



**7/1/2025 – 6/30/2026 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