City of Milwaukee

JUNK DEALER'S 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:
A "junk dealer" shall mean a person, firm, partnership, or corporation that buys, sells, gathers, delivers or stores junk and maintains a yard or building therefore as a principal place of business.

LICENSE PERIOD:
May 1 to April 30; Licenses are issued for a 2-year period which expires on April 30 in even numbered years, regardless of date of issuance.

LICENSE FEE:
$250 main yard; $45 for each additional storage yard. **Fee must be submitted with application**. Checks made payable to: City of Milwaukee.

APPLICATION:
Complete, sign and return application to City Clerk License Division, City Hall, Room 105, 200 E. Wells Street, Milwaukee, WI 53202.

SIGNATURES REQUIRED:
Signatures of the individual, all partners, or the agent of a corporation or a LLC is required.

STORAGE YARDS:
A separate application is required for each additional storage yard. Contact the License Division for additional forms.

REQUIREMENTS:
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 name of the same legal entity as the license applicant. http://www.mkedcd.org/build/pdfs/occcert.pdf.

A State Seller's Tax Number must be obtained from the State of Wisconsin, 819 N. 6th St, Room 408, (414) 227-4444, http://www.dor.state.wi.us/.

If you plan to haul abandoned vehicles to Miller Compressing, you must also obtain a State of Wisconsin "Auto Salvage" License. Contact the Wisconsin Department of Transportation Dealer Section, (608) 266-1425, P.O. Box 7909, Madison, WI 53707-7909, http://www.dot.wisconsin.gov/business/dealers/ for information. Local Municipalities are required to sign the state of Wisconsin application form. We cannot sign your form until you have been granted and issued a City of Milwaukee License.

POLICE INVESTIGATION: The Milwaukee Police Department conducts a background investigation of all license applicants. Applicants may be contacted by a representative of the Police Department in the course of conducting its investigation.

GRANTING:
After recommended approval by the Licenses Committee, licenses are granted by the Common Council at regularly scheduled meetings, which are usually held once a month. It generally takes about (5) to (6) weeks to process an application provided you follow the above instructions in a timely manner. Please note that no meetings are held during the month of August.

Regulations relating to JUNK DEALERS are provided in ss. 92-3 and 4 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

JUNK DEALER'S LICENSE APPLICATION

OFFICE OF THE CITY CLERK LICENSE DIVISION
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:
	Home Phone Number: ( ) -	Home Phone Number: ( ) -
	Date of Birth:	Date of Birth:
B	Business Name:	Business Phone Number: ( ) -
	Business Address (include City, State, Zip Code):	
	Mailing Address (if different from above address):	
	Manager Name:	Manager Phone Number:
	Manager Home Address (Include City, State, Zip Code)	
	Indicate what you use for your business: Vehicles ☐ Yes ☐ No; If yes, How many? _____ Carts ☐ Yes ☐ No; If yes, How many? _____ Do you have additional storage yards? ☐ Yes ☐ No; If yes, you must complete a separate application. Do you have any Aluminum Can Reclaiming Machines? ☐ Yes ☐ No; If yes, How many? _____ List addresses where Aluminum Can Reclaiming Machines are located: _____ _____	
C	**Full Name of corporation or limited liability company:**	
	Address, if different from business address (Include City, State, Zip Code):	
	Date & State of Incorporation:	
	Agent:	
	Full Name (Last, First & Middle Initial):	Home Phone Number: ( ) -
	Home Address (include City, State & Zip Code):	Date of Birth:

OVER

C Cont.		
	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:
	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:

D

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 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.

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.

_____
Individual/Agent of Corporation or LLC/Partner

_____
President of Corporation/Member of LLC/Partner

_____
Secretary of Corporation/Add'l Members/Partners

Office Use Only:

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