CITY OF EMERYVILLE (TF-56, Rev. 3/88)

For City Use Only:	
[ ] Fee Collected	
By: _____	Date of Application:

APPLICANT

True First Name, Middle Name, and Last Name Below. Sex: [] Male [] Female **Other Names Used:**				
Place Where I Live: Number, Street, Apt. No., City, ZIP: Be Complete				
Birth Date: Month/Day/Year	Height	Weight	Hair Color	Eye Color
Telephone: Home	Office	Office Address:		
Have you ever been arrested or convicted of a crime? If so describe				
Name & Address of Business:				
Business Owned by: [ ] Individual [ ] Partnership [ ] Corporation				

I solemnly swear, under the penalty of perjury, that the answers I have made to each of the questions contained in this application are full and true to the best of my knowledge.

I understand that any false statements I knowingly make will disqualify my application to operate a Cabaret.

I understand that the Chief of Police, or his employee, will investigate all information supplied by me on this application and the attached pages, and that he may report to the City Manager and the City Council any offense(s) for which I have been convicted. I hereby give him permission.

I understand that this Cabaret Permit is subject to withdrawal, suspension, or revocation if I, or any of my employees, violate any provision(s) of local, State or Federal law applicable to such business.

I understand that at all times while engaged in such business, the Chief of Police, or his representative, shall have access to the proposed site, and to the business records of this applicant for the purpose of investigating compliance with the applicable provisions of the Emeryville Municipal Code, and all other State and Federal Law. I hereby consent to any such search and consequent seizure.

I have received and read a copy of Emeryville Municipal Code Sections 5-4.01 through 5-4.12, as amended up to the date of this application.

_____
Signature of Applicant Title Date

_____
Witness

Name of Cabaret:

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CITY OF EMERYVILLE (TF-57)

FINANCIAL HISTORY STATEMENT FOR: ☐ Individual ☐ Partenership ☐ Corporation (check one only)

Will you (applicant) be an active participant in the management and operation of the proposed business? ☐ Yes ☐ No

INDIVIDUAL OWNERSHIP (Use this page for each individual in a partnership.)

Amount Invested in this Business?	Percent of ownership this represents?

Investment is financed in the following manner:

Identify all sources of funds used for your investment in the business:

Do you control, manage, or hold in trust any assets or liabilities for another person or entity? ☐ Yes ☐ No (If yes, complete below.)
Description of Assets/Liabilities held:

Has your interest in this business establishment been assigned, or pledged to any person, firm, or corporation? ☐ Yes ☐ No

Has any agreement been entered into whereby your interest is to be assigned, pledged, or sold either in part or in whole? ☐ Yes ☐ No
If yes, describe in detail:

Have you ever filed bankruptcy? ☐ Yes ☐ No
If yes, briefly describe circumstances and name of court where filed.

Have you been associated as an officer, director, stockholder, partner or sole proprietor with any business entity that has filed for protection under the Federal Bankruptcy Law? ☐ Yes ☐ No If "Yes," furnish facts on a separate page, and list the Federal District Court where filed.

Have you attached the following?

Last Federal Income Tax Return (Individual and business)	☐ Yes	☐ No
List of all Creditors (include amount of liability)	☐ Yes	☐ No
Balance Sheet	☐ Yes	☐ No

Indicate the annual salary that you receive from your employment or your investment in any other cabaret establishment (average for last two years)
(State and Federal Income Tax Returns may be required during this investigation to verify all statements.)

$

Name of Cabaret:

APPLICATION (Page Three)
CITY OF EMERYVILLE (TF-58)

STATEMENT OF ASSETS & DEBTS

Cash on hand: $ _____ Safe Deposit, etc.: $ _____

Bank: _____

Accounts, Notes Receivable:

_____

Savings: _____

Other Assets (describe stocks, bonds, partnerships, etc.):

_____

_____

_____

Fixed Assets (describe real estate, personal property, vehicles, etc.):

_____

_____

_____

_____

_____

Debts (describe all outstanding liabilities):

Creditor:	Amount Owed:

Name of Cabaret:

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CITY OF EMERYVILLE (TF-59)

Entity or person to whom a percentage/share of business income to be paid:

Name	Address	Telephone No.

Parties named in the application who have been arrested for any crime:

Name	Offense	Date	Jurisdiction

Name of Cabaret:

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CITY OF EMERYVILLE (TF-60)

Complete this portion if proposed licensee is a corporation

Complete title: _____ ,Inc.

State in which incorporated: _____

Name, home address, business/home telephone number of the corporation Board of Directors (indicate title of corporation officers.

President: _____

Secretary: _____

Member: _____

Member: _____

Member: _____

Provide the name, address, and telephone number of all shareholders:

_____

Name of Cabaret:

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CITY OF EMERYVILLE (TF-61)

Complete this portion if proposed licensee is a partnership

Complete title: _____

State in which partnership formed: _____

Name, home address, business/home telephone number of the partners:

Partner: _____

_____

_____

Partner: _____

_____

_____

Partner: _____

_____

_____

Partner: _____

_____

_____

Partner: _____

_____

_____

Describe below the percentage of ownershp for each partner:

_____

_____

_____

_____

_____

_____

_____

_____

Name of Cabaret:

APPLICATION (Page Seven)
CITY OF EMERYVILLE (TF-6.2)

ROSTER OF EMPLOYEES

Name	*Job Title*	*Home Address*	*Phone*

Use additional pages of this form, as necessary.

Name of Cabaret:

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SECURITY: the following is a description of the measures I have/will take to enhance the safety and wellbeing of persons visiting the premises.

FACILITIES: the following is a description of other businesses, if any, operated in conjunction with the Cabaret.

SERVICES: Will alcoholic beverages be served? (If yes, provide ABC No.)

HOURS OF OPERATION (May not be open between 2:00 a.m. - 9:00 a.m.)

Hours open are:

Days Closed are:

AFFIRMATION: State of _____, in the County of _____

I, _____ being duly sworn, depose and say that I have read the foregoing application, all relevant pages and attachments thereto and know the contents thereof. The statements contained therein are true and correct and contain a full and true account of the information requested. This statement is executed with the knowledge that omissions or misrepresentations may be deemed sufficient cause for refusal to issue a license by the City of Emeryville. Further, I am aware that later discovery of an omission/misrepresentation is grounds for the revocation of the Cabaret Permit.

Signature: _____

Subscribed and sworn to before me this day of , 19

Notary Public: (Seal)