

**APPLICATION FOR CABARET LICENSE**

Application Date: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Telephone: \_\_\_\_\_  
City Of Enumclaw Business License Number: \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Applicant Name: \_\_\_\_\_

**CHECK THE TYPE OF CABARET LICENSE REQUIRED \*\*FEES ARE NON-REFUNDABLE\*\***

- \_\_\_\_\_ Cabaret With Dancing (CWD): \$350.00 per year (July 1 through June 30)
- \_\_\_\_\_ Cabaret Without Dancing (CND): \$50.00 per year (July 1 through June 30)
- \_\_\_\_\_ Cabaret One-Time Event - Not To Exceed 24 Hours (COT): \$150.00 per event
- \_\_\_\_\_ Cabaret One-Time - Not to exceed twenty-four hours:
  - Date of Event: \_\_\_\_\_
  - Type of Entertainment: \_\_\_\_\_
  - Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_
- \_\_\_\_\_ I am twenty-one years or older.
- \_\_\_\_\_ I have not been convicted of a felony within five years prior to filing this application.
- \_\_\_\_\_ The manager or agent of the business is qualified to obtain a Cabaret license as provided herein.
- \_\_\_\_\_ The members of the co-partnership of the business are qualified to obtain a Cabaret license as provided herein.
- \_\_\_\_\_ The officers and directors of the corporation of the business are qualified to obtain a Cabaret license as provided herein.
- \_\_\_\_\_ If liquor is served, all Washington State Liquor Control Board rules and regulations are followed.

**REVOCAION OF ONE-TIME EVENT LICENSE:**

In the event there is damage to property or disturbances consisting of assaultive behavior or a noise level that exceeds the decibels as set forth in the noise ordinances of the city, the police department may revoke a one-time event license without hearing, and such revocation shall be final.

**I SWEAR THE PRECEDING INFORMATION IS TRUE AND ACCURATE:**

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

I APPROVE\_\_ DENY\_\_ THIS CABARET LICENSE APPLICATION: \_\_\_\_\_  
Chief of Police                      Date

I APPROVE\_\_ DENY\_\_ THIS CABARET LICENSE APPLICATION: \_\_\_\_\_  
Fire Marshall                              Date

I APPROVE\_\_ DENY\_\_ THIS CABARET LICENSE APPLICATION: \_\_\_\_\_  
Business License Officer              Date

COMMENTS: \_\_\_\_\_

DATE SENT FOR APPROVAL: \_\_\_\_\_ RECEIPT INFORMATION:

