



CITY OF HAYWARD  
 HAYWARD POLICE DEPARTMENT  
 300 W. WINTON AVE  
 HAYWARD CA, 94544  
 PHONE: 510-293-7000

**CABARET APPLICATION**

GENERAL CABARET APPLICATION

NAME OF BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ BUSINESS FAX: \_\_\_\_\_

EMAIL CONTACT ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

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?

|                            |                            |
|----------------------------|----------------------------|
| <input type="checkbox"/> Y | <input type="checkbox"/> N |
|----------------------------|----------------------------|

DAYS AND HOURS OF PROPOSED EVENT: \_\_\_\_\_

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)**

|                  |                               |
|------------------|-------------------------------|
| NAME: _____      | DATE OF BIRTH: _____          |
| TITLE: _____     | CA DRIVER'S LICENSE No. _____ |
| RESIDENCE: _____ |                               |
| Address          | City                          |
|                  | Zip                           |
| BUSINESS: _____  |                               |
| Address          | City                          |
|                  | Zip                           |

|                  |      |                               |  |
|------------------|------|-------------------------------|--|
| NAME: _____      |      | DATE OF BIRTH: _____          |  |
| TITLE: _____     |      | CA DRIVER'S LICENSE No. _____ |  |
| RESIDENCE: _____ |      |                               |  |
| Address          | City | Zip                           |  |
| BUSINESS: _____  |      |                               |  |
| Address          | City | Zip                           |  |
| NAME: _____      |      | DATE OF BIRTH: _____          |  |
| TITLE: _____     |      | CA DRIVER'S LICENSE No. _____ |  |
| RESIDENCE: _____ |      |                               |  |
| Address          | City | Zip                           |  |
| BUSINESS: _____  |      |                               |  |
| Address          | City | Zip                           |  |

**PLEASE GIVE A BRIEF DESCRIPTION OF THE EVENT, SUCH AS PREVIOUS LICENSES OR PERMITS, CUP'S, ANY DENIALS, REVOCATIONS, SUSPENSIONS, SECURITY MEASURES, AND MANAGER INFORMATION (NAME & WORK SCHEDULE)**

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***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: \_\_\_\_\_

