

ICE CREAM PEDDLER LICENSE APPLICATION

PLEASE PRINT CLEARLY

RENEWAL? (Y/N): _____

TODAY'S DATE: _____

APPLICANT'S NAME _____
LAST FIRST MIDDLE INITIAL

DATE OF BIRTH _____

HOME ADDRESS _____
(Include city, state, and zip code)

MAILING ADDRESS IF DIFFERENT THAN ABOVE _____
(Include city, state, and zip code)

HOME TELEPHONE # _____ CELL # _____
(Include area code and number) (Include area code and number)

NAME OF THE BUSINESS FOR WHOM YOU ARE WORKING: _____

PEDDLER PERMIT NUMBER OF THE ABOVE BUSINESS: _____

I, the undersigned, understand the following: My Ice Cream Peddler License application will be reviewed by the Milwaukee Police Department. Licenses shall be granted in accordance with Milwaukee Code of Ordinances, Section 74- 2. In the event an application for a new or renewed license is denied, the applicant may appeal the denial to the Administrative Review Appeals Board. In the event of license denial or withdrawal of the application by the applicant, the application fee shall not be refunded.

SIGNATURE OF APPLICANT: _____

This box is for Health Department use only.

TYPE OF LICENSE AND REQUIRED FEE New license Renewal Other _____

ICE CREAM PEDDLER LICENSE \$50.....\$ _____

DATE PAID: _____ LIC YEAR: _____

CHECK NO: _____ REC'D BY: _____ LIC NO: _____

ESTAB NO: _____ DATE LIC ISSD: _____

DRIVERS LICENSE #: _____

ISSUE DATE _____ EXPIRATION _____ STATE OF ORIGIN _____

OTHER PHOTO ID # _____

ID TYPE _____ EXPIRATION _____ STATE OF ORIGIN _____

FINGER PRINTS ARE ON FILE: YES _____ NO _____ Number: A - _____

DATE OF BACKGROUND CHECK: _____

POLICE ATTACHMENT: YES _____ (See reverse side) NO _____

LICENSE RELEASE DATE: _____ RELEASED BY: _____

LICENSE DENIAL DATE: _____

APPEAL PENDING: YES _____ NO _____ RESULTS OF APPEAL: GRANTED _____ DENIED _____