



AT THE EDGE OF THE CITY AND
THE HEART OF EVERYTHING

APPLICATION FOR CABARET LICENSE

License Fee: \$305

Village of Shorewood
3930 N Murray Ave.
Shorewood WI 53211
Telephone (414) 847-2700

Please answer the following questions fully and completely:

Applicant First Name:	Applicant Last Name:	Applicant Middle Initial:
Business Name:	Business Address:	
Business Telephone Number:	Business E-mail Address:	
Mailing Address, if different, including City, State, and Zip:		
Premises Owner Name:	Premises Owner Address:	
Do you intent to provide dancing facilities for your customers? Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe the type of instrumental music you intend to provide:	
Have you had previous experience in operating a restaurant and/or bar that provided instrumental music and dancing? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list location and dates:	
Do you presently hold or have an application on file for any other license in the Village of Shorewood? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate type:	
Have you ever been convicted of any felony or of violating any Federal Law, State Law, or Local Ordinance? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide the date and the nature of the offense:	

To the Village Board of the Village of Shorewood, Wisconsin: I hereby make application for a Cabaret License in the Village of Shorewood, Wisconsin, subject to the provisions and limitations of Wisconsin Statutes and Section 232 of the Village of Shorewood Municipal Code, and hereby agree to comply with all laws, resolutions, ordinances and regulations, affecting said activity, if a license be granted me.

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, I certify that the aforementioned information is correct to the best of my knowledge and I agree to operate this business according to law and that the rights and responsibilities conferred by the license, if granted, will not be assigned to another.

Applicant's Signature

Date