

APPLICATION FOR A CABARET LICENSE

FEE: \$25.00

1. NAME OF APPLICANT(S): _____

2. TRADE NAME: _____

3. ADDRESS OF BUSINESS: _____

CITY: _____ COUNTY: _____ STATE: _____

4. MAILING ADDRESS: _____

IF RENEWING, WHAT TYPE OF LIQUOR LICENSE ARE YOU OPERATING UNDER:

(TYPE OF LICENSE)

LIQUOR LICENSE NO. _____, WHICH EXPIRES _____

The following is to be signed by individual, each general partner of partnership and by corporate applicants.

INDIVIDUALS AND ALL GENERAL
PARTNERS OF PARTNERSHIPS MUST
SIGN HERE:

CORPORATIONS SIGN HERE:

(Pres, Vice Pres. or Secretary)

DATE _____

DATE _____

APPROVAL OF LOCAL LICENSING AUTHORITY

Dated this _____ day of _____, 20_____

By _____
Chair of the Pueblo County Liquor and Marijuana Licensing Board

Attest _____
Clerk, Secretary or other officer having the official seal of licensing authority