



OFFICE USE ONLY	
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INITIALS:	_____
ADVERSE:	Yes No
LP:	_____ CC: _____
LETTER:	_____

**YEARLY CABARET**  
**CLK212 (rev. 05/21)**  
 CITY ORDINANCE 10.07

Fee: \$300.00/Year (*Prorated – \$25.00/Month – Beginning With Effective Month & Ending In June.*)

Expires: June 30, \_\_\_\_\_ (*Non-Renewable*)

Licensee Name: \_\_\_\_\_ District #: \_\_\_\_\_  
CORPORATION, PARTNERSHIP, OR INDIVIDUAL – Must Be Same Name As Beer/Liquor License

Trade/Event Name: \_\_\_\_\_

Trade/Event Address: \_\_\_\_\_  
STREET ZIP

If Licensee is a Corporation or LLC, list Agent's Full Name: \_\_\_\_\_

List Date of Birth of Agent (If Corporation/LLC) or Individual: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
(Correspondence Will Be Via Email If Address Is Given)

Driver's License Number: \_\_\_\_\_  
STATE NUMBER

1. Have you ever received any **tickets** or been charged with any **crimes** or **felonies** in any state?  **Yes**  **No**  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)

(Examples: Speeding, WI, 5/8/2012, Guilty | Theft, FL, 5/22/2014, Dismissed | DUI, WI, 6/30/2017, Pending)

CHARGE	STATE	DATE	RESULT

2. Have you ever had your **driver's license suspended or revoked in any state?**  **Yes**  **No**  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

3. Have you ever served or been sentenced to serve time in **jail or prison in any state?**  **Yes**  **No**  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination in any state?  **Yes**  **No**  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years**:

\_\_\_\_\_

6. Have you lived at your current home address for the **past (5) five years?**  **Yes**  **No**  
 If no, please list all addresses which you have resided at in the past (5) five years:

\_\_\_\_\_

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided for by law, the undersigned states that each of the above questions has been truthfully answered to the best of his/her/their knowledge. (Individual applicants and each member of a partnership must sign; designated corporate officers must sign.)

\_\_\_\_\_  
 Individual/Partner/Member Signature

\_\_\_\_\_  
 Date

**PLEASE NOTE:** Attached as page 3 and 4 of the application is an **Operational and Security Plan**. This information is required. If not fully and accurately completed, the Cabaret application will be considered incomplete and will not proceed to any Committees for consideration until the information is provided. It is required that you contact your Alderperson no less than seven (7) days prior to the date the Alcohol License Review Committee first considers the application.

# CABARET: OPERATIONAL AND SECURITY PLAN INFORMATION

## OPERATIONAL PLAN

Planned Hours\* of Operation:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
HOURS: _____ TO _____	HOURS: _____ TO _____	HOURS: _____ TO _____	HOURS: _____ TO _____	HOURS: _____ TO _____	HOURS: _____ TO _____	HOURS: _____ TO _____

\*Be sure to list AM or PM

Legal occupancy limit for the premises: \_\_\_\_\_ persons

Number of off-street parking spaces used to service the premises: \_\_\_\_\_ parking spaces

Description of the off-street parking spaces used to service the premises: \_\_\_\_\_

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Describe the sound amplification equipment to be used: \_\_\_\_\_

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Identify any sound mitigation strategies to be implemented: \_\_\_\_\_

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How will orderly appearance and operation of the establishment be maintained in regard to litter and noise:

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**SECURITY PLAN**

Description of clothing to identify security personnel: \_\_\_\_\_

Plan to handle control and clearance of the parking lot and public right-of-ways adjacent to licensed property during hours of operation and at closing time: \_\_\_\_\_

How will the entrance line be managed and controlled: \_\_\_\_\_

Plan for unruly patrons, intoxicated patrons, and physical disturbances (including fights): \_\_\_\_\_

Underage drinking and fake ID plan: \_\_\_\_\_

Provide the first and last name of all Management Personnel: \_\_\_\_\_

**You are required to contact the alderperson of the district in which the business is located. Failure to do so is a basis to deny the license, pursuant to 10.07(B)4 of the Code of General Ordinances. Have you contacted the alderperson?  Yes  No**

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided for by law, the undersigned states that each of the above questions has been truthfully answered to the best of his/her/their knowledge.

\_\_\_\_\_  
Individual/Partner/Member Signature

\_\_\_\_\_  
Date