

Georgina Holliday, City Clerk

City of Inkster
26215 Trowbridge
Inkster, MI 48141



www.cityofinkstermi.gov
Phone: 313.563.9770
clerk@cityofinkstermi.gov

**Application for
Cabaret License
Governed by Ordinance No. 502**

Names and addresses of applicants:

New _____
Renewal _____

Person applying for license

Person applying for license

Type of ownership: (Check one)

Single Person _____ Partnership _____ Firm
Corporation _____

Name of establishment:

Name of manager of establishment:

Home Address

Telephone Number

U.S. Citizen

Name of persons having financial interest in same – list names and addresses below:
(If a corporation list names of officers with complete home addresses and telephone numbers)

Applicant's business for the past three years and the place or places in which he has conducted business during the past three years:

PLEASE NOTE: Section VII. RECORD OF DANCERS AND ENTERTAINERS EMPLOYED. The license of cabaret shall keep a record of each person employed as a dancer or other entertainer and shall keep said record on the premises and available for inspection by any police agency of the City, County, or State.

The sum of _____ accompanies this application.

Date application received _____

Treasurer's Receipt No. _____

Applicant's Signature

Approved _____ Disapproved _____ Date _____
Building Department

Approved _____ Disapproved _____ Date _____
Fire Department

Approved _____ Disapproved _____ Date _____
Code Department

Payment of license fee does not constitute approval of license.