City of Milwaukee

EXTENDED HOURS ESTABLISHMENT 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: An extended hours establishment shall mean any convenience store, filling station, personal service establishment or restaurant open at any time between the hours of 12 a.m. and 5 a.m.

LICENSE PERIOD: Annual, May 1 thru April 30

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

FEE: The $200 license fee **must be submitted with application**. Checks payable to: City of Milwaukee.

EXEMPTIONS: No license is required for premises holding a Class "B" alcohol beverage license open during those hours which Class "B" premises may be open.

REFUNDS: In the event of license denial or withdrawal of the application by the applicant, $50.00 of the application fee shall be retained for administrative and processing costs. Requests must be made within one year and please allow four to six weeks from the date of your request for processing.

SIGNATURES: Notarized signature of the individual, all partners, an officer of a corporation, or member of a LLC are required.

REQUIREMENTS:

Applicants must be 18 years of age.

Individual applicants, partners, or the agent of a Limited Liability Company or Corporation must be residents of the state of Wisconsin.

The applicant shall file a copy of a valid occupancy certificate with the license application. An occupancy permit may be obtained from the City of Milwaukee, Development Center, Permit Desk, 809 N. Broadway, 1st floor, (414) 286-8211, Permit must be in the name of the same legal entity as the license applicant. http://www.mkedcd.org/build/pdfs/occcert.pdf.

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

FINGERPRINTS: All applicants (including partners, the agent of the corporation or LLC) whose fingerprints are not on file with the Milwaukee Police Department must be fingerprinted. Report to the Police Administration Building, 951 N. James Lovell St. (7th St), Room 305 to be fingerprinted. If you are an out of town resident, call (414) 935-7281 to receive information regarding how to comply with the fingerprint requirement.

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 5 days of the change.

GRANTING OF LICENSES: Licenses are granted by the Common Council. Please allow 5-6 weeks for processing.

Regulations related to EXTENDED HOURS ESTABLISHMENTS are provided in s. 84-7 and ch. 295 of the Milwaukee Code of Ordinances and are available online at **http://www.milwaukee.gov/ordinances** or can be purchased from the Legislative Reference Bureau in City Hall, Room B-11.

City of Milwaukee

EXTENDED HOURS ESTABLISHMENT APPLICATION

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Any incomplete application or application submitted without the required fee will be returned. Checks should be made payable to the City of Milwaukee. Return to above address.

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

Section 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:
Home Phone Number: ( ) -	Home Phone Number: ( ) -
Date of Birth:	Date of Birth:

Section B

Business Name:	Business Phone Number: ( ) -	Aldermanic District:
Business Address (include City, State, Zip Code):		
Building Owner Name:		
Building Owner Address (include City, State, Zip Code):		
Has the applicant previously been permitted/licensed to conduct a 24-hour establishment in the City of Milwaukee? ☐ Yes ☐ No If yes, list address:		

Section C

Full Name of corporation, limited liability company, club or association:

Address, if different from business address (include City, State, & Zip Code):

Agent Or Local Manager:

Full Name (Last, First & Middle Initial):	Home Street Address:
Home Phone Number: ( ) -	Home City, State, Zip Code:
Stockholder ☐ Percentage of Stock %	Date of Birth:

President/Member	*Vice President/Member*
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:	Date of Birth:
Stockholder ☐ Percentage of Stock %	Stockholder ☐ Percentage of Stock %

OVER

Section C Continued

Secretary/Member	*Treasurer/Member*
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:	Date of Birth:
Stockholder ☐ Percentage of Stock %	Stockholder ☐ Percentage of Stock %

List any additional stockholders owning 20% or more stock:

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: Percentage of Stock %	Date of Birth: Percentage of Stock %

Section D

List all applicant convictions, including ordinance violations. Include the jurisdiction where they occurred. Do not list traffic violations. _____
_____
_____
_____
_____
Attach additional pages if necessary.

Section E

Read carefully before signing: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to the law and that the rights and responsibilities conferred by the license, if granted, will not be assigned to another.

The undersigned agrees to inform the City Clerk within five 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 refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; 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.

Individual applicants and each member of a partnership must sign under oath. An officer/member of a corporation or LLC must sign under oath. 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.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____day of _____, 20_____

_____
Individual/Officer of Corp or Member of LLC/Partner

_____
Notary Public, State of Wisconsin

_____
Partner

My commission expires_____

Office Use Only:

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

City of Milwaukee

PLAN OF OPERATION – EXTENDED HOURS ESTABLISHMENT

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To be completed by the individual, a partner, or officer/member of a corporation/LLC.

Business Trade Name:

Name of Corporation/LLC:

Premises Address:

Day of Week	**Current Hours of Operation:** i.e. 8:00 A.M. to 1:30 A.M. or 24 hours	**Proposed Hours of Operation:** i.e. 8:00 A.M. to 1:30 A.M. or 24 hours	**Number of Patrons Expected:**
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

What are your plans for security at the premises?

_____

_____

_____

What are your plans to ensure the orderly appearance and operation of the business with respect to:

Litter: _____

_____

Noise: _____

_____

For Restaurant Only, Legal Occupancy Limit / Capacity:

For Restaurant OR Personal Service Establishment: Number of Off Street Parking Places ____

What other licenses does the applicant hold?

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ day of _____, 20 ___

_____
Notary Public Signature

My Commission expires: _____

Applicant's Name:_____
(Please Print)

Applicant's Signature: _____

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