



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?

☐ Yes ☐ No

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?

☐ Yes (if yes, attach a list of those lands) ☐ No

Signature:

Date:

Granted:

License #: