

CITY OF ALGONA CABARET LICENSE APPLICATION



Date _____

Is this a renewal Yes No

| | | | |
|-------------------------|--|---------------------|--|
| Name of Business | | | |
| Address | | | |
| Applicant's Name | | | |
| Home Address | | Home Phone # | |

Is this a co-partnership Yes No

If so, please list partners, home address & phone #:

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Is business conducted by a manager or agent Yes No

If so, please list manager(s), home address & phone #:

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Is the applicant, co-owner(s) and/or manager(s) over the age of 21 years Yes No

Has the applicant, co-owner(s) and/or manager(s) ever been convicted of a felony Yes No

LICENSE IS FOR: MUSIC ONLY (\$ 100.00 per year)
 DANCING WITH OR WITHOUT LIVE MUSIC (\$200.00 per year)

The undersigned hereby makes application for the designated Cabaret License checked above, and in making such application, acknowledge that compliance will be made on the part of the applicant and applicant's agents and representatives with the terms and conditions of the Algona Municipal Code (Chapter 5.16) and other ordinances of the City of Algona, and rules and regulations now or subsequently adopted relative thereto, and further agree to comply with the rules and regulations of the State of Washington Liquor Control Board relative thereto. The undersigned, under penalty of perjury, if statements herein are false, hereby state that the undersigned, it's agents, managers or representatives are eligible for a license as applied for herein, and are not prohibited persons for such license under the terms of the Algona Municipal Code.

Signature _____

Signature _____

Title _____

Title _____

Any application not renewed by February 28th of the year shall bear a ten percent penalty charge.