City of Milwaukee

PRECIOUS METAL AND GEM DEALERS 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: "Precious metal and gem dealer" means any person, corporation, partnership or association which engages in any transaction of buying, selling, or receiving secondhand jewelry, sterling silverware or gold or silver coins or bullion to and from the public within the city from a fixed and regular place of business.

LICENSE PERIOD: Annual, January 1 through December 31

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

FEE: The $50.00 license fee, **must be submitted with application**. Checks made payable to the City of Milwaukee.

SIGNATURES: Signature of the individual, all partners, the agent, president, and secretary of the corporation, or the agent and all members of a LLC are required.

REQUIREMENTS:

- Applicants must have a good professional character.
- Applicants must have resided in the state of Wisconsin continuously for at least one year prior to filing the application.
- A permit must be obtained from the City of Milwaukee, Development Center, Permit Desk, 809 N. Broadway, 1st floor, (414) 286-8211, 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/

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

RECORDING KEEPING: If you have any questions about the records which must be kept or the proper means of identification, please contact the Milwaukee Police Department, Gold and Silver Detail at (414) 935-7280.

EXEMPTIONS FROM THE LICENSING REQUIREMENT:

- Transactions at occasional garage or yard sales, estate sales, coin, gem, or antique or stamp shows, conventions or auctions.
- Transactions involving the purchase of grindings, filing, slag, sweeps, scraps or dust from and industrial manufacturer, dental laboratory, dentist or agent thereof.
- Transactions involving the purchase of photographic film, such as lithographic and x-ray processing.
- Operations between dealers licensed under this section.
- Transactions at financial institutions licensed or regulated by the state of Wisconsin or U.S. government.

ORDINANCES GOVERNING PRECIOUS METAL AND GEM DEALERS ARE LOCATED IN SECTIONS 92-10 OF THE MILWAUKEE CODE AND MAY BE VIEWED ONLINE http://www.ci.mil.wi.us/ctygov/council/isysintro.htm or purchased from the Legislative Reference Bureau in City Hall, Room B-11.

City of Milwaukee

PRECIOUS METAL AND GEM DEALERS APPLICATION

OFFICE OF THE CITY CLERK LICENSE DIVISION
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(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV

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:
	Place of Birth:	Place of Birth:
Section B	Business Name:	Business Phone Number: ( ) -
	Business Address (include City, State, Zip Code):	
	Name of Building Owner:	
	Building Owner's Address (Include City, State, Zip Code):	
	Name of Manager or Proprietor of Business:	
	Address:	Date of Birth:
	Indicate type of merchandise being sold:	
Section C	**Full Name of corporation or limited liability company:**	
	State of Incorporation:	
	Address, if different from business address (include City, State, & Zip Code):	
	Agent: Full Name (Last, First & Middle Initial):	Home Phone Number: ( ) -
	Home Address (include City, State & Zip Code):	
	Place of Birth:	Date of Birth:

OVER

Section C Continued

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:
Place of Birth:	Place 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:
Place of Birth:	Place of Birth:

Section D

Has anyone named on this application been convicted within the preceding 10 years of a felony or within the preceding 5 years of a misdemeanor, statutory violation punishable by forfeiture or county or municipal ordinance violation in which the circumstances of the felony, misdemeanor or other offense substantially relate to the circumstance of the licensed activity?
☐ Yes ☐ No; If yes, name person (s), date(s), place(s), charge(s) and penalties:

_____

_____

Section E

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: _____ Issued: _____