



(TF-56, Rev.7/14)

APPLICANTS NAME

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City of Emeryville

Cabaret Application

Name of Cabaret: _____		(TF-57, REV 3/16)
FINANCIAL HISTORY STATEMENT		
<input type="checkbox"/> Individual <input type="checkbox"/> Other (Please list below)		
<input type="checkbox"/> Partnership _____		
<input type="checkbox"/> Corporation (Please only check one)		
Will you (Applicant) be an active participant in the management and operations of the proposed business?		
<input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
Has any agreement been entered into whereby your interest is to be assigned, pledged, or sold either in part or in whole? <input type="checkbox"/> YES <input type="checkbox"/> NO		
(If YES Explain in Detail):		
Have you ever filed for Bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO.		
If YES, Furnish the Facts on a separate page and list the Federal District 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)	<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

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:	

Have you ever been arrested or convicted of a crime? ☐ YES ☐ 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:



City of Emeryville

Cabaret Application

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 CORPORATION, INDICATE TITLE OF CORPORATION OFFICERS.

PRESIDENT/CEO:

VICE PRESIDENT:

SECRETARY:

TREASURER/CFO:

MEMBER:

MEMBER:

MEMBER:

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



City of Emeryville

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:



Name of Cabaret:

ROSTER OF EMPLOYEES WHO WILL BE PRESENT DAY OF EVENT

USE ADDITIONAL PAGES OF THIS FORM, AS NECESSARY



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(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 premises.

Security Company Name:	Number of Security Guard on-duty:	Armed: <input type="checkbox"/>
Address:		Unarmed: <input type="checkbox"/>
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.)

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

HOURS of OPERATION:
DAYS CLOSED:

AFFIRMATION: State of , in the County of

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:

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