



TEMPORARY BARTENDER'S LICENSE INFORMATION

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

License Needed

- For the sales and service of alcohol at an event being held by a nonprofit organization

Applicant Requirements

- 18 years old at time of application
- One license per person per calendar year

Exemption

If you hold a regular Class "D" Bartender License, this license is not required.

Application

Complete the Temporary Bartender's Application and submit it to our office with the \$15 fee.

Payment can be made with cash in person, a check made payable to the City of Milwaukee, or with a credit card online (an invoice number is required to pay online).

Upon payment and our office confirming that the nonprofit organization holds an alcohol license for the event, your license will be issued.



TEMPORARY BARTENDER'S LICENSE APPLICATION

ccl-tbart1 7/15/2016

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APPLICANT'S INFORMATION

| | | | | |
|---|--|---------------|-----------|-----------------|
| Last Name: | | First Name: | | Middle Initial: |
| Date of Birth: | | | | |
| 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: | | | | |
| Driver's License/State ID #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> State: _____ | | | | |

EVENT INFORMATION

| |
|---|
| Name of Event: |
| Dates of Event: |
| Address of Event: |
| Name of Nonprofit Organization Holding Event: |

ACKNOWLEDGEMENTS & SIGNATURE

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 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.

I certify that I am the applicant and all my statements are true and correct.

Signature

Office Use Only

| | | | |
|---|-------|-----------|------|
| Initials | Filed | App# | Paid |
| <input type="checkbox"/> Event licensed | | License # | |