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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EVENET SCOPE DISCLOSURE**
Will this event include sound amplification, outdoor activities, or special entertainment beyond your regular licensed operations (e.g., festivals, fireworks, temporary stages, live bands outdoors)?
☐ Yes  ☐ No

If “Yes,” you may be required to apply for a:

* **Temporary Noise Permit**
* **Special Event Permit**
* Or other approvals per Village Ordinance

Please consult the Village Clerk’s Office if unsure whether your event qualifies.

**ORDINANCE COMPLIANCE – SOUND & VIBRATION (Sections 9.2 & 9.3)**

Sound Control (9.2):
The volume of sound inherently and recurrently generated by cabaret operations shall be controlled so as not to become a nuisance to adjacent uses or properties.

[ ]  I understand and agree to manage sound levels appropriately and ensure compliance with nuisance provisions.

Vibration Setback (9.3):
Operations causing vibrations that can be measured without instruments (e.g., heavy drop forges or hydraulic surges) must comply with the following setback requirements:

* In B or I zones: minimum 500 feet from all lot lines, unless abutting another I zone.
* In I zones with open storage: minimum 500 feet from zone boundaries.

[ ]  I certify that this cabaret activity complies with the vibration setback requirements as defined.

**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 Action: [ ]  Approved   [ ]  Denied
Date of Board Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Amount Paid: $\_\_\_\_\_\_\_\_\_\_
License Valid: July 1, 20\_\_\_\_ – June 30, 20\_\_\_\_

Notes / Conditions (if any):

**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.