Number:
<b>Section C</b>	<b><u>Full Name of corporation or limited liability company:</u></b>	
	Mailing Address, if different from business address (include City, State, & Zip Code):	
	<i>Agent:</i>	
	Full Name (Last, First & Middle Initial):	Home Phone Number: (    )    -
	Home Address (include City, State & Zip Code):	
	Date of Birth:	
<b>Section C</b>	<i>President/Member</i>	<i>Vice President/Member</i>
	Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
	Home Address (include City, State, Zip Code):	Home Address (include City, State, Zip Code):
	Home Phone Number: (    )    -	Home Phone Number: (    )    -
	Date of Birth:	Date of Birth:

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<b>C Cont.</b>	<i>Secretary/Member</i>	<i>Treasurer/Member</i>
	Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
	Home Address (include City, State, Zip Code):	Home Address (include City, State, Zip Code):
	Home Phone Number: (     )     -	Home Phone Number: (     )     -
	Date of Birth:	Date of Birth:
<b>Section D</b>	If none of the above reside in Milwaukee County, fill out below for Local Person in Charge:	
	Full Name (Last, First & Middle Initial):	Date of Birth:
	Home Address (include City, State, Zip Code):	Home Phone Number: (     )     -
<b>Section E</b>	<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 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><b>SUBSCRIBED AND SWORN TO BEFORE ME THIS</b></p> <p>_____ day of _____, 20_____</p> <p style="text-align: right;">_____ Signature of Individual/Partner/ Agent of Corp or LLC</p> <p>_____ Notary Public, State of Wisconsin</p> <p style="text-align: right;">_____ Signature of Additional Partner</p> <p>My commission expires _____</p>	

Office Use Only:

Initials: \_\_\_\_\_ Filed: \_\_\_\_\_ License #: \_\_\_\_\_ Granted: \_\_\_\_\_