A red and black sign with white text

AI-generated content may be incorrect.301 Main Street  
Warrens, WI 54666

(608) 378-4177

[tonnac@villageofwarrens.com](mailto:tonnac@villageofwarrens.com)

**Cabaret License Application**

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Initial Application   Renewal  
License Period Ending: June 30, 20\_\_\_\_

**TYPE OF LICENSE REQUESTED**

Please check one:  
 Indoor Cabaret License — **$55**  
 Outdoor Cabaret License — **$55**  
 Indoor/Outdoor Cabaret License — **$85**

**APPLICANT INFORMATION**

Owner Name (Last, First, MI): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cabaret Manager (Last, First, MI): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Manager’s Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NATURE OF ENTERTAINMENT**

Describe all entertainment activities (e.g., live music, dancing, comedy):

Maximum Occupancy in Cabaret Area (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PREMISES INFORMATION**

Type of Structure/Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zoning District of Premises (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the premises currently licensed for alcohol?  
 Yes   No

Will alcohol be served during cabaret events?  
 Yes   No

Is there an outdoor area used for entertainment (if applicable)?  
 Yes   No

If yes, describe:

Distance to nearest residential structure (approximate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe how sound will be managed or contained (e.g., soundproofing, time limits, amplification):

Parking availability (number of spaces): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BACKGROUND CHECK REQUIREMENT**

The following individuals must undergo a criminal background check conducted by the Village Clerk's Office through the Wisconsin Department of Justice (DOJ):

* Cabaret Manager
* Owner of the business or premises

**The Village Clerk’s Office will run the background checks.**  
A $7 processing fee per person will be collected with your application.

Please provide the following details for each individual:

* Full legal name
* Date of birth
* Home address
* Contact information
* Any violations (within the past 10 years). If none, write "None."

*Failure to disclose relevant background information may result in denial of the application.*

**Note:** The Village reserves the right to request background checks for additional individuals if deemed necessary.

**REQUIRED ATTACHMENTS**

List of all property owners within 300 feet of the proposed licensed premises (New Applicants Only)  
 $55 (Indoor or Outdoor) or $85 (Indoor/Outdoor) application fee – Make checks payable to Village of Warrens

**CERTIFICATION**

I hereby certify that the above information is true and complete. I understand that incomplete or false information may result in the denial of this application. I am applying for a cabaret license in accordance with Village ordinances.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR OFFICE USE ONLY**

**Village Board Review**  
☐ Approved    ☐ Denied  
Date of Village Board Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Board Notes/Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**License Number Issued**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fee Paid: $\_\_\_\_\_\_\_\_\_\_

**Requirements for Operating a Cabaret**

* Applicants must comply with all local and state regulations regarding cabaret operations.
* The Village Board must approve any entertainment activities, hours of operation, and capacity limits.
* The business must be in compliance with zoning laws and any additional ordinances.
* Ensure that all entertainment does not cause a public nuisance or safety risk.
* Failure to comply with the terms of this license may result in revocation and non-renewal.