



INDIVIDUAL LICENSE APPLICATION INFORMATION

ccl-iapp 10/8/15

Office of the City Clerk License Division
200 E. Wells St. Room 105, Milwaukee, WI 53202
(414) 286-2238 www.milwaukee.gov/license e-mail: license@milwaukee.gov

The Individual License Application must be completed by individuals applying for the following licenses:

**Bartender, Bar Manager, Public Passenger Vehicle Driver,
Direct Seller, Home Improvement Salesperson, Ice Cream Peddler**

How to Apply for an Individual License

Submit the following in person or by postal mail:

- Individual License Application
- Supplemental Application*
- Fee Payment (see Supplemental Information**)

*A Supplemental Application for the type of license for which you are applying must also be completed and submitted.

**The Supplemental Information sheet for the type of license for which you are applying lists the license fee and additional requirements that must be met.

Fee Payment Options

- If mailing your application, include a check made payable to the City of Milwaukee.
- If you are submitting your application in person, payment can be made with check, cash or credit card.

Bring ID

- Bring picture ID when filing your application, amending information or picking up a license.
- If you wish someone else to pick up your licenses you must complete an Authorized Representative Statement.

Fingerprinting is Required

Who?

All individuals whose fingerprints are not on file with the Milwaukee Police Department (MPD).

Where?

Milwaukee Police Department
Police Administration Building
951 N. James Lovell Street (7th St), Room 305

When?

8:00 AM to 6:00 PM (Monday thru Friday, excluding holidays)

Previously Fingerprinted?

Call (414) 935-7281 to check if fingerprints are still on file.

Out of Town Resident?

Call (414) 935-7281 for instructions.

License Approval and Issuance

- After you report for fingerprinting, our office will receive a report directly from MPD. If there are items on your report, you may receive a letter advising of additional requirements and/or you may need to appear before the Licenses Committee.
- Most licenses are granted by the Common Council after recommendation of the License Committee. Therefore, allow 6-8 weeks for processing. There are no meetings in the month of August.

Additional Information

Report Changes

- Notify the License Division in writing of any changes in the information reported on your application within 10 days of the change.

Application is Valid for 1 Year

- If your application is still pending a year from the date of application, the filing of a new application will be required if/when you wish to continue pursuing the license.

Refunds

- If an application is withdrawn or denied, you are eligible for a partial refund of the license fee, 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.



INDIVIDUAL LICENSE APPLICATION

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INDIVIDUAL'S INFORMATION

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|------------------|--|-------------|--|-----------------|----------------|--|
| Section 1 | Last Name: | First Name: | | Middle Initial: | Date of Birth: | |
| | List any other names by which you have been known on official records: | | | | | |
| | Home Address | | | | | |
| | City: | | | State: | ZIP Code: | |
| | Home Phone #: | | | Cell Phone #: | | |
| | Cell Phone Provider: <input type="checkbox"/> Verizon <input type="checkbox"/> AT&T <input type="checkbox"/> T-Mobile <input type="checkbox"/> US Cellular <input type="checkbox"/> Cricket <input type="checkbox"/> Virgin <input type="checkbox"/> Other | | | | | |
| | Email Address: | | | | | |
| | Mailing Address (if different than home address): | | | | | |
| | City: | | | State: | Zip Code: | |
| | Driver's License/State ID #: <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> State:_____ | | | | | |

SIGNATURE

| | |
|------------------|---|
| Section 2 | <p>I understand that I am required to inform the City Clerk within 10 days of any substantial changes in any of the information supplied in this application. I have knowledge of the City Ordinances currently regulating the license applied for herein, and understand that the license may be subject to suspension, non-renewal or revocation, if I violate any rule or regulation relating to this license.</p> |
| | <p>I understand that I 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 shall 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 certify that I am the applicant and all my statements are true and correct.</p> <p style="text-align: center;">----- Signature</p> <p style="text-align: center; color: red;">A SUPPLEMENTAL APPLICATION RELATING TO THE TYPE OF LICENSE FOR WHICH YOU ARE APPLYING MUST BE SUBMITTED WITH THIS APPLICATION.</p> |

Office Use Only

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|----------|---------|-----------|------|
| Initials | Filed | App# | Paid |
| MPD | Granted | License # | |