

  
**CINCINNATI**  
**CABARET LICENSE APPLICATION**

**Print Name or Trade Name** \_\_\_\_\_

**Business Address** \_\_\_\_\_

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
**Business Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **E-mail address** \_\_\_\_\_

Indicate whether owned by a Corporation ( ), Partnership ( ), Individual ( ). If owned by a corporation, all officers' name, address, and social security numbers are to be listed. If a partnership, give name, address, social security number and date of birth of each partner.

Name \_\_\_\_\_ Address \_\_\_\_\_  
 S.S. # \_\_\_\_\_ D.O.B. \_\_\_\_\_ Title \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_  
 S.S. # \_\_\_\_\_ D.O.B. \_\_\_\_\_ Title \_\_\_\_\_

Neither the undersigned nor any other person listed above has been arrested for/or convicted of any felony or misdemeanor except as follows. List all arrests or convictions, except for traffic violations. Use reverse side if necessary.

Date \_\_\_\_\_ Charge \_\_\_\_\_ Location (City & State) \_\_\_\_\_  
 Date \_\_\_\_\_ Charge \_\_\_\_\_ Location (City & State) \_\_\_\_\_  
 Date \_\_\_\_\_ Charge \_\_\_\_\_ Location (City & State) \_\_\_\_\_

\_\_\_\_\_ being duly sworn says that the statements contained in the foregoing application are true.  
 Print Name

**SIGN** \_\_\_\_\_  
 President, Partner, Sole Owner

Sworn to me and signed in my presence this \_\_\_\_\_ day \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
 Notary Public

**ANY FALSE STATEMENT MADE IN THIS APPLICATION SUBJECTS THE SIGNED TO PROSECUTION FOR PERJURY AND WILL RESULT IN THE REVOCATION OF ANY LICENSE GRANTED PURSUANT HERETO.**

PLEASE INCLUDE SELF ADDRESSED STAMPED ENVELOPE, CHECK OR MONEY ORDER MADE PAYABLE TO THE  
 CITY OF CINCINNATI  
 Department of Finance, Treasury Division  
 801 Plum St, Suite 202  
 Cincinnati, OH 45202

TREASURY USE ONLY

**Date Issued** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_ **License Fee** \_\_\_\_\_ A Renewal License carries  
 a 5% penalty, per month, if not renewed within 15 days of expiration. **Date Received** \_\_\_\_\_