

	FEES:		PLEASE RETURN TO: Planning and Development 25 West Main Street Auburn, WA 98001 Phone: (253) 931-3090 Fax: (253) 804-3114
	Cabaret License	\$50.00	
	Renewal of Cabaret License	\$20.00	
	Business License Fee	\$50.00	
	Business License Renewal Fee	\$50.00	

APPLICATION FOR CABARET INDIVIDUAL LICENSE

The Auburn Municipal Code requires that business activity which meet the criteria for individual licenses be applied for in addition to a City of Auburn business registration from the City Clerk's office. City of Auburn business registrations and individual licenses are required to be renewed by December 31st of each year.

<u>CHECKLIST/REQUIREMENTS:</u> Security Attendant Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>SECURITY ATTENDANT:</u> Required by Chief of Police to maintain good order in each cabaret.
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CABARET BUSINESS INFORMATION:			
Name:			
Address:			
City:	State:	Zip:	Telephone:

APPLICANT'S INFORMATION:			
Name:			
Address:			
City:	State:	Zip:	Telephone:
Maiden Name:	Alias/Previous Name:		
Drivers License No.:	Eye Color:	Hair Color:	
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	HT:	WT:	
Social Security No.:	Date of Birth:	Place of Birth:	
U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please indicate status:			
Previous Home Address Past (5) years:			
1.	2.		
Previous Employment Past (5) years:			
1.	2.		

STATE OF WASHINGTON
COUNTY OF KING

I, _____, being first duly sworn, on oath deposes and says: I am the above named applicant and make this affidavit for the purpose of obtaining from the City of Auburn a CABARET individual license. I have personal knowledge of the matters stated in the individual license application, and the statements therein contained are true. I have read the individual license regulation in Auburn City Code 8.24 and the legal requirements contained therein.

I, _____, hereby give permission to the City of Auburn to conduct an investigation into my background. I waive any and all claims against any company, corporation or individual pertaining to information received from such company, corporation or individual by the city as a result of such investigation.

Signature of Applicant

Subscribed and sworn before me this ____ date of _____,
20____, Notary Public in and for the State of Washington, residing
at _____. My Commission Expires: ____/____/____
Signature: _____

FOR OFFICE USE ONLY:	
<input type="checkbox"/> Planning _____ <input type="checkbox"/> Building _____ <input type="checkbox"/> Fire _____ <input type="checkbox"/> Police _____	Date Received: _____ Amount Paid: _____ TR Receipt #: _____ Business License #: _____