



# CABARET PERMIT APPLICATION

Fee Received	
Date received	
Date Processed (VICE)	

<input type="checkbox"/> Annual Event License (\$315.00)	<input type="checkbox"/> Single Event Permit (\$105.00)
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*Fees are non-refundable and must be paid at the time the application is submitted*

## 1. EVENT INFORMATION:

EVENT NAME:		EVENT LOCATION:														
EVENT DESCRIPTION:																
EVENT CONTACT NAME:		PHONE NUMBER:		EMAIL ADDRESS:												
PROPERTY OWNER NAME & ADDRESS:																
TYPE OF CABARET ACTIVITY (Check all that apply): <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Live Band</td> <td><input type="checkbox"/> Theater</td> <td><input type="checkbox"/> Performance</td> </tr> <tr> <td><input type="checkbox"/> Karaoke</td> <td><input type="checkbox"/> Fashion show</td> <td><input type="checkbox"/> DJ</td> </tr> <tr> <td><input type="checkbox"/> Concert</td> <td><input type="checkbox"/> Comedy</td> <td><input type="checkbox"/> Dancing</td> </tr> </table>								<input type="checkbox"/> Live Band	<input type="checkbox"/> Theater	<input type="checkbox"/> Performance	<input type="checkbox"/> Karaoke	<input type="checkbox"/> Fashion show	<input type="checkbox"/> DJ	<input type="checkbox"/> Concert	<input type="checkbox"/> Comedy	<input type="checkbox"/> Dancing
<input type="checkbox"/> Live Band	<input type="checkbox"/> Theater	<input type="checkbox"/> Performance														
<input type="checkbox"/> Karaoke	<input type="checkbox"/> Fashion show	<input type="checkbox"/> DJ														
<input type="checkbox"/> Concert	<input type="checkbox"/> Comedy	<input type="checkbox"/> Dancing														
EVENT DETAILS:				ALCOHOLIC BEVERAGES:												
<input type="checkbox"/> Open to the public		<input type="checkbox"/> 21+ only		Served: YES <input type="checkbox"/> NO <input type="checkbox"/>		Sold: YES <input type="checkbox"/> NO <input type="checkbox"/>										
<input type="checkbox"/> Private Event		<input type="checkbox"/> 18+ only		Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor <input type="checkbox"/>		ABC LICENSE # _____										
<input type="checkbox"/> Admission charge		<input type="checkbox"/> Under 18 allowed														
EVENT DATE & TIME (Single Event Permit):																
EVENT DATES AND TIMES (Annual event permit):																
Days	<input type="checkbox"/> MON	<input type="checkbox"/> TUES	<input type="checkbox"/> WED	<input type="checkbox"/> THUR	<input type="checkbox"/> FRI	<input type="checkbox"/> SAT	<input type="checkbox"/> SUN									
Hours																
ESTIMATED ATTENDANCE:		PREMISE OCCUPANCY CAPACITY:		FLOOR PLAN ATTACHED TO APPLICATION: <input type="checkbox"/> YES <input type="checkbox"/> NO												

*Answer every question as accurately as possible. Type or print clearly in ink. If space available is insufficient use a separate sheet and precede each answer with the appropriate question number. If a question does not apply to you, indicate "N/A" in the appropriate box. Do not misstate or omit any material fact(s). All answers are subject to verification*

**2. SECURITY: You are required to have one security guard for every 50 people attending an event**

Security company/ Security guards	Guard Card #	Guard card expiration	Armed	
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO

- Attach to this application a description of security measures the applicant has or will take or cause to be taken, including training and provision of security in and around off-street parking areas (Security Plan)

**3. APPLICANT INFORMATION: List all applicants, partners, & members of the corporation**

APPLICANT NAME:		DATE OF BIRTH:	JOB TITLE:
DRIVER'S LICENSE #:	PHONE NUMBER:	EMAIL:	
APPLICANT NAME:		DATE OF BIRTH:	JOB TITLE:
DRIVER'S LICENSE #:	PHONE NUMBER:	EMAIL:	
APPLICANT NAME:		DATE OF BIRTH:	JOB TITLE:
DRIVER'S LICENSE #:	PHONE NUMBER:	EMAIL:	

**4. CRIMINAL HISTORY (Convictions Only)**

- a. Have you, or any of the above listed applicants, ever been convicted of a crime for offenses other than traffic violations, in the ten years prior to this application?  YES  NO

If you answered "yes" to either of the above questions provide details here			
Date of Arrest	Arresting Agency / City & State	Original Charge	Disposition

- b. List any prior application denials, revocations, or suspensions for any permit or license associated with your business.

Date	Jurisdiction	Reason

## DECLARATION

*Applicant understands and agrees that the cabaret established or maintained under any license issued pursuant to the application filed shall be established, operated, managed and maintained in full conformity with all the laws of the state of California and the applicable laws and regulations of the City of Hayward, and that any violation of any such laws in or in connection with the cabaret shall render any license subject to immediate suspension or revocation and the ongoing operation of the cabaret a nuisance.*

*The applicant understands and agrees that city representatives, including the chief of police or designee, shall have access to the proposed cabaret premises and to the business records of the applicant for the purpose of investigating compliance with the provisions of these regulations and all other applicable state and federal laws and regulations, and the applicant consents to any such search and consequential seizure.*

*Applicant understands and consents for itself and any individuals named in the application and thereby authorizes the Hayward Police Department to conduct background investigations and obtain criminal history information for each individual named in the application and further to include in any report to the city manager and city council any information, including but not limited to any criminal convictions, that the chief of police considers relevant and necessary concerning any person named in the application.*

*The applicant agrees to abide by all rules, regulations, and requirements outlined in Hayward Municipal Code 6-2 and all of its subsections.*

*I declare under penalty of perjury that all foregoing statements are true and correct. Any false statement shall be cause for revocation of any permit issued under article 2 section 6 of the Hayward Municipal Code.*

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Signature of applicant Date

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Signature of property owner Date

### ATTACHMENTS:

#### Attach the following documents with your permit application:

- Copy of ABC License (if alcohol will be served)
- Layout of establishment
- Color copy of security information
- Live Scan form for applicant
- Financial statement of the applicant (the individual, partnership, or corporation)
- Security Plan
- Any additional information you would like to include regarding event

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### OFFICE USE ONLY

Permit Issued:  YES     NO

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Chief of Police or designated representative Date