



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

DAILY CABARET
CLK213 (rev. 11/17)
 CITY ORDINANCE 10.07

Fee: \$50.00/Day

Date(s) of Event: _____
Description of Event: _____

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.

DAILY CABARET – SPEEDY APPROVAL
 (LICENSE MUST BE FILED AT LEAST 24 HOURS IN ADVANCE)

Applications for a One (1) Day License may be administratively approved by the City Clerk if the application is filed twenty-four (24) hours prior to the date for which the License is sought, not including weekends and holidays, commencing at 8:00 a.m. of the day following the date of which a properly completed application was filed with the City Clerk/Treasurer; if the application is sponsored by the Alderperson of the District in which the License will be located, or in the event that the Alderperson of the District is unavailable, sponsored by a member of the Committee on Licenses/Permits; and the Licensee/Applicant has not been issued a municipal citation for a violation of Chapter 10 of the Code of General Ordinances and/or Wisconsin Statute Chapter 125 within the three hundred sixty-five (365) days preceding the application date. Should the applicant not meet the preceding qualifications, the application shall be reviewed pursuant to the procedure applicable to Probationary and Annual Licenses.

Speedy approval requires your district Alderperson's signature, or if Alderperson is unavailable, a member of L/P Committee's signature is acceptable.

District Alderperson Signature: _____ Date: _____

Member of L/P Committee Signature: _____ Date: _____

CABARET: OPERATIONAL AND SECURITY PLAN INFORMATION

OPERATIONAL PLAN

Planned Hours* of Operation:

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

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: _____

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