

CABARET LICENSE APPLICATION



Department of Taxes & Licenses
 808 W Spokane Falls Blvd
 Spokane WA 99201-3336
 509/625-6070

***** Please MAKE YOUR CHECK PAYABLE TO: **CITY TREASURER.** *****

BUSINESS NAME: _____	APPLICATION DATE: _____
BUSINESS ADDR: _____	EXPIRATION DATE: _____
MAILING ADDR: _____	LICENSE NUMBER: _____
CITY: _____ ST _____ ZIP _____	CLERK'S INITIALS: _____
PHONE: _____	

FULL CABARET \$ _____	Late payment 1 to 30 days incurs penalty of 5% of fee due, plus interest of 1%. Payment received after 60 days of expirations will incur a 20% penalty, plus 1% of total fee per month late. (SMC 10.23.046)
MUSIC ONLY \$ _____	
PENALTY \$ _____	
INTEREST \$ _____	
*** OFFICE USE ONLY ***	
AMOUNT RECEIVED \$ _____	CHECK NUMBER: _____

OWNER INFORMATION (OFFICERS' IF BUSINESS IS A CORPORATION OR LLC)

NAME: _____	NAME: _____
TITLE: _____	TITLE: _____
ADDR: _____	ADDR: _____
CITY: _____ ST: _____ ZIP: _____	CITY: _____ ST: _____ ZIP: _____
PH: _____ BIRTH DATE: _____	PH: _____ BIRTH DATE: _____
NAME: _____	NAME: _____
TITLE: _____	TITLE: _____
ADDR: _____	ADDR: _____
CITY: _____ ST: _____ ZIP: _____	CITY: _____ ST: _____ ZIP: _____
PH: _____ BIRTH DATE: _____	PH: _____ BIRTH DATE: _____

The applicant understands the granting of this license hereon applied for does not constitute an authorization to conduct a business at any location or in any manner that is in violation of any City Ordinance. Licensee agrees to comply with all City Ordinances (E.G. Building Codes, Zoning Codes, Fire Codes, etc.)

THIS IS AN APPLICATION ONLY. Issuance of the License is dependent upon approval of the reviewing officer and may take up to thirty (30) days.

I certify under penalty of perjury the information above is correct and complete to the best of my knowledge and belief, and the owners are of legal age to obtain this license.

SIGNATURE: _____ TITLE: _____ HOME PH: _____

<i>If you no longer need a license, or your business closed, please return application with date of closure and signature.</i>		
SIGNATURE: _____	TITLE: _____	DATE OF CLOSURE: _____

Approvals

Police Dept. _____	Date _____	Fire Dept. _____	Date _____
Bldg. Dept. _____	Date _____	Tax & License _____	Date _____