



## CITY OF YPSILANTI DANCE HALL/CABARET LICENSE APPLICATION

**Application Fee: \$80.00**

APPLICANT'S NAME: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER – HOME: (    ) \_\_\_\_\_ BUSINESS: (    ) \_\_\_\_\_

Personal ID or Driver License #: \_\_\_\_\_

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NAMES AND ADDRESSES OF TWO BUSINESS REFERENCES WHO HAVE KNOWN THE APPLICANT FOR ONE OR MORE YEARS:

### REFERENCE #1:

Name	Business	# of Years Known
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Street Address	City	State	Zip
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### REFERENCE #2:

Name	Business	# of Years Known
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Street Address	City	State	Zip
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ADDRESS OF PROPOSED DANCE HALL/CABARET: \_\_\_\_\_

PLEASE INCLUDE A DESCRIPTION OF WHAT PORTIONS OF THE BUILDING ARE TO BE USED FOR THIS PURPOSE (ATTACH A SEPARATE SHEET IF NECESSARY): \_\_\_\_\_

HOURS AND DAYS OF OPERATION: \_\_\_\_\_

NAMES OF PERSONS WHO HAVE AN INTEREST IN SAID PREMISES OR BUSINESS AND WHAT THAT INTEREST IS: \_\_\_\_\_

ARE THERE ANY UNPAID OR UNBONDED JUDGEMENTS OF RECORD AGAINST THE APPLICANT(S)

(Yes or No): \_\_\_\_\_ IF YES, LIST THE TITLE OF ALL ACTIONS AND THE AMOUNT OF ALL JUDGEMENTS UNPAID OR UNBONDED AND THE COURT IN WHICH THE SAME WERE RENDERED: \_\_\_\_\_

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HAVE ANY OF THE APPLICANTS ENGAGED IN A SIMILAR FORM OF BUSINESS OR ACTIVITY IN THE PAST (Yes or No): \_\_\_\_\_ IF YES, LIST THE NAMES AND LOCATIONS OF BUSINESS OR ACTIVITY:

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**PLEASE READ THE FOLLOWING CAREFULLY:**

- ❖ You must provide evidence that if the license is granted, that the applicant shall have sufficient insurance coverage in the amount of at least \$500,000 each occurrence in aggregate for bodily injury and property damage on the premises, as well as other insurance required by law, such as Worker's Compensation insurance and Unemployment Compensation Insurance.
- ❖ Applicant and others with major interest in the business must have a comprehensive criminal history background check, by the Ypsilanti Police Department.
- ❖ The applicant(s) must show evidence that the dance hall/cabaret is an asset to the community (attach a separate sheet with an explanation).
- ❖ By signing this form, I hereby swear or affirm that the statements made herein are true, and further, that I consent and agree that any member of the Ypsilanti Police Department, Fire Department, inspectors of the Building Department, or other officials of the City of Ypsilanti may enter and inspect any part of such premises, including the locked portions thereof.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\$80.00 yearly fee paid on \_\_\_\_\_, receipt no. \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Time Period from: \_\_\_\_\_

To: \_\_\_\_\_

Updated 09/2014