

CITY OF HAYWARD HAYWARD POLICE DEPARTMENT 300 W. WINTON AVE HAYWARD CA, 94544

PHONE: 510-293-7000

CABARET APPLICATION

NAME OF BUSINESS:		
ADDRESS:	ZIP:	
BUSINESS PHONE:	BUSINESS FAX:	
EMAIL CONTACT ADDRESS:		
CONTACT NAME:	PHONE:	
TO BE COMPLETED FOR ANNUAL CABARET LICI	<u>ENSE</u> :	
Check appropriate Items	Alcoholic Beverages	
 □ Dance Open to Public □ Private Dance □ Advision Change 	Served: Yes □ No □ Sold: Yes □ No □ What Type: □ Beer □ Wine □ Liquor Other □	
☐ Admission ChargeYou are required to have one securification	ABC License#ty guard for every 50-people attending an event.	
You are required to have one securions SECURITY: Please provide a list of all security guards work	ty guard for every 50-people attending an event. Sing at your business including a copy of guard card and	
You are required to have one securion SECURITY: Please provide a list of all security guards work certificate. (If security is armed also include a	ty guard for every 50-people attending an event. Sing at your business including a copy of guard card and	
You are required to have one securions SECURITY: Please provide a list of all security guards work certificate. (If security is armed also include a	ty guard for every 50-people attending an event. Sting at your business including a copy of guard card and a copy of their California Drivers License)	

dances show date. Date: Between what hours will dancing be permitted: Type of Cabaret Activity: Live Band [] Mechanical [] Karaoke [] Dancing [] Other [] Days Cabaret Activity will be conducted: MON TUE WED THUR FRI SAT SUN Hours Cabaret Activity will be conducted: From _____am/pm To____am/pm **COMPLETE BOX SECTIONS FOR SINGLE CABARET EVENT ONLY:** ESTIMATED ATTENDANCE: _____ IS EVENT OPEN TO THE PUBLIC? _____ WILL THERE BE SECURITY? IF YES, WHAT COMPANY AND HOW MANY? WILL THERE BE ALCOHOL SERVED AT THE EVENT? YES DAYS AND HOURS OF PROPOSED APPLICATION IS MADE BY: __ ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION Please list all Partners, Officers and members of the corporation: (should be same names listed on ABC Application) _____DATE OF BIRTH:_____ NAME: _____ DATE OF BIRTH: _____
TITLE: ____ CA DRIVER'S LICENSE No. _____ RESIDENCE: Address City Zip BUSINESS: Address City Zip

If requesting an annual permit or renewal, indicate number of days dancing is permitted. For one day

NAME:		DATE OF BIRTH:		
TITLE:		CA DRIVER'S	S LICENSE No	
RESIDENCE	: <u></u>			
	Address	City	Zip	
BUSINESS:				
	Address	City	Zip	
			E OF BIRTH:	
			S LICENSE No	
RESIDENCE	:			
	Address	City	Zip	
BUSINESS:				
	Address	City	Zip	
List any no	rean required to be so	amod in this annlication that has	been convicted of any crime / crimes.	
			along with date and jurisdiction where	
	tion occurred.	,,		
			·	
			any permit or license associated with your	
business.	_	d, as well as the reason for the ac	of the denial, revocation or suspension,	
the jurisuit	ction where it occurre	a, as well as the reason for the av		

Per HMC 6-2.14(d) the applicant must provide a set of clearly identifiable fingerprints and photographs of each person to whom a license is to be granted, or in the case of a partnership, fingerprints and photographs of the managing partner; or in the case of a corporation, fingerprints and photograph of the president or chief executive officer. Please contact CSO Joshua Wildman @ 510-293-7230 to set up an appointment. (Photograph & Fingerprinting fees apply. Refer to City of Hayward Master Fee Schedule)

Please attach the following forms to your application prior to submittal:

- 1. Per HMC 6-2.14(n), please attach a copy of the floor plan of the premises where the Cabaret license will be held*********
- 2. Per HMC 6-2.14(h), a copy of a full and completed financial statement of the applicant (the individual, partnership, corporation, or other business entity)

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 APPICANT AGREES TO ABIDE BY ALL RULES, REGULATIONS, AND REQUIREMENTS OUTLINED IN HAYWARD MUNICIPLE 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.

Signature of Applicant:			
Date:			