

CITY OF SUPERIOR
Cabaret License Application

License Type: **\$350.00 / ANNUAL LICENSE:** July 1, 20__ - June 30, 20__
 \$50.00 / 1-DAY LICENSE (specify date) _____

Please file this application with City Clerk's Office at least 15 days prior to Council action, and note that only the initial annual cabaret license fee for an establishment may be prorated.

OUTDOOR MUSIC IS LIMITED TO THE FOLLOWING HOURS:

- SUNDAY - THURSDAY: 12:00 P.M. (NOON) UNTIL 10:00 P.M.
 - FRIDAY - SATURDAY: 12:00 P.M. (NOON) UNTIL 12:00 A.M.
-

Corp Name _____

Trade Name _____

Business Address _____

Mailing Address _____

City/State/ZIP _____

Agent/Contact Name _____

Email Address _____ **Phone number** _____

By signing below, I accept this license is subject to immediate revocation by the Council of the City of Superior, upon conviction of any of the provisions of City Ordinances regulating Cabaret Licensing.

Signature _____

Printed Name _____ **Date** _____

FOR OFFICE USE ONLY		<i>Reference City Code 14-165</i>
Receipt No. _____	Total Paid _____	Council Mtg Date _____
Fire Dept. Approval _____	Date _____	
License No. _____	Date Issued _____	

Remit to CITY CLERK'S OFFICE with application fee made payable to City Treasurer.
1316 N. 14th St. Room 200 • Superior, WI 54880 • (715) 395-7200