



City of Port Orchard

City Clerk's Office

216 Prospect Street, Port Orchard, WA 98366

(360) 876-4407 • FAX (360) 895-9029 • cityhall@cityofportorchard.us

www.cityofportorchard.us

Cabaret License Application

(Port Orchard Municipal Code 5.20 and Resolution No. 046-18)

Do you have an active City Business License? Yes No

(Cabaret License cannot be issued unless your City Business License is current)

Are you applying for an Annual License? Yes No

The Annual License fee is \$100 plus \$100 Fire District Review and Inspection Fee

Are you applying for a Daily License? Yes No

The Daily License fee is \$20 per day plus \$100 Fire District Review and Inspection Fee

Business Information

Name of Business:

Name of Proprietor, Manager, or Agent:

Street Address:

Mailing Address (if different from street address)

City:

State:

Zip:

City:

State:

Zip:

Phone:

Alternate Phone:

Email:

Cabaret Information

Date(s) of event(s):

Describe type of music or entertainment: Karaoke Live Music Comedy Other

If other, please describe:

Anticipated number of visitors:

Will you be charging admission or a cover charge? Yes No

If yes, what is the anticipated charge?

By signing below, I agree to comply with all federal, state and local laws, including zoning, building, fire, health, safety and sanitation Ordinances and regulations of the Port Orchard Municipal Code (POMC). I understand that pursuant to POMC 5.20.070, I will be not issued a cabaret license if I have been convicted of a felony within five years of filing an application; if I have been convicted of a violation of any federal or state law or city Ordinance concerning the manufacture, possession or sale of narcotics or controlled substances as defined by the Revised Code of Washington; or have had a similar license revoked.

The information on this form is considered a public record and is subject to public disclosure laws in Chapter 42.56 RCW.

Signature of Proprietor, Manager, or Agent

Date

FOR CITY CLERK'S OFFICE USE ONLY

Cabaret License Fee Paid? Yes No

Receipt No.: _____

Fire District Review and Inspection Fee Paid? Yes No

Date issued: _____

Date Cabaret License Expires: _____

Was License Denied: Yes No

If Yes, reason: _____

Reviewed By _____
City Clerk or Designee