



**RENEWAL APPLICATION FOR SOUTH MILWAUKEE BARTENDER LICENSE**

**Bartender License - \$45** (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, \_\_\_\_\_, 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: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Driver License/ID #: \_\_\_\_\_ State: \_\_\_\_\_ Exp.: \_\_\_\_\_

Email: \_\_\_\_\_ Sex: Male  Female

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Have you ever been convicted 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.*

<b>FOR OFFICE USE ONLY</b>			
ID Verified <input type="checkbox"/>	_____ (initials)	Provisional issued <input type="checkbox"/>	License copy provided <input type="checkbox"/>
Certificate provided <input type="checkbox"/>	License No. _____	Date Approved: _____	

***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: \_\_\_\_\_

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RECORDS SEARCHED BY: \_\_\_\_\_

T.A.G.G. SUPERVISOR: \_\_\_\_\_

CHIEF OF POLICE: \_\_\_\_\_

Criminal History: \_\_\_\_\_

Driver Licensee/Wanted Check: \_\_\_\_\_

ENTERED: \_\_\_\_\_