



Cabaret License Application

Name of Business: _____ Date: _____

Mailing Address: _____

City: _____ State _____ Zip _____

Business Address: _____

Contact Name: _____ Email: _____

Telephone: _____ Fax: _____

Type of Ownership: Corporation Sole Proprietorship Partnership Limited liability

Please answer the following questions to the best of your knowledge:

1) Are you at least 21 years old? Yes No

2) Are you a resident of the State of Washington? Yes No

If so, how long have you been a resident? _____

3) Have you received and read a copy of the Town of Coupeville Cabaret License code?
 Yes No

4) Specify the type of music and entertainment at the establishment:

This section to be completed by Town of Coupeville:

Town Marshal's Recommendation: _____

Town Council Action: Approval Denied Date: _____

Clerk-Treasurer: Issue License Notified applicant that license was denied

Fee: \$50.00 Annually Date Paid _____ Receipt No. _____