City of Milwaukee

AMUSEMENT MACHINE PREMISES 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: The license for each premises where 1-5 amusement machines are used or played, or exhibited for use or play by the general public. (Amusement machines do not include pool tables or jukeboxes, which require pool table and phonograph jukebox premises licenses.)

LICENSE PERIOD: Annual, July 1 thru June 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 $50.00 license fee, and $20.00 fee for each tag (if required), **must be submitted with the application**. Checks should be made payable to the City of Milwaukee.

TAGS: If you own any of the amusement machines on the premises, you will need to purchase a tag for each machine. Once issued, the tags must be securely fastened to the amusement machines in a conspicuous place so that they may be easily seen by a police officer.

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

REQUIREMENTS:

Applicants must be 18 years of age.

Good professional character. A person who has been convicted of any felony, misdemeanor or other offense, the circumstances of which substantially relate to this type of business, in this state or any other state, may be ineligible for a license.

Individual applicants, all partners, the agent of a Corporation or Limited Liability Company must be residents of Milwaukee County for at least one year prior to applying for this license.

Contact the Milwaukee Development Center Permit Desk, 809 N. Broadway, 1st Floor, telephone (414)286-8211 to determine if any permits are needed.

FINGERPRINTS: All applicants (including all partners, all corporate officers, members and the agent) 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 10 days of the change.

GRANTING OF LICENSES: Licenses are granted by the Common Council on recommendation of the Utilities and Licenses Committee. Please allow 5-6 weeks for processing.

ORDINANCES GOVERNING AMUSEMENT MACHINE PREMISES ARE LOCATED IN SECTIONS 84-50 and 107-13 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.

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AMUSEMENT MACHINE PREMISES LICENSE APPLICATION

ccl-106b (8/03)

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

Section A	**INDIVIDUAL OR PARTNERSHIP:** 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):
	Length of residency:	Length of residency:
	Home Phone Number: ( ) -	Home Phone Number: ( ) -
	Date of Birth:	Date of Birth:
Section B	Business Name:	Business Phone Number: ( ) -
	Business Address (include City, State, Zip Code):	
	Mailing Address (if different from above address):	
	Name of Building Owner:	
	Address of Building Owner (include City, State, Zip Code):	
	Number of Machines: (If there are more than 5 machines, a videogame center license is required instead.)	Do you own these machines? ☐ Yes ☐ No If yes, enclose additional $20.00 per machine. If no, list name of distributor:
	Please indicate any other type of business conducted on the premises:	
Section C	**Full Name of corporation or limited liability company:**	
	Agent:	
	Full Name (Last, First & Middle Initial):	Home Address (include City, State & Zip Code):
	Home Phone Number: ( ) -	Date of Birth: / Length of Residency:

OVER

	President/Member	Vice President/Member
	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):
	Length of residency:	Length of residency:
	Home Phone Number: ( ) -	Home Phone Number: ( ) -
	Date of Birth:	Date of Birth:
Section C Cont.	*Secretary/Member*	*Treasurer/Member*
	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):
	Length of residency:	Length of residency:
	Home Phone Number: ( ) -	Home Phone Number: ( ) -
	Date of Birth:	Date of Birth:

Section D

Has anyone named on this application been convicted of violating any federal or state laws or local ordinances? ☐ Yes ☐ No If yes, list name of person(s), date, charge, and penalty:

_____
_____
_____
_____

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 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/Agent of Corp or LLC/Partner

_____
Notary Public, State of Wisconsin

_____
President of Corp/Member of LLC/Partner

My commission expires_____

_____
Secretary of Corp/Add'l Members/Partner

Office Use Only:

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