

(TF-56, Rev.7/14)

By:	For City Use Only:	[] Fee Collected	Annual Cabaret	Permit [] One	Day Cabaret Permit []
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 Owed by: [] Individual [] Partnership [] Corporation [] LLC 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. I understand that any false statements I knowingly make will disqualify my application to operate a Cabaret. 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. 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. 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. 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.	Ву:		Date of Applica	tion:	
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Signature of Applicant Title Date Witness: Date:					
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Signature of Applicant Title Date Witness: Date:					
	Signature of Applican	t Title	Date	Witness:	Date:



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 p	articipant in the mana	gement 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 follo	wing manner:				
Identify all sources of funds used f	or your investment in	the business:			
Do you control, manage, or hold in	n trust any assets or lia	abilities for other persons or entity? [] YES [] NO			
(If Yes, give Description of Assets/Liabilities	s held:				
Has your interest in this business of	establishment been as	signed, 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 YES, briefly describe circumstances and Name of Court where it was Filed.					
125, briefly desense circumstances and Maine of Court where it was rined.					
Hana wan kasa asaa wata d	afficar starts t	aalibaldan maakaan sa sala maamiista a 195 a s			
•		ockholder, partner or sole proprietor with any he Federal Bankruptcy Law? [] YES [] NO.			
If YES, Furnish the Facts on a separate page	e and list the Federal Distric	t Court where it was filed.			

Name of Cabaret:			(TF-	58, REV 3/16)
Have you attached the following documents?	Last Federal Income Tax Return (Individual and Business)	[] YES	[] NO
	List of Creditors (Include amount of Liability)	[] YES	[] NO
	Balance Sheet	[] YES	[] NO
STATEMENT OF ASSETS & DEBTS					
Total Cash on Hand: \$					
Bank Information:					
[] Checking [] Savings [] Business	[] Personal [] Notes Red	ceiva	able		
Bank Name:					
Address:					
CRIMINAL HISTORY					
Have you ever been arrested or convicted of a crin	ne? [] YES [] NO (If "YES" please	expl	ain belov	v)	

Emergency Contacts information					
Name	Job Title	Best Phone# to Contact			
Parties named in the app	Dication who have been arrested for any crimes	5:			
Name	Crime/Offense & Date	Court Jurisdiction			
Please use the area below	w to explain any criminal history not listed abov	ve:			

Name of Cabaret: (TF-60, REV 3/16)

COMPLETE THIS PORTION IF PROPOSED LICENSEE IS A CORPORATION:

Complete Title:	, INC.				
State in which inc	orporated:				
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:				
DESCRIBE BELOW THE PERCENTAGE OF OWNERSHIP FOR EACH PARTNER:				

Name of Cabaret: (TF-62, REV 3/16)

ROSTER OF EMPLOYEES WHO WILL BE PREESENT DAY OF EVENT

NAME	JOB TITLE	HOME ADDRESS	PHONE NUMBER	
USE ADDITIONAL PAGES OF THIS FORM, AS NECESSARY				



Name of Cabaret: (TF-63, REV 3/16)					
SECURITY: The following is descriptions of the measures I have/will take to enhance the safety and					
wellbeing of the persons visiting/patronizing the p	remises.				
Security Company Name:	Number of Sec	curity Guard on-duty:	Armed:		
Address:			Unarmed:		
Phone Number:					
FACILITIES: Insurance Company Name and Policy N	lumber	г			
Name:		Policy Number:			
Address:		Liability Amount:			
Phone Number:		Agent or Contact:	Agent or Contact:		
SERVICES: Will alcoholic beverages be served for the ABC # below.)	ne public to p	L ourchase? (If "YES" Plo	ease Provide the		
HOURS OF OPERATION: (May not be open before 1	10:00AM or a	after 2:00AM)			
HOURS of OPERATION:	_				
DAYS CLOSED:					
AFFIRMATION: State of CALIFORNIA		, in the County of	Alameda		
I be	eing duly sv	worn, depose and say	that I have read the		
foregoing application, all relevant pages and attach	nments there	eto and know the con	tents 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:					