

Will alcoholic beverages be served on the premises? Yes _____ No _____. If so, what type of liquor license has been issued by the Michigan Liquor Control Commission for the premises, and to whom? _____

Type of license applied for:

Cabaret _____ Annual license fee \$ 380.00

Limited Cabaret _____ Individual event license fee \$ 92.50

Club Cabaret _____ Fee \$167.50

By Ordinance definition:

A "Cabaret" shall mean and include any place, whether indoors or outdoors, where entertainment and/or dancing privilege are regularly afforded to patrons in connection with the serving or selling of food, and/or refreshments, whether alcoholic or non-alcoholic. "Regularly" as used herein, shall mean more than six dates each license year.

A "Limited Cabaret" shall mean and include any place, whether indoors or outdoors, where entertainment and/or dancing privileges are afforded to patrons on limited occasions whether or not offered in connection with the serving or selling of food and/or refreshments, alcoholic or non-alcoholic.

The term of every cabaret license shall expire on the first day of February following the date of issuance, except that a Limited Cabaret license shall expire on the date and time stated in such license.

I hereby certify that I am an authorized person to apply for a cabaret license.

I consent and agree on behalf of the licensee and the owner of the premises at which the cabaret shall be located that any member of the Police Department, the Fire Department, or other Officers of the City of DeWitt, County of Clinton, and State of Michigan may at any time enter and inspect any part of the premises at which the cabaret is conducted, including the locked portions thereof. I further consent and agree that this cabaret will be conducted in compliance with the laws of the United States, State of Michigan, Ordinances of the City of DeWitt, and rules and regulations of the Michigan Liquor Control Commission, relative to the sale of alcoholic liquors.

Date: _____ Applicant Signature _____

Credit Card Acct# _____	Day Time Phone: _____
(Circle one) MasterCard	Visa Discover American Express
Expiration Date: _____	V. Code: _____ (3 digit code on back of card)
Or <u>Make checks payable to the: City of DeWitt</u>	

