



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

PROBATIONARY CABARET
CLK228 (rev. 1/20)
 CITY ORDINANCE 10.07 (repealed & recreated 11/04/19)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.

