



City of **MENOMONIE**

CABARET LICENSE APPLICATION

clerk@menomonie-wi.gov

(715) 232-2221 Ext 1006

800 Wilson Avenue

Menomonie, WI 54751

Date: _____

Application is hereby made for a Cabaret License to Permit Dancing in a Licensed

A or B Class Liquor or Class A or B Fermented Malt Beverage Premises:

Corporation Name: _____

Trade name of the licensed premises: _____

Address of licensed premises: _____

Name of Applicant: _____

Telephone number: _____

Email address: _____

Description of proposed dance area (**include the dimensions**): _____

License expires: June 30, 20____

I hereby authorize the Menomonie Police Department to furnish all information pertaining to my application for an operator's license to the licensing authorities of the City of Menomonie. This release is authorized with full understanding that the information will be safeguarded against unauthorized disclosure to any party not having a legitimate need for in the property discharge of official business of the City of Menomonie.

I hereby release the City of Menomonie, its officers and employees from any liability for damages which may result to me on account of compliance with the authorization.

Applicant's Signature

LICENSE FEE: \$105.00 (Can pro-rate by month, but not for less than a 6 month period)

INVEST. FEE: \$10.00 (per City Code 3-1-3, adopted 2-4-13)

Total Due = \$115.00

Account #01.43410 (License Fee) #01.44210 (Invest. Fee) Receipt #_____

Copies to: Police Chief
Fire Chief
Building Inspector - Inspection Date (attach copy) _____
Health Officer