

18+ Center for Visual and Performing Arts Application

1. Name _____
Individuals give last name, first, middle; corporations/limited liability companies give registered name; partnerships give the name of each partner, including limited partners.

2. Name, permanent address, and date of birth of sole proprietor, each partner, officer, director, agent, and designated manager, as applicable.

Title	Name	Date of Birth	Home Address	City	Zip Code
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

3. Trade name _____

4. Address of premise _____

5. List all convictions, including ordinance violations, of the licensee, any member, officer, director, manager or agent.

Name	Nature of Conviction	Jurisdiction
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Planned hours of operation _____

6. Legal occupancy _____

7. Number of off-street parking spaces available at premise _____

8. List any other licensed premises attached to premise _____

9. List any other liquor licenses held by applicant _____

10. Will your establishmet make use of sound amplification equipment? Yes No

If so, what kind? _____

11. Describe how underage persons will be identified to ensure they are not served alcohol beverages and do not consume alcohol beverages at the premise.

12. Describe how you will provide security for the premises.

13. How will you maintain orderly appearance and operation of premise with respect to litter and noise?

Read carefully before signing. Upon penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers.

Subscribed and Sworn to Before Me

this _____ day of _____, 20__

(Officer/Member/Manager/Partner/Individual)

(Clerk/Notary Public)

(Officer/Member/Manager/Partner/Individual)

My commission expires _____

(Officer/Member/Manager/Partner/Individual)

ALRC meeting of _____ and Common Council meeting of _____

707 License # _____ Legistar # _____ Aldermanic District _____

Routed: Madison Police Department

City Attorney

Alderperson _____

City Assessor