



Village of West Milwaukee

4755 West Beloit Road
West Milwaukee, WI 53214
Phone (414) 645-1530
general@westmilwaukee.gov

MESSAGE ESTABLISHMENT PERMIT APPLICATION

Check One:

- () Individual (Complete 1, 2, 3 & 5) () Partnership (Complete 1, 2, 3 & 5)
() LLC (Complete 1, 2, 4 & 5) () Corporation (Complete 1, 2, 4 & 5)

Section 1

- A. Name of Applicant: _____
B. Business Address: _____
C. Home Address: _____
D. Phone #: _____
E. Email Address: _____

Section 2

- A. Trade name or doing business as: _____
B. Detailed description of business or services: _____

C. Was the premises licensed during the past year? Yes () No ()
If yes, under what name was the license issued: _____
D. Have any people names on this license been convicted of violating federal or state laws or local ordinances? Yes () No ()
If yes, specify person(s), indicate date, charge and penalty: _____

E. Employment record for the last three(3) years: _____

Section 3 – Individual or Partnership

Full Name(s)

Home Address

Section 4 LLC or Corporation

- A. Full name of Corporation/Limited Liability Company: _____

B. Address of Corporation/Limited Liability Company: _____

C. All Officers, Directors and Agents of Corporation and Members, Managers and Agents of Limited Liability Company:

Title Name (including middle) Home Address
President/Member: _____

Vice President/Member: _____

Secretary/Member: _____

Treasurer/Member: _____

Agent: _____

Director/Manager: _____

D. Have any people names on this license been convicted of violating federal or state laws or local ordinances? Yes () No ()

If yes, specify person(s), indicate date, charge and penalty: _____

Section 5 – Read carefully before signing: Under penalty by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to Village of West Milwaukee Municipal Code Chapter 18, Section Article XIV. By signature, authorization is granted to the Village, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualifications of the applicant(s) for the permit.

Signature: _____ Date: _____

State of Wisconsin
County of Milwaukee

Personally came before me on _____

The above named _____

To me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

Signature

Print name

Notary Public, State of Wisconsin

My commission is permanent or expires:

Received Date: _____ Staff Initials: _____