



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

PROBATIONARY CABARET
CLK228 (rev. 2/23)
 CITY ORDINANCE 10.07 (repealed & recreated 11/04/19)

Fee: \$300.00/6 Months

Effective: _____ To: _____

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

CABARET ENTERTAINMENT OPERATIONAL PLAN

Planned Hours of **Cabaret Entertainment** Activity (Be sure to list AM or PM):

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

Please note that according to City Ordinance 10.07 G: “Effective July 1, 2021, Cabaret Entertainment shall not be permitted between the hours of 1:30 am and 8:00 am. Should the establishment not have a history of any disturbances covered under section D.3.f., this prohibition may be reduced to the hours of 2:00 am and 8:00 am. Except that, on January 1, the applicable prohibition does not apply”.

Check here if requesting hours until 2:00 am

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: _____

Describe the sound amplification equipment to be used: _____

Identify any sound mitigation strategies to be implemented: _____

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

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