



City of Emeryville

Cabaret Application

(TF-56, Rev.7/14)

For City Use Only: <input type="checkbox"/> Fee Collected	Annual Cabaret Permit <input type="checkbox"/> One Day Cabaret Permit <input type="checkbox"/>
By: _____	Date of Application: _____

APPLICANTS NAME

First:	Middle:	Last:		
Home Address (No P.O. Boxes) Street:				
City:	STATE:	ZIP CODE:		
Date of Birth:	Height:	Weight:	Hair Color:	Eye Color:
Telephone Home:		Mobile:		
Name of Business:				
Address of Business:				
Business Phone:		FAX#:		
Business Owned by: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC				
<p>I solemnly swear, under the penalty of perjury, that the answers I have made to each of the questions contained in this application are full and true to the best of my knowledge.</p> <p>I understand that any false statements I knowingly make will disqualify my application to operate a Cabaret.</p> <p>I understand that the Chief of Police, or his designated employee, will investigate all information supplied by me on this application and any attached pages. The Chief of Police may report to the City Manager and the City Council any offense(s) for which I have been convicted. I hereby give him permission.</p> <p>I understand that this Cabaret Permit is subject to withdrawal, suspension, or revocation if I, or any of my employees, violate any provision(s) of local, State or Federal law applicable to such business.</p> <p>I understand that at all times while engaged in such business, the Chief of Police, or his representative, shall have access to the proposed site, and to the business records of this applicant for the purpose of investigating compliance with the applicable provisions of the Emeryville Municipal Code, and all other State and Federal Law. I hereby consent to any such search and consequent seizure.</p> <p>I have received and a read a copy of the Emeryville Municipal Code Sections 5-4.01 through 5-4.12 as amended up to the date of this application.</p>				
_____		_____		
Signature of Applicant	Title	Date	Witness:	Date:



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Name of Cabaret:		(TF-57, REV 3/16)
FINANCIAL HISTORY STATEMENT [] Individual [] Other (Please list below)		
[] Partnership _____		
[] Corporation		(Please only check one)
Will you (Applicant) be an active participant in the management and operations of the proposed business? [] YES [] NO		
INDIVIDUAL OWNERSHIP (Use this page for each individual in a partnership)		
Amount invested in this Business.	Percent of Ownership this represents.	
Investment is financed in the following manner:		
Identify all sources of funds used for your investment in the business:		
Do you control, manage, or hold in trust any assets or liabilities for other persons or entity? [] YES [] NO (If Yes, give Description of Assets/Liabilities held:		
Has your interest in this business establishment been assigned, or pledged to any person, firm, or corporation? [] YES [] NO		
Has any agreement been entered into whereby your interest is to be assigned, pledged, or sold either in part or in whole? [] YES [] NO (If YES Explain in Detail):		
Have you ever filed for Bankruptcy? [] YES [] NO		If
YES, briefly describe circumstances and Name of Court where it was Filed.		
Have you been associated as an officer, director, stockholder, partner or sole proprietor with any business entity that has filed for protection under the Federal Bankruptcy Law? [] YES [] NO. If YES, Furnish the Facts on a separate page and list the Federal District Court where it was filed.		



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Name of Cabaret:		(TF-58, REV 3/16)
Have you attached the following documents?	Last Federal Income Tax Return (Individual and Business)	<input type="checkbox"/> YES <input type="checkbox"/> NO
	List of Creditors (Include amount of Liability)	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Balance Sheet	<input type="checkbox"/> YES <input type="checkbox"/> NO

STATEMENT OF ASSETS & DEBTS

Total Cash on Hand: \$
Bank Information:
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Business <input type="checkbox"/> Personal <input type="checkbox"/> Notes Receivable
Bank Name:
Address:

CRIMINAL HISTORY

Have you ever been arrested or convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES" please explain below)



Emergency Contacts information

Name	Job Title	Best Phone# to Contact

Parties named in the application who have been arrested for any crimes:

Name	Crime/Offense & Date	Court Jurisdiction

Please use the area below to explain any criminal history not listed above:



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Name of Cabaret:

(TF-60, REV 3/16)

COMPLETE THIS PORTION IF PROPOSED LICENSEE IS A CORPORATION:

Complete Title:

, INC.

State in which incorporated:

NAME, HOME ADDRESS, BUSINESS, HOME & CELLULAR TELEPHONE NUMBERS FOR THE BOARD OF DIRECTORS OF THE COPRPORATION, INDICATE TITLE OF COPORATION OFFICERS.

PRESIDENT/CEO:

VICE PRESIDENT:

SECRETARY:

TREASURER/CFO:

MEMBER:

MEMBER:

MEMBER:

SHARE HOLDERS: PLEASE PROVIDE NAMES, ADDRESSES AND PHONE NUMBERS OF ALL SHARE HOLDERS:



Name of Cabaret:

(TF-61, REV 3/16)

COMPLETE THIS PORTION IF PROPOSED LICENSEE IS A PARTNERSHIP

Complete Title:

State in which Partnership formed:

NAME, HOME ADDRESS, BUSINESS, HOME & CELLULAR TELEPHONE NUMBERS FOR ALL PARTNERS;

PARTNER:

PARTNER:

PARTNER:

PARTNER:

PARTNER:

PARTNER:

PARTNER:

DESCRIBE BELOW THE PERCENTAGE OF OWNERSHIP FOR EACH PARTNER:



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Name of Cabaret:

(TF-62, REV 3/16)

ROSTER OF EMPLOYEES WHO WILL BE PRESENT DAY OF EVENT

NAME	JOB TITLE	HOME ADDRESS	PHONE NUMBER

USE ADDITIONAL PAGES OF THIS FORM, AS NECESSARY



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Name of Cabaret:	(TF-63, REV 3/16)
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SECURITY: The following is descriptions of the measures I have/will take to enhance the safety and wellbeing of the persons visiting/patronizing the premises.

Security Company Name:	Number of Security Guard on-duty:	Armed:
Address:		Unarmed:
Phone Number:		

FACILITIES: Insurance Company Name and Policy Number

Name:	Policy Number:
Address:	Liability Amount:
Phone Number:	Agent or Contact:

SERVICES: Will alcoholic beverages be served for the public to purchase? (If "YES" Please Provide the ABC # below.)

HOURS OF OPERATION: (May not be open before 10:00AM or after 2:00AM)

HOURS of OPERATION:

DAYS CLOSED:

AFFIRMATION: State of CALIFORNIA, in the County of Alameda

I being duly sworn, depose and say that I have read the foregoing application, all relevant pages and attachments thereto and know the contents thereof. The statements contained therein are true and correct and contain a full true account of the information requested. This statement is executed with the knowledge that omissions or misrepresentations may be deemed sufficient cause for refusal to issue a license by the City of Emeryville. Further, I am aware that later discovery of an omission or misrepresentation is grounds for the revocation of the Cabaret Permit.

Applicants Signature: _____

Subscribed and sworn to before me this day of , 20

NOTARY PUBLIC SEAL: