



# City of La Crosse, Wisconsin

## APPLICATION FOR *INDOOR* 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 Indoor Cabaret at the above address within the City of La Crosse pursuant to provisions of Sec. 10-100 of the Code of Ordinances for the City of La Crosse.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

OFFICE USE ONLY			
For original application: Are there lands zoned conservancy, residential or multiple dwelling within 100 feet of premises? <input type="checkbox"/> Yes (if yes, attach a list of those lands) <input type="checkbox"/> No			
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:			