APPLICATION FOR LICENSE
TO OPERATE A CABARET
IN THE TOWN OF LEWISBORO

Town of Lewisboro
Town Clerk's Office
11 Main Street
P. O. Box 500
South Salem, New York 10590

1. Name of applicant _____

2. Location of cabaret _____

3. Business address _____

4. Business telephone number _____

5. Home and emergency telephone numbers _____

6. Name of owner _____

7. Names and addresses of officers of business _____

_____

8. Operator of premises _____

9. Type of musical entertainment _____

10. Number of square feet in the room or rooms to be used for cabaret purposes _____

11. License fee $_____

Signature of applicant _____

Title_____

Sworn to before me this_____ day of
_____, 200_

_____
Notary Public

LICENSE IS NOT TRANSFERRABLE