



**REQUEST FOR DUPLICATE LICENSE
OR WITHDRAWAL OF APPLICATION AND/OR FEE REFUND**
OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 E-MAIL ADDRESS: license@milwaukee.gov www.milwaukee.gov/license

TYPE OF REQUEST:		
<input checked="" type="checkbox"/> Application Withdrawal <input type="checkbox"/> Fee Refund <input type="checkbox"/> Duplicate License		
Type of License(s): Change to plan of operation for Class A License		
Premises Address (if applicable): 5132 W Mill Rd		
Name of Legal Entity that applied for the license(s) (Sole Proprietor, Partnership, Corporation, LLC or Nonprofit): 5132 Stark Inc		
Refund checks are made payable to the Legal Entity.		
Agent of Corporation, LLC, or Nonprofit (if applicable): Charnjit Kaur		
Mailing Address: 5132 W Mill Rd.		
City Milwaukee	State WI	Zip Code 53218

The undersigned makes the request(s) indicated above and understands each of the following:

1. If requesting a refund, the refundable portion of the fee is equal to the license fee amount paid less the nonrefundable portion retained for application processing costs.
2. If eligible for a refund, the applicant should receive the refund check by mail within **6 to 8 weeks**.
3. If requesting a duplicate license, the undersigned affirms that the original license has been lost or destroyed. In addition, if the original license were to be found in the future, it will be discarded.

Signature of Individual, Partner, Agent, or 20% or more Shareholder

Office Use Only:

Date 1-23-26 Initials AC Duplicate: License # _____

Withdrawal/Refund:

App#(s) ALQML 388299 Find App

Withdrawal Letter: Sent/copy attached or N/A

LC Queued to: MPD HD DNS Date: _____ Initials: _____

Refund Amount \$ _____

(If multiple apps are being refunded, list the refund amount for each license type)