



CITY OF HAYWARD  
 HAYWARD POLICE DEPARTMENT  
 300 W. WINTON AVE  
 HAYWARD CA, 94544  
 PHONE: 510-293-7000

**CABARET APPLICATION**

- ANNUAL CABARET APPLICATION       RENEWAL       SINGLE EVENT

NAME OF BUSINESS: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 BUSINESS PHONE: \_\_\_\_\_ BUSINESS FAX: \_\_\_\_\_  
 EMAIL CONTACT ADDRESS: \_\_\_\_\_  
 CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**TO BE COMPLETED FOR ANNUAL CABARET LICENSE:**

**You are required to have one security guard for every 50 people attending event**

Check appropriate Items

- Dance Open to Public
- Private Dance
- Adult Dance
- Juvenile Dance
- Admission Charge

Security

# of Officers: \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_

Alcoholic Beverages

Served:  Yes  No  
 Sold:  Yes  No  
 What Type:  Beer  Wine  Liquor  
 Other \_\_\_\_\_  
 ABC License# \_\_\_\_\_

If requesting an annual permit or renewal, indicate number of nights weekly dancing is permitted. On one night dances show date.

Date: \_\_\_\_\_ Between what hours will dancing be permitted: \_\_\_\_\_

Type of Cabaret Activity: Live Band [ ] Mechanical [ ] Karaoke [ ] Dancing [ ] Other [ ] \_\_\_\_\_

Days Cabaret Activity will be conducted: M T W TH F SAT SUN

Hours Cabaret Activity will be conducted: From \_\_\_\_\_ am/pm To \_\_\_\_\_ am/pm





PLEASE GIVE A BRIEF DESCRIPTION OF THE EVENT, SUCH AS PREVIOUS LICENSES OR PERMITS, CUP'S, ANY DENIALS, REVOCATIONS, SUSPENSIONS, SECURITY MEASURES, AND MANAGER INFORMATION (NAME & WORK SCHEDULE)


***I DECLARE UNDER PENALTY OF PERJURY THAT ALL FOREGOING STATEMENTS ARE TRUE AND CORRECT. ANY FALSE STATEMENT SHALL BE CAUSE FOR REVOCATION OF ANY PERMIT ISSUED UNDER ARTICLE 2 SECTION 6 OF THE HAYWARD MUNICIPAL CODE.***

Signature of Applicant: \_\_\_\_\_

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

CABARET APPLICATION



