

## **Cabaret Application**

(TF-56, Rev.7/14)

For City Use Only: [ ] Fee Collect	ed Annual Cabare	t Permit [ ] One I	Day Cabaret Permit [ ]	
Ву:	Date of Applica	Date of Application:		
ADDITIONAL NAME				
APPLICANTS NAME  First: Middle:	La	st:		
· · · · · · · · · · · · · · · · · · ·				
Home Address (No P.O. Boxes) Street:			<u> </u>	
City:	STATE:	ZIP COI	DE:	
Date of Birth: Hei	ight: Weight:	Hair Color:	Eye Color:	
Telephone Home:	Мс	bile:	,	
Name of Business:				
Address of Business:				
Business Phone:	FAX	<b>(#</b> :	<i>)</i>	
Business Owed by: Individu	ıal Partnership	Corporation	LLC	
I solemnly swear, under the penalty o contained in this application are full a	(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		of the questions	
I understand that any false statements	I knowingly make will disq	ualify my application t	o 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 <u>withdrawal</u> , <u>suspension</u> , or <u>revocation</u> 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.				
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Signature of Applicant 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 participant in the man	agement 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 lie	abilities 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  YES, briefly describe circumstances and Name of Court where it was Fi	NO If		
res, orieny describe circumstances and name or court where it was in	led.		
Have you been associated as an officer, director, structure business entity that has filed for protection under t			
If YES, Furnish the Facts on a separate page and list the Federal District			

Name of Cabaret:	(TF-58, REV 3/16)
Have you attached the following documents?	Last Federal Income Tax Return (Individual and Business) List of Creditors (Include amount of Liability) Balance Sheet  YES  NO  YES  NO
TATEMENT OF ASSETS & DEBTS	
Total Cash on Hand: \$	
Bank Information:	
Checking Savings Business	Personal Notes Receivable
Bank Name:	
Address:	
RIMINAL HISTORY	
Have you ever been arrested or convicted of a cri	me? YES NO (If "YES" please explain below)
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City o	of Emeryville	Cabaret Application
Emergency Contacts in	nformation	
Name	Job Title	Best Phone# to Contact
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Parties named in the a	pplication who have been arrested for any crin	nes:
Name	Crime/Offense & Date	Court Jurisdiction
¥		
-		
Please use the area bel	ow to explain any criminal history not listed ak	pove:
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Name of Cabaret:	(TF-60, REV 3/16)

## COMPLETE THIS PORTION IF PROPOSED LICENSEE IS A CORPORATION:

Complete Title:	. , IN	IC.	
State in which inco	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:			
* a			
SHARE HOLDERS: PLEASE PROVIDE NAMES, ADDRESSES AND PHONE NUMBERS OF ALL SHARE HOLDERS:			

— City of Emeryvine	Cabaret Application
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:	

## **Cabaret Application**

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
			,
	>		v - 8-
-	11 4		
-			
	-	-	
			*
USE ADDITIONAL PAG	ES OF THIS FORM, A	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 pr	emises.		
Security Company Name:	Number of Security Guard on-duty:		Armed:
Address:	,		Unarmed:
Phone Number:	4		2
FACILITIES: Insurance Company Name and Policy N	umber		
Name:		Policy Number:	
Address:			
		Liability Amount:	
Phone Number:		Agent or Contact:	
SERVICES: Will alcoholic beverages be served for th	e public to r	ourchaso2 (If "VES" DI	assa Provida tha
ABC # below.)	e public to p	Juichase: (II TES Pi	ease Provide tile
The in selection			5
HOURS OF OPERATION: (May not be open before 1	0:00AM or a	ifter 2:00AM)	
HOURS of OPERATION:			
DAVE CLOSED			
DAYS CLOSED:			-
AFFIRMATION: State of CALIFORNIA		, in the County of	Alameda
bei	ng duly sw	orn, depose and say	that I have read the
foregoing application, all relevant pages and attach			
statements contained therein are true and correct a	and contain	a full true account of	the information
requested. This statement is executed with the kno	wledge that	omissions or misrep	resentations may be
deemed sufficient cause for refusal to issue a license	e by the City	of Emeryville. Furth	er, 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:			
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