



## PROFESSIONAL PHOTOGRAPHER 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  
WWW.MILWAUKEE.GOV/LICENSE

### **DEFINITION:**

The term "professional photography" means a business engaged in for profit by any person, firm or corporation, either as principal or agent, of taking, soliciting, coloring, finishing, processing, enlarging or selling finished still, motion picture or electronically recorded photographs.

Includes the taking of pictures, photographs or snapshots by any process whatsoever for offering for sale to any person a copy of the picture so taken for consideration in any form.

The passing out of written, printed typewritten or mimeographed matter or the giving of any information orally concerning the means by which a copy of the picture so taken may be obtained is deemed to be an offer to furnish a copy of the picture taken for consideration.

Includes the taking of pictures, photographs or snapshots by any process whatsoever on city streets or highways for offering for sale to any person a copy of the picture so taken for a consideration in any form.

### **EXEMPTIONS:**

The term "professional photography" does not include the following:

- a. Any business in which the business of taking, soliciting, coloring, finishing, processing, enlarging or selling finished still, motion pictures or electronically recorded photographs is incidental to a part of any other type of business such as publishing or advertising.
- b. The development and processing of negatives taken by others.
- c. Coin-operated photo machines or the business of photography carried on solely for commercial purposes by commercial photographers

### **QUALIFICATIONS:**

An individual applicant, all partners or the agent of a corporation or limited liability company (LLC) must be at least 18 years of age or older and a resident of the State of Wisconsin.

### **LICENSE PERIOD:**

A 2-year period commencing on the date of granting of the license by the Common Council.

### **LICENSE FEE:**

\$100 for each separate place of business, or for conducting business only on city streets or highways.

The fee must be submitted at the same time the application is filed. Make checks payable to: *City of Milwaukee*. Credit cards are also accepted online and in-person; cash is accepted from applicants filing in person only. When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction.

### **SIGNATURES REQUIRED:**

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

### **FINGERPRINTING:**

An individual applicant, all partners, the agent, all officers of a corporation, all members of an LLC, or 20% or more stockholders whose fingerprints are not on file with the Milwaukee Police Department must be fingerprinted. For nonprofit organizations, only the agent must be fingerprinted.

Report to the Milwaukee Police Department between the hours of 8:00 a.m. and 6:00 p.m. (Monday thru Friday, except holidays) at the Police Administration Building, 951 N. James Lovell Street (7<sup>th</sup> Street), Room 305 to be fingerprinted.

If you have previously been fingerprinted by the Milwaukee Police Department, you may call (414) 935-7281 to confirm whether or not your prints are still

on file. If you do not reside locally, call (414) 935-7281 to find out how to comply with the fingerprint requirement.

**OCUPANCY PERMIT REQUIRED FOR THOSE CONDUCTING BUSINESS FROM A SPECIFIC LOCATION:**

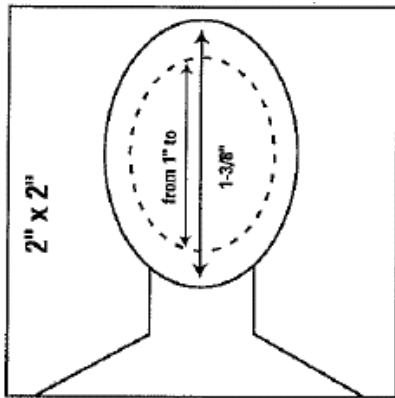
For those applicants who will be operating from a specified place of business, a permit must be obtained from the City of Milwaukee, Development Center, Permit Desk, 809 N. Broadway, 1<sup>st</sup> floor, (414) 286-8211.

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

Permit must be in the name of the same legal entity as the license applicant.

**PHOTOGRAPHS REQUIRED FOR THOSE CONDUCTING BUSINESS ON THE CITY STREETS OR HIGHWAYS:**

For those applicants who will be conducting business on city streets or highways, two recent full faced photographs in the size shown below must be submitted with the application. This applies to an individual applicant, all partners, or the agent of a corporation or LLC.



**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 5 to 6 weeks to process an application provided you follow the above instructions in a timely manner. No meetings are held during the month of August.

**PARTIAL REFUND OF LICENSE FEE:**

If an application is withdrawn or denied, you are eligible for a partial refund, 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.

Regulations relating to PROFESSIONAL PHOTOGRAPHERS are provided in s. 84-33 of the Milwaukee Code of Ordinances and are available online at <http://www.milwaukee.gov/ordinances>



# PROFESSIONAL PHOTOGRAPHER LICENSE APPLICATION

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[www.milwaukee.gov/license](http://www.milwaukee.gov/license)

**Check one:**

- Individual or  Partnership (Fill out Sections A, B, D & E)  
 Corporation or LLC (Fill out Sections B, C, D & E)

<b>Section A</b>	<b>INDIVIDUAL OR PARTNERSHIP:</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: (    )    -
<b>Section B</b>	Date of Birth:	Date of Birth:
	<u>Business Name:</u>	Business Phone Number: (    )    -
		Number of customers expected on a daily basis:
	Business Address (include City, State, Zip Code):	
	Business Mailing Address (if different from business address):	
Check one: <input type="checkbox"/> This business will be conducted from the business address listed above. <input type="checkbox"/> This business will be conducted only on the city streets or highways.		
<b>Section C</b>	<b><u>Full Name of corporation or limited liability company:</u></b>	
	Address, if different from business address (include City, State, & Zip Code):	
	<i>Agent:</i> Full Legal Name (Last, First & Middle Initial):	
	Home Address (include City, State & Zip Code):	
	Date of Birth:	Home Phone Number: (    )    -
	<i>President/Member</i>	<i>Vice President/Member</i>
	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:

**OVER**

<b>Section C</b>	<i>Secretary/Member</i>	<i>Treasurer/Member</i>
	Full Legal Name (Last, First & Middle Initial):	Full Legal Name (Last, First & Middle Initial):
	Home Address (include City, State, Zip Code):	Home Address (include City, State, Zip Code):
	Home City, State, Zip Code:	Home City, State, Zip Code:
	Home Phone Number: (    )    -	Home Phone Number: (    )    -
	Date of Birth:	Date of Birth:
<b>Section D</b>	Has anyone named on this application been convicted of violating any federal laws, state or local ordinances: <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, name person (s), date(s), charge(s) and penalties: _____ _____ _____	
	<p>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 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.</p> <p>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.</p> <p>SUBSCRIBED AND SWORN TO BEFORE ME THIS          _____ day of _____, 20_____</p> <p>_____          Notary Public, State of Wisconsin</p> <p>My commission expires _____</p>	
<b>Section E</b>	_____ Individual/Agent of Corp or LLC/Partner	
	_____ President of Corp/Member of LLC/Partner	
	_____ Secretary of Corp/Add'l Member/Partner	

Office Use Only:

Initials: \_\_\_\_\_ Filed: \_\_\_\_\_ License #: \_\_\_\_\_ Granted: \_\_\_\_\_