



APPLICATION AMENDMENT

Office of the City Clerk License Division

200 E. Wells Street, Room 105, Milwaukee, WI 53202 (414) 286-2238

ccl-amend 9/10/18

Date: _____

To the License Division of the City of Milwaukee:

I, _____, wish to amend my answer(s) on the application for a
(full legal name)

_____ license at _____:
(type of license) (premises address, if applicable)

by adding or amending the following information (complete only those sections being amended):

1. Answer to Question(s) # _____ should be: _____
2. Agent should be (full legal name): _____ Also complete 3, 4, 5 & 6
3. Date of birth should be: _____
4. Home address should be (include city/state/zip): _____

5. Phone number should be (include area code): _____
6. Driver's License Number/State ID Number should be: _____
7. Corporation/LLC name should be (full legal name): _____
8. Business name should be: _____
9. Premises address should be (include city/state/zip): _____

10. Business phone number should be (include area code): _____
11. Mailing address should be (include city/state/zip): _____

12. Email address should be: _____
13. Recycling/Salvaging/Towing: Location where vehicle will be parked should be (include city/state/zip): _____

14. Class B Tavern: Age Distinction should be: _____
15. Other: _____

(Check with the License Division before submitting "Other" amendments using this form.)

Omar Daher

Signature of Licensee (Individual, Partner, or Agent of Corp/LLC)

Office Use Only: Application #: _____ Date: _____ Initials: _____ To LC: _____
LC Email: ☐MPD ☐NS ☐HD Initials: _____