



# TEMPORARY BARTENDER'S LICENSE INFORMATION

OFFICE OF THE CITY CLERK LICENSE DIVISION  
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202  
(414) 286-2238 EMAIL: [LICENSE @MILWAUKEE.GOV](mailto:LICENSE@MILWAUKEE.GOV)

## **DEFINITION:**

The Temporary Bartender's License authorizes service of alcoholic beverages at licensed events held by religious, scientific, educational, benevolent or other corporations, or non-profit organizations only. *(If you currently have a City of Milwaukee Class "D" Bartender's license, this license is not required.)*

## **LICENSE PERIOD:**

The date or dates of the specific event, not to exceed fourteen (14) consecutive days.

## **REQUIREMENTS:**

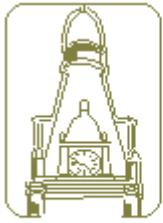
- Applicant must have attained the age of eighteen (18) years at the time of filing.
- The event at which the applicant will be working **must be licensed before** a temporary bartender's license application can be submitted.
- **Applicant must be an employee of or donating his/her services to a non-profit organization.**

## **APPLICATION:**

Application available from City Clerk License Division, City Hall, 200 E. Wells Street, Room 105, Milwaukee, WI 53202.

**LICENSE FEE:** \$12.00 **Must be submitted with application.** Checks made payable to the City of Milwaukee.

**Note: No person may hold more than one temporary bartender license per year.**



**City  
of  
Milwaukee**

ccl-110e (10/07)

## TEMPORARY CLASS "D" BARTENDER LICENSE APPLICATION

OFFICE OF THE CITY CLERK LICENSE DIVISION  
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(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV

Applications submitted without the required \$12 license fee or notarization will be returned.  
Make checks payable to: *City of Milwaukee*.

|  |                |                                   |                        |
|--|----------------|-----------------------------------|------------------------|
| <b>Legal Name:</b>   |                |                                   |                        |
| First Name   | Middle Initial | Last Name                         | Suffix (Jr. Sr., etc.) |
| List any other names by which you have been known on official records:   |                |                                   |                        |
| Address:   |                |                                   | Apt. #                 |
| City   |                | State                             | Zip Code               |
| Home Phone Number ( ) -  |                | Date of Birth:                    |                        |
| Name of non-profit organization for which this license will be used: _____   |                |                                   |                        |
| Name and date(s) of event: _____   |                |                                   |                        |
| Address of licensed location at which you expect to work if issued a temporary Class "D" Bartender's License: _____  |                |                                   |                        |
| <p>The undersigned agrees to inform the City Clerk within ten days of any substantial changes in the information supplied in this application. The undersigned 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 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><b>I hereby state that I am an employee of, or donating my services to, the above nonprofit organization.</b></p> |                |                                   |                        |
| Subscribed and sworn to before me this _____ day of _____, 20_____   |                | _____<br>(Signature of Applicant) |                        |
| Notary Public, State of Wisconsin  |                |                                   |                        |
| My commission expires _____  |                |                                   |                        |
| <b>Notary Seal must be affixed or application cannot be accepted.</b>  |                |                                   |                        |
| <b>For Office Use Only:</b>  |                |                                   |                        |
| Initials _____ Filed _____ License # _____ Issued _____  |                |                                   |                        |