301 Main Street
Warrens, WI 54666

(608) 378-4177

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.