

# Center for Visual and Performing Arts License Application

1. Name \_\_\_\_\_  
Individuals give last name, first, middle; corporations/limited liability companies give registered name; partnerships give the name of each partner, including limited partners.

2. Name, permanent address, and date of birth of sole proprietor, each partner, officer, director, agent, and designated manager, as applicable.

<b>Title</b>	<b>Name</b>	<b>Date of Birth</b>	<b>Home Address</b>	<b>City</b>	<b>Zip Code</b>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

3. Trade name \_\_\_\_\_

4. Address of premise \_\_\_\_\_

5. List all convictions, including ordinance violations, of the licensee, any member, officer, director, manager or agent.

<b>Name</b>	<b>Nature of Conviction</b>	<b>Jurisdiction</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Planned hours of operation \_\_\_\_\_

6. Legal occupancy \_\_\_\_\_

7. Number of off-street parking spaces available at premise \_\_\_\_\_

8. List any other licensed premises attached to premise \_\_\_\_\_

9. List any other liquor licenses held by applicant \_\_\_\_\_

10. Will your establishmet make use of sound amplification equipment?  Yes  No

If so, what kind? \_\_\_\_\_

11. Describe how underage persons will be identified to ensure they are not served alcohol beverages and do not consume alcohol beverages at the premise.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Describe how you will provide security for the premises.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. How will you maintain orderly appearance and operation of premise with respect to litter and noise?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Read carefully before signing.** Upon penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers.

**Subscribed and Sworn to Before Me**

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
(Officer/Member/Manager/Partner/Individual)

\_\_\_\_\_  
(Clerk/Notary Public)

\_\_\_\_\_  
(Officer/Member/Manager/Partner/Individual)

My commission expires \_\_\_\_\_

\_\_\_\_\_  
(Officer/Member/Manager/Partner/Individual)

ALRC meeting of \_\_\_\_\_ and Common Council meeting of \_\_\_\_\_

License # \_\_\_\_\_ Legistar # \_\_\_\_\_ Aldermanic District \_\_\_\_\_

Routed:  Madison Police Department

City Attorney

Alderperson \_\_\_\_\_

City Assessor