



- As established under s. 106-23, MCO, the following are curfew hours for person under the age of 17 years:

**September 1 through May 31**

Sunday through Thursday: between 10 p.m. and 5 a.m.

Friday and Saturday: between 11 p.m. and 5 a.m.

**June 1 through August 31**

Each day between 11 p.m. and 5 a.m.

**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 about 5 to 6 weeks to process an application, provided you follow the above instructions in a timely manner.

Please note that no meetings are held during the month of August.

**REPORT CHANGES:** Whenever any fact set forth in the application changes, the licensee shall file a written notice of the change with the License Division within 5 days after the change occurs.

**PLEASE NOTE:** Any public dance halls which produce music by means other than prerecorded music are required to obtain a shows and exhibitions license pursuant to s. 84-40 of the Milwaukee Code of Ordinances.

**REFUND OF LICENSE FEE:** If an application is withdrawn or denied, you are eligible for a refund in the amount of \$100, provided the refund is requested no later than one year from the date of withdrawal or denial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.



Section C Continued	<i>President/Member</i>	<i>Vice President/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 Phone Number: (     )         -	Home Phone Number: (     )         -
	Date of Birth:	Date of Birth:
	Length of Residency:	Length of Residency:
	<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 Phone Number: (     )         -	Home Phone Number: (     )         -
Date of Birth:	Date of Birth:	
Length of Residency:	Length of Residency:	
Section D	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: _____ _____	
	Has anyone named on this application been licensed to conduct a public dance hall in the city of Milwaukee? <input type="checkbox"/> Yes <input type="checkbox"/> No Location of such premises: _____	
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 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.	
	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____	
	_____ Notary Public, State of Wisconsin  My commission expires _____ Notary seal must be affixed	_____ Signature of Individual/Partner /Officer of Corp or LLC  _____ Signature of Additional Partner

Office Use Only:

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