

If requesting an annual permit or renewal, indicate number of days dancing is permitted. For one day 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 NO

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

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 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.

Signature of Applicant: _____

Date: _____

