

APPLICATION FOR CABARET LICENSE
CITY OF PORT WASHINGTON, WISCONSIN

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 no.: _____

2. Owner(s) of proposed licensed premises:
Full name(s): _____
Address: _____
Telephone no.: _____

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 no.: _____

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 no.: _____

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 operation or conduct of a cabaret:
 Yes _____ No _____
 If yes, state:
 Location of cabaret: _____
 Dates of conviction: _____
 Explain circumstances of offenses(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: _____ # 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 no.: _____

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 regula-

tions 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 or continuation of the business?

Yes _____ No _____

8. License applied for: Annual: _____ Daily: _____
License date(s): From: _____ To: _____

9. Type of music/entertainment/performance 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 no.: _____

12. Date application filed with Clerk: _____
Amount of application fee: _____
Date application fee paid to Clerk: _____

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 has 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]