

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 Lin	mited Liability Non-Profit	
Sole Pro	prietor/Partnership	
Owner Name:	Owner Name:	
Title:	Title:	
Residence Address:	Residence Address:	
Contact Phone:	Contact Phone:	
Home Phone:	Home Phone:	
Corporat	cion, LLC, Non-Profit	
Corp/LLC/Name:		
Officer/Agent/Representative:		
Title:		
Address:		
Contact Phone:		
Corp/LLC UBI (if different):		

PLEASE ANSWER ALL THE QUESTIONS BELOW

Will you be doing any interior or exterior improvements, remo carpeting), or altering your tenant space? (If answer is "yes", be required)	NO			
Criminal convictions, locations, and approximate dates:				
Have you or any applicant control person been convicted or found to have committed any violation of any law, ordinance or regulation or forfeiture other than parking or minor traffic infractions within 5 years of application.				
Crime Convicted Of	Location		Date	
I (we) the undersigned, declare under the penalties of perjury and the denial of a license or revocation of any license granted, that I (we) am (are) the applicant(s) or authorized representative(s) of the firm making this application and that the answers contained, including any accompanying information have been examined by me (us) and that the information set forth is true, correct, and complete. I authorize the City, its agents and employees to investigate and confirm any statements set forth in this application. I also understand that I am responsible for notifying the business License Division, in writing, of any change in location or mailing address within ten days of the change. All licenses are nontransferable. I understand my place of business must comply with all federal, state, and local codes and ordinances.				
Signature of Applicant (owner/partner/corporate office	r) Title		Date	
Application Prepared By (please print)	Title		Date	
N	IOTARY			
I certify that I know or have satisfactory evidence thatis the person who appeared before me and said person acknowledge that he/she signed this instrument and acknowledge it to be his/her free and voluntary act for the use and purposes mentioned in the instrument. Witness my hand and official seal:				
Signature	Date			
Name as commissioned	My appointment expires			
Title				
(FOR OFFICIAL USE ONLY) BUSINES	S LICENSE - ZONING I	REVIEW CHECKLIS	<u>ST:</u>	
TAX PARCEL #	ZONE:			
ZONING USE TYPE:				
PRIMARY PERMITTED USE/AUP/CUP/SEPA:				
TENANT IMPROVEMENT PERMIT REQUIRED:				
PLANNING APPROVAL:	DATE:			