

Original:

License Fee: \$85

Renewal:

### City of Tomah Application for Indoor/Outdoor Combination Cabaret License

Legal/Real Name: \_\_\_\_\_

Address of above: \_\_\_\_\_

Trade name of business: \_\_\_\_\_

Address of premises to be licensed: \_\_\_\_\_

Business phone number: \_\_\_\_\_

Detailed description of cabaret area to be licensed: \_\_\_\_\_

Premises are owned by: \_\_\_\_\_

Address of owner: \_\_\_\_\_

Name of Cabaret Manager (First, Middle & Last): \_\_\_\_\_

Home address of Cabaret Manager: \_\_\_\_\_

Home phone number of Cabaret Manager: \_\_\_\_\_

Daytime phone number of Cabaret Manager: \_\_\_\_\_

Date of Birth of Cabaret Manager: \_\_\_\_\_

Other business to be conducted upon the premises: \_\_\_\_\_

Nature of entertainment: \_\_\_\_\_

Maximum Number of Anticipated Occupants in Licensed Outdoor Cabaret Area: \_\_\_\_\_

**MUST HAVE AUTHORIZATION FOR OUTDOOR FACILITY FROM THE PLANNING COMMISSION AND COUNCIL TO BE ELIGIBLE FOR INDOOR/OUTDOOR COMBINATION LICENSE. ATTACH DETAILED DESCRIPTION OF OUTDOOR EVENT AREA AND ATTACH A DIMENSIONAL DRAWING. Detailed description and dimensional drawing MUST include dimensions of area, where the fencing is placed, where entrance(s) and exit(s) are and size of each, dimensions of tent (if a tent is used), and placement of port-a-potties if required.**

The above hereby makes application for a license to operate an Indoor/Outdoor Combination Cabaret in the City of Tomah pursuant to provisions of Chapters 4 and 6 of the Code of Ordinances for the City of Tomah.

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

**OFFICE USE ONLY: cc: Inspection, Police Chief & Fire Chief Upon Receipt of Application**

For original applications: Attach a list of all property owners within 200 feet of the proposed licensed premises. Inspection

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Police

Chief Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Fire

Chief Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Receipt #: \_\_\_\_\_ Granted by: \_\_\_\_\_ License #: \_\_\_\_\_

**PERSONAL DATA SHEET**  
**(PLEASE PRINT ALL INFORMATION)**

Each Officer 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".

**Name of Manager/Person in Charge:** \_\_\_\_\_  
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: \_\_\_\_\_  
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Violations: \_\_\_\_\_  
\_\_\_\_\_

**Name of Officer:** \_\_\_\_\_  
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: \_\_\_\_\_  
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Violations: \_\_\_\_\_  
\_\_\_\_\_

**Name of Officer:** \_\_\_\_\_  
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: \_\_\_\_\_  
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Violations: \_\_\_\_\_  
\_\_\_\_\_

**Name of Officer:** \_\_\_\_\_  
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: \_\_\_\_\_  
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Violations: \_\_\_\_\_  
\_\_\_\_\_

**Name of Officer:** \_\_\_\_\_  
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: \_\_\_\_\_  
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Violations: \_\_\_\_\_  
\_\_\_\_\_