



7/1/2026 – 6/30/2027 ANNUAL CABARET LICENSE APPLICATION
CITY OF PORT WASHINGTON, WISCONSIN
\$125.00 Annually

Definition: “**Cabaret**” is a restaurant, tavern, bar or any similar business, other than an adult cabaret as defined in Chapter 170, Municipal Code of the City of Port Washington (“Code”), having all the following characteristics:

- a. Serves alcoholic or non-alcoholic beverages;
- b. Provides musical or other entertainment or performance (such as singers or dancers), whether live or recorded;
- c. Provides space for dancing of patrons.

1. Proposed cabaret premises:

Trade name/doing business as: _____

Location: _____

Mailing address: _____

Telephone number: _____

2. Owner(s) of proposed licensed premises:

Full name(s): _____

Address: _____

Telephone number: _____

3. For an individual applicant, each partner of a partnership or limited liability partnership, each member of a limited liability company, each party to a joint venture, and each agent of a corporation or other entity, state [attach additional sheets if necessary]:

a. Full name: _____

Address: _____

Telephone number: _____

b. Last two addresses and dates of residence for the 3-year period immediately preceding the date of this application:

Address: _____

Dates of residence From: _____ To: _____

Address: _____

Dates of residence From: _____ To: _____

c. Date of birth: _____ Height: _____

Weight: _____ Hair Color: _____ Eye Color: _____

d. Business or occupation for the 3-year period immediately preceding the date of this application:

Name of business: _____

Occupation: _____

Location of business/occupation: _____

e. State whether applicant has, within the 3-year period immediately preceding the date of this application, been licensed to operate or conduct a cabaret in the City of Port Washington or elsewhere: Yes _____ No _____

If yes, state:

Location of cabaret: _____

Dates of operation From: _____ To: _____

- f. State whether a cabaret or similar license issued to the applicant has ever been nonrenewed, suspended or revoked: Yes _____ No _____

If yes, state:

Location of cabaret: _____

Dates of nonrenewal, suspension or revocation: _____

Explain reasons for nonrenewal, suspension or revocation: _____

- g. State whether the applicant has been convicted of violating any law or ordinance regulating the operator or conduct of a cabaret: : Yes _____ No _____

If yes, state:

Location of cabaret: _____

Dates of conviction: _____

Explain circumstances of offense(s): _____

4. If the applicant is a corporation, then for each officer, director and shareholder of such corporation state:

Full name: _____

Address: _____

Extent of ownership: _____

Does such person hold office or stock in any other corporation operating or conducting a similar business in Wisconsin? Yes _____ No _____

If yes, state: _____

Name of corporation: _____

Office held: _____ Number of shares of stock owned: _____

[NOTE: Only the registered agent may make application for a cabaret license on behalf of the corporation.]

5. For each person employed or engaged by applicant to perform cabaret-related work or services on the proposed licensed premises as of the date of this application, state [attach additional sheets if necessary]:

Full name: _____

Address: _____

Telephone number: _____

6. Does applicant certify that, to the best of his, her or its knowledge, information and belief, as of the date of this application the proposed licensed premises complies with all zoning, building, fire, health, safety and sanitation ordinances and regulations of the City of Port Washington, and all such laws, codes and regulations of the state of Wisconsin applicable to the premises? Yes _____ No _____

If no, explain any exceptions or circumstances: _____

7. If there are any building alterations to the proposed licensed premises that are required or in progress as of the date of this application, does applicant acknowledge that he, she or it must file a bond with the City assuring that any work required to be done to bring the premises into compliance with City and state laws, codes and regulations must be completed and approved before opening or continuation of the business?
Yes _____ No _____
8. License applied for Annual _____ Daily _____
License date(s) From _____ To _____
9. Type of music/entertainment provided: _____

10. Area of proposed licensed premises where music/entertainment/performance will be provided:

11. Agent's full name: _____
Agent's address: _____
Agent's telephone number: _____
12. Date application filed with Clerk: _____
Amount of application fee: _____
Date application fee paid to Clerk: _____

By signing below, each individual applicant and agent, partner of a partnership or limited liability partnership, member of a limited liability company, party to a joint venture, and agent of a corporation or other entity, certifies under penalty of perjury that: the foregoing information is true and correct; they have full authority to act for the partnership, limited liability partnership, limited liability company, joint venture, corporation or other legal entity; they are responsible for control of the licensed premises and all business relating to the cabaret license conducted thereon; and providing false information herein is grounds for denial, revocation or nonrenewal of such license.

Signature of Applicant: _____

Date: _____

Signature of Agent: _____

Date: _____

CLERK'S CERTIFICATION

I certify that the foregoing application was reported to the Common Council on _____, that the license was granted on _____, and that I issued Cabaret License # _____ on _____.

Date: _____

Clerk's signature