



## 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:** \$250, **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.

**SIGNATURES:** Full legal names and notarized signatures of the individual, all partners, an officer of the corporation, or member of a LLC are required. (All commissioned notaries public, including attorneys, must impress their notary seal on the notarial certificates they issue. Applications submitted without the required seal will be returned.)

### **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.

**OCCUPANCY PERMIT:** An occupancy permit may be obtained from the City of Milwaukee, Development Center, Permit Desk, 809 N. Broadway, 1<sup>st</sup> floor, (414) 286-8211

<http://www.mkedcd.org/build/pdfs/occcert.pdf>.

The applicant shall file with the license application a copy of a valid occupancy certificate or provide proof of having applied for an occupancy certificate.

The permit must be in the name of the same legal entity as indicated on the license application. Take your application to the Development Center when applying for your occupancy permit. **No license shall be issued until you have provided proof that the certificate of occupancy has been issued.**

**HEALTH DEPARTMENT:** Contact the Health Department, 841 N. Broadway, telephone (414) 286-3674 to check for any permits 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. (7<sup>th</sup> 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.

**REFUND OF LICENSE FEE:** If an application is withdrawn or denied, you are eligible for a refund in the amount of \$175, provided the refund is requested no later than one year from the date of withdrawal or denial of the application. If a license is not issued, the refund must be requested no later than one year from the date of application, unless the license has been granted, in which case no later than one year from the date of granting of the license.



## EXTENDED HOURS ESTABLISHMENT LICENSE APPLICATION

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(414) 286-2238 E-MAIL ADDRESS: [LICENSE@MILWAUKEE.GOV](mailto:LICENSE@MILWAUKEE.GOV)  
[WWW.MILWAUKEE.GOV/LICENSE](http://WWW.MILWAUKEE.GOV/LICENSE)

|          |  |
|----------|--|
| <b>A</b> | <b>IDENTIFY TYPE OF ENTITY HOLDING PERMIT.</b>   |
|          | Check ( ) one and complete all required sections:  |
|          | <input type="checkbox"/> <b>INDIVIDUAL:</b> (Complete Sections B and E to I) <span style="margin-left: 200px;"><input type="checkbox"/> <b>PARTNERSHIP:</b> (Complete Sections B, C and E to I)</span> |
|          | <input type="checkbox"/> <b>CORPORATION OR LLC:</b> (Complete Sections D to I)   |

|          |  |          |  |
|----------|--|----------|--|
| <b>B</b> | <b>INDIVIDUAL APPLICANT OR PARTNER 1.</b>      | <b>C</b> | <b>PARTNER 2.</b>                              |
|          | Full Legal Name (Last, First & Middle Initial) |          | Full Legal 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>D</b> | <b>(1) IDENTIFY NAME OF CORPORATION OR LLC.</b>        |  |                  |
|          | Full Name of Corporation or Limited Liability Company: |  |                  |
|          | <b>(2) AGENT OF CORPORATION OR LLC.</b>                |  |                  |
|          | Full Legal Name (Last, First & Middle Initial):        | Home Address (include City, State & Zip Code): |                  |
|          | Home Phone Number: (     )     -                       | Date of Birth:                                 | % of Stock Held: |
|          | <b>(3) PRESIDENT OR LLC MEMBER 1.</b>                  | <b>(4) VICE PRESIDENT OR LLC MEMBER 2.</b>     |                  |
|          | 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:   | % of Stock Held:                               | Date of Birth:   |
|          | % of Stock Held:                                       | Date of Birth:                                 |                  |
|          | <b>(5) SECRETARY OR LLC MEMBER 3.</b>                  | <b>(6) TREASURER OR LLC MEMBER 4.</b>          |                  |
|          | Full Name (Last, First & Middle Initial):              | Full Name (Last, First & Middle Initial):      |                  |
|          | Home Address:  | Home Address:                                  |                  |
|          | Home City, State, Zip Code:                            | Home City, State, Zip Code:                    |                  |
|          | Home Phone Number: (     )     -                       | Home Phone Number: (     )     -               |                  |
|          | Date of Birth:   | % of Stock Held:                               | Date of Birth:   |
|          | % of Stock Held:                                       | Date of Birth:                                 |                  |

|                |  |                  |   |                |  |                  |  |
|----------------|--|------------------|---|----------------|--|------------------|--|
| <b>D</b>       | <b>(7) IDENTIFY ADDITIONAL PERSONS HOLDING 20% OR MORE OF STOCK.</b> |                  |   |                |  |                  |  |
|                | Full Name (Last, First & Middle Initial):                            |                  | Full Name (Last, First & Middle Initial): |                |  |                  |  |
|                | Home Address:  |                  | Home Address:                             |                |  |                  |  |
|                | Home City, State, Zip Code:  |                  | Home City, State, Zip Code:               |                |  |                  |  |
|                | Home Phone Number: (     )     -                                     |                  | Home Phone Number: (     )     -          |                |  |                  |  |
| Date of Birth: |  | % of Stock Held: |   | Date of Birth: |  | % of Stock Held: |  |

|          |  |  |
|----------|--|--|
| <b>E</b> | <b>IDENTIFY CONVICTIONS OF APPLICANTS.</b>   |  |
|          | <p>Has any person listed in Sections B to D on this application ever been convicted of violating any federal laws, state statutes or city ordinances (excluding traffic violations)? Check (√) one:   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If Yes, then list the names of the persons convicted, dates of convictions, jurisdiction, violations, and penalties imposed.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Attached additional sheets, if necessary.</p> |  |

|  |  |                      |
|--|--|----------------------|
| <b>F</b>   | <b>(1) IDENTIFY BUSINESS TRADE NAME AND ADDRESS.</b>   |                      |
|  | Business Trade Name:   |                      |
|  | Business Address (include City, State, Zip code):  |                      |
|  | Business Phone Number: (     )     -   | Aldermanic District: |
|  | <b>(2) IDENTIFY MAILING ADDRESS.</b>   |                      |
|  | Identify the address to which all correspondence related to licensing matters should be mailed. Check (√) one:<br><input type="checkbox"/> Home Address (Section D-2, agents of Corp/LLC; or Section B/C, all others) <input type="checkbox"/> Business Address (Section F-1)<br><input type="checkbox"/> Other Address: _____ (include City/State/Zip Code) |                      |
|  | <b>(3) IDENTIFY TYPE OF BUSINESS.</b>  |                      |
|  | Identify the type of business that best describes the business operation. Check (√) one:<br><input type="checkbox"/> Filling Station <input type="checkbox"/> Convenience Store <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal Service Establishment  |                      |
| <b>(4) IDENTIFY OTHER OR PREVIOUS EXTENDED HOURS ESTABLISHMENT LICENSES HELD.</b>  |  |                      |
| Has the applicant previously been licensed, or otherwise permitted, to conduct an extended hours establishment at a premises located within the limits of the City of Milwaukee? Check (√) one: <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If Yes, then list below the addresses of all locations.<br><br>_____ |  |                      |

|          |  |
|----------|--|
| <b>G</b> | <b>(1) IDENTIFY OWNER OF BUILDING.</b>   |
|          | Full Legal Name of Building Owner (Last, First & Middle Initial):<br><br>Home Address of Building Owner (include City, State, Zip code): |

**I FILE PLAN OF OPERATION.**

Complete and attach to this application the required Plan of Operation (form ccl-264d).

**(1) DECLARATIONS, ACKNOWLEDGEMENTS AND DISCLOSURES.**

- 1. Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signers.
- 2. The undersigned 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.
- 3. The undersigned agrees to inform the City Clerk within 5 days of any substantial changes in the information supplied in this application.
- 4. The undersigned shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; 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.
- 5. 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.

**(2) NOTARIZED SIGNATURES OF APPLICANTS.**

The application must be signed under oath by the applicant, if an individual; each partner; if a partnership; or an officer or member; if a corporation or LLC.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Individual; Partner; Officer/Member  
of Corp or LLC

\_\_\_\_\_  
Notary Public, State of Wisconsin

\_\_\_\_\_  
Signature of 2nd Partner

My commission expires \_\_\_\_\_

**[!] Important:** Notary Seal must be affixed

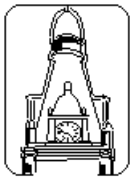
**Office Use Only:**

Filed: \_\_\_\_\_ Initials: \_\_\_\_\_ License #: \_\_\_\_\_  Class "B" Establishment

Granted: \_\_\_\_\_ Issued: \_\_\_\_\_ AD: \_\_\_\_\_

**[!] Reminder:**

- 1. Submit with this application a check or money order for the license fee in the amount of \$250 made payable to: *City of Milwaukee*.
- 2. Complete and attached to this application the required Plan of Operation (form ccl-264d).
- 3. Any incomplete application, or application submitted without the license fee, will be returned.



**City  
of  
Milwaukee**

## PLAN OF OPERATION, EXTENDED HOURS ESTABLISHMENT

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Form to be completed by individual applicant; partner, if partnership; or officer or member, if corporation or LLC.

| 1. Business Trade Name:  |   |  |  |
|--|---|--|--|
| 2. Name of Corporation/LLC:  |   |  |  |
| 3. Premises Address:   |   |  |  |
| 4. For Each Day of the Week...   | (a)<br>List Current Hours of Operation<br>(Ex. 8:00 a.m. to 1:30 a.m.; or 24 Hours) | (b)<br>List Proposed Hours of Operation<br>(Ex. 8:00 a.m. to 1:30 a.m.; or 24 Hours) | (c)<br>List Number of Customers Expected |
| Sunday   |   |  |  |
| Monday   |   |  |  |
| Tuesday  |   |  |  |
| Wednesday  |   |  |  |
| Thursday   |   |  |  |
| Friday   |   |  |  |
| Saturday   |   |  |  |
| 5. Describe your plans for security at the premises? _____<br>_____  |   |  |  |
| 6. Describe your plans to ensure the orderly appearance and operation of the business related to:<br>(a) Litter: _____<br>_____<br>(b) Noise: _____<br>_____ |   |  |  |
| 7. List Legal Occupancy Limit/Capacity (Restaurants Only):   |   |  |  |
| 8. List Number of Off-Street Parking Places (Restaurants or Personal Service Establishments Only):   |   |  |  |
| 9. List all other licenses held by the applicant?  |   |  |  |
| SUBSCRIBED AND SWORN TO BEFORE ME THIS   |   |  |  |
| _____ day of _____, 20 ____  |   | Applicant's Name: _____<br>(Please Print)  |  |
| _____<br>Notary Public Signature   |   | Applicant's Signature: _____   |  |
| My Commission expires: _____   |   |  |  |

**Office Use Only:** Changes in Hours of Operation?  Yes  No (Note changes on receipt)  Class "B" Establishment

Initials \_\_\_\_\_ License # \_\_\_\_\_ Filed \_\_\_\_\_ Granted \_\_\_\_\_ Issued \_\_\_\_\_