



CABARET APPLICATION

FEE: \$750.00

This is an APPLICATION ONLY, and NOT a license to conduct business.

You must obtain a business license PRIOR to conducting business.

ALL LICENSES MUST BE RENEWED ANNUALLY

**FILL OUT THIS FORM IN ITS ENTIRETY
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

BUSINESS INFORMATION:

Trade Name or DBA: _____ UBI#: _____

Location/Physical Address: _____

Mailing Address (if different): _____

Phone: _____ Fax: _____

Number of Employees (full & part time): _____ Total square footage of business: _____

Previous occupants of tenant space: _____

Description of Business: _____

Leasing Agent/Agency: _____ Phone: _____

Mailing Address: _____

Contractor's License #: _____ Expiration Date: _____

IRS 501 c (3,4) Registration #: _____ FEIN #: _____

Liquor Control Board License #: _____ Gambling #: _____

OWNER/LEGAL ENTITY INFORMATION: (please check one of the following)

Sole Proprietor Partnership Corporation Limited Liability Non-Profit

Sole Proprietor/Partnership

Owner Name: _____ Owner Name: _____

Title: _____ Title: _____

Residence Address: _____ Residence Address: _____

Contact Phone: _____ Contact Phone: _____

Home Phone: _____ Home Phone: _____

Corporation, LLC, Non-Profit

Corp/LLC/Name: _____

Officer/Agent/Representative: _____

Title: _____

Address: _____

Contact Phone: _____

Corp/LLC UBI (if different): _____

PLEASE COMPLETE REVERSE SIDE

