

**APPLICATION FOR ANNUAL CABARET LICENSE**  
**CITY OF PORT WASHINGTON, WISCONSIN**

**\$100.00**

**Definition: Cabaret.** A restaurant, tavern, bar or any similar business, other than an adult cabaret as defined in sec. 9.22.020(c) of the Municipal Code, having all of the following characteristics:

- a. Serves alcoholic or non-alcoholic beverages;
- b. Provides musical or other entertainment or performance (such as singers or dancers), whether live or recorded;
- c. Provides space for dancing of patrons.

1. Proposed cabaret premises:

Trade name/doing business as: \_\_\_\_\_

Location: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

2. Owner(s) of proposed licensed premises:

Full name(s): \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

3. For an individual applicant, each partner of a partnership or limited liability partnership, each member of a limited liability company, each party to a joint venture, and each agent of a corporation or other entity, state [attach additional sheets if necessary]:

a. Full name: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

b. Last two addresses and dates of residence for the 3-year period immediately preceding the date of this application:

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

Dates of residence      From: \_\_\_\_\_      To: \_\_\_\_\_

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

Dates of residence      From: \_\_\_\_\_      To: \_\_\_\_\_

c. Date of birth: \_\_\_\_\_      Height: \_\_\_\_\_

Weight: \_\_\_\_\_      Hair Color: \_\_\_\_\_      Eye Color: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

d. Business or occupation for the 3-year period immediately preceding the date of this application:

Name of business: \_\_\_\_\_

Occupation: \_\_\_\_\_

Location of business/occupation: \_\_\_\_\_

e. State whether applicant has, within the 3-year period immediately preceding the date of this application, been licensed to operate or conduct a cabaret in the City of Port Washington or elsewhere: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state:

Location of cabaret: \_\_\_\_\_

Dates of operation From: \_\_\_\_\_ To: \_\_\_\_\_

f. State whether a cabaret or similar license issued to the applicant has ever been nonrenewed, suspended or revoked: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state:

Location of cabaret: \_\_\_\_\_

Dates of nonrenewal, suspension or revocation: \_\_\_\_\_

Explain reasons for nonrenewal, suspension or revocation: \_\_\_\_\_

g. State whether the applicant has been convicted of violating any law or ordinance regulating the operator or conduct of a cabaret: : Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state:

Location of cabaret: \_\_\_\_\_

Dates of conviction: \_\_\_\_\_

Explain circumstances of offense(s): \_\_\_\_\_

4. If the applicant is a corporation, then for each officer, director and shareholder of such corporation state:

Full name: \_\_\_\_\_

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

Extent of ownership: \_\_\_\_\_

Does such person hold office or stock in any other corporation operating or conducting a similar business in Wisconsin? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state: \_\_\_\_\_

Name of corporation: \_\_\_\_\_

Office held: \_\_\_\_\_ Number of shares of stock owned: \_\_\_\_\_

**[NOTE: Only the registered agent of a corporation may make application for a cabaret license on behalf of the corporation.]**

5. For each person employed or engaged by applicant to perform cabaret-related work or services on the proposed licensed premises as of the date of this application, state [attach additional sheets if necessary]:

Full name: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

6. Does applicant certify that, to the best of his or its knowledge, information and belief, as of the date of this application, the proposed licensed premises complies with all zoning, building, fire,

health, safety and sanitation ordinances and regulations of the Municipal Code of the City of Port Washington, and all such laws, codes and regulations of the state of Wisconsin applicable to the premises? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, explain any exceptions or circumstances: \_\_\_\_\_

\_\_\_\_\_

7. If there are any building alterations to the proposed licensed premises that are required or in progress as of the date of this application, does applicant acknowledge and understand that he or it must file a bond with the City assuring that any work required to be done to bring the premises into compliance with municipal and state laws, codes and regulations applicable to the licensed premises shall be accomplished and certified prior to the opening of continuation of the business? Yes \_\_\_\_\_ No \_\_\_\_\_

8. License applied for Annual \_\_\_\_\_ Daily \_\_\_\_\_  
License date(s) From \_\_\_\_\_ To \_\_\_\_\_

9. Type of music/entertainment provided: \_\_\_\_\_

\_\_\_\_\_

10. Area of proposed licensed premises where music/entertainment/performance will be provided:

\_\_\_\_\_

11. Agent's full name: \_\_\_\_\_

Agent's address: \_\_\_\_\_

Agent's telephone number: \_\_\_\_\_

12. Date application filed with Clerk: \_\_\_\_\_

Amount of application fee: \_\_\_\_\_

Date application fee paid to Clerk: \_\_\_\_\_

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Each individual applicant, each partner of a partnership or limited liability partnership, each member of a limited liability company, each party to a joint venture, and each agent of a corporation or other entity must sign below, and, by their signature, does certify that all of the information contained in this application is true and correct.

By signing this application, an agent/applicant further certifies that he or she has full authority to act for the partnership, limited liability partnership, limited liability company, corporation or other legal entity, and that he or she is responsible for control of the licensed premises and of all business relative to the cabaret license conducted thereon.

Signature of Applicant/Agent: \_\_\_\_\_

STATE OF WISCONSIN        )  
  ) ss.  
COUNTY OF OZAUKEE        )

The undersigned, being first duly sworn on oath, disposes and says that he or she is the applicant who completed and signed the foregoing application; that he or she has read and made full answers to each question, and that his or her answers in each instance are true and correct.

\_\_\_\_\_  
Applicant's signature

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_

Notary Public, State of Wisconsin  
My commission is permanent/expires \_\_\_\_\_

CLERK'S CERTIFICATION

I do hereby certify that the foregoing application was reported to the Common Council on \_\_\_\_\_, \_\_\_\_\_, and the license was granted on \_\_\_\_\_, \_\_\_\_\_, and that I issued Cabaret License # \_\_\_\_\_ on \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Clerk

[SEAL]