



City of La Crosse, Wisconsin

APPLICATION FOR *OUTDOOR* CABARET LICENSE

Check One: New Renewal For the license period _____ to _____ Fee: \$ _____

BUSINESS INFORMATION*			
Legal/Real Name:			
Address of Above: Street		City	State Zip Code
PREMISES INFORMATION			
Trade Name of Business:			
Address of premises to be Licensed:		Business Phone Number:	
Premises are Owned By:			
Address of Owner: Street		City	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		Middle	Last
Cabaret Manager Home Address: Street		City	State Zip Code
Home Phone Number of Cabaret Manager:		Daytime Phone Number of Cabaret Manager:	
Was the above person listed as manager on last year's application? <input type="checkbox"/> Yes <input type="checkbox"/> No			

***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 Outdoor Cabaret at the above address within the City of La Crosse pursuant to provisions of Chapter 10, Article IV of the Code of Ordinances for the City of La Crosse.

Signature of Applicant

Date

OFFICE USE ONLY			
For original application: Attach a list of all property owners within 200 feet of the proposed licensed premises.			
Signature:	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".

MANAGER/PERSON IN CHARGE		
Name: First Middle Last		
Home Address: Street City State Zip Code		
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)
Violations:		
OFFICER/MEMBER		
Name: First Middle Last		
Home Address: Street City State Zip Code		
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)
Violations:		
OFFICER/MEMBER		
Name: First Middle Last		
Home Address: Street City State Zip Code		
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)
Violations:		
OFFICER/MEMBER		
Name: First Middle Last		
Home Address: Street City State Zip Code		
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)
Violations:		
OFFICER/MEMBER		
Name: First Middle Last		
Home Address: Street City State Zip Code		
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)
Violations:		