

Signature:

City of La Crosse, Wisconsin

APPLICATION FOR INDOOR CABARET Check One: New Renewal For the license period **BUSINESS INFORMATION*** Legal/Real Name: PREMISES INFORMATION Trade Name of Business Address of premises to be Licensed: Business Phone Number: Premises are Owned By: Wood Address of Owner: Street State Zip Code CABARET INFORMATION Detailed description of cabaret area to be licensed: Nature of Entertainment: Other Business Conducted upon the premises MANAGER INFORMATION* Cabaret Manager Name: First Cabaret Manager Home Address: Street Zip Code State Daytime Phone Number of Cabaret Manager: Was the above person listed as manager on last year's application? *Personal Data Sheet must be completed for each Officer/Member of the Business and the Manager. The above hereby makes application for a license to operate an Indoor Cabatet at the above address within the City of La Crosse pursuant to provisions of Sec. 10-100 of the Lode of Ordinances for the City of La Crosse Me Signature of Applicant OFFICE USE ONLY For original application: Are there lands zoned conservancy, residential or multiple dwelling within 100 feet of premises? ☐ Yes (if yes, attach a list of those lands) □ No

Date:

Granted:

License #:

Personal Data Sheet

(Please PRINT All Information)

Each Officer/Member AND Manager/Person in Charge must complete all the information and must indicate if they have been convicted of any of the following within the last ten (10) years: a felony, a misdemeanor, a statutory violation punishable by forfeiture or a county or municipal ordinance violation. If none, write "none".

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