



# 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?

☐ Yes ☐ No

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 #: