



Today's Date _____

RENEWAL APPLICATION FOR SOUTH MILWAUKEE BARTENDER LICENSE

Bartender License - \$50 + \$10 (background check fee)
(checks payable to City of South Milwaukee – DO NOT MAIL CASH)

Name of Establishment Applying For: _____

I, the undersigned, do hereby make application to the local governing body of the City of South Milwaukee for a license to serve Fermented Malt Beverages and Intoxicating Liquor from the date of issuance until **June 30, 2026**, unless revoked or suspended sooner, subject to the limitations imposed by §125.32 (2) and §125.68(2) of the Wisconsin State Statutes and all amendments and supplements, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license is granted to me.

INSTRUCTIONS: Please print legibly and fill out form completely. Any omission, misrepresentation or falsification of information may result in a recommendation of rejection of license privileges. **Any false statement made which is discovered after the license has been issued may be grounds for canceling license privileges.** Fingerprinting may be a requirement for identification.

Year of most recent bartender license held in South Milwaukee _____

NOTE: If it has been more than two years since you held a South Milwaukee Bartender License, you must apply as a New Applicant in person at City Hall, using a different application form.

Name (first, MI, last): _____

Other names/aliases on official records: _____

Home Address: _____ City, State, Zip _____

Previous Address: _____ City, State, Zip _____

Home Phone: _____ Mobile Phone: _____

Driver License/ID #: _____ State: _____ Exp.: _____

Email: _____ Sex: Male ☐ Female ☐

Date of Birth: _____ Social Security #: _____

Have you ever been convicted OR are there pending charges of a felony, misdemeanor, *OWI, PAC or BAC, or ordinance violation other than minor traffic violations? Yes ☐ No ☐ (If yes, list below)

*(Operating While Intoxicated, Prohibited Alcohol Content, Breath Alcohol Content)

Violation	Date	City / Court

Within the past 2 years, have you been issued a license/permit associated with the sale of alcoholic beverages in the State of Wisconsin? Yes ☐ No ☐ If Yes, name of issuing city _____

Within the past 2 years, have you successfully completed a Responsible Beverage Service Course in Wisconsin? Yes ☐ No ☐

Applicant Signature: _____

By signing above, I submit to a background check by the South Milwaukee Police Department.

FOR OFFICE USE ONLY

ID Verified ☐ _____ (initials) License copy provided ☐ Certificate provided ☐

License No. _____ Date Approved: _____

City Clerk's Office, City of South Milwaukee • 2424 15th Avenue, South Milwaukee, WI 53172 • 414.762.2222

TO BE COMPLETED BY THE SOUTH MILWAUKEE POLICE DEPARTMENT

DATE: _____

TO: **Chairperson – Legislation & Permits Committee**

FROM: **Chief of Police**

SUBJECT: **Application for Bartender License**

An application for a BARTENDER LICENSE has been received for:

_____ DOB: _____

A review of Police Reports/Records has been conducted by the South Milwaukee Police Department.
The South Milwaukee Police Department recommends:

☐ Approval _____ ☐ Review _____ ☐ Denial _____

COMMENTS: _____

RECORDS SEARCHED BY: _____

T.A.G.G. SUPERVISOR: _____

CHIEF OF POLICE: _____

Criminal History: _____

Driver Licensee/Wanted Check: _____

ENTERED: _____