

Original:

License Fee: \$55

Renewal:

City of Tomah Application for Indoor 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: _____

License Period: _____

Maximum Number of Anticipated Occupants in Licensed Outdoor Cabaret Area: _____

The above hereby makes application for a license to operate an Outdoor Cabaret at the location above in the City of Tomah pursuant to provisions of Chapter 6 of the Municipal Code of the City of Tomah.

(Signature of applicant)

(Date)

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

For original applications: Are there lands zoned conservancy, residential or multiple dwelling within 100 feet of premises? Y / N If yes, attach a list of those lands.

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: _____
