City of Lansing, Michigan
Cabaret License Application

Business Name: _____ dba: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Main Contact Number: (____) _____ Secondary Contact Number: (____) _____

Email Address: _____

Description of Premises: _____

Name of Applicant: _____

Home Address of Applicant: _____

City: _____ State: _____ Zip: _____

I certify that I, the applicant, do not owe any personal taxes to the City of Lansing

I certify that there are no unpaid personal property taxes on any personal property, fixtures, or effects that will be used in the operation of this cabaret.

I hereby agree and consent that any member of the Lansing Police Department or the Fire Department, Inspectors from the County Health Department, City of Lansing Building Safety Division or other officers of the City of Lansing may enter and inspect any part of such premises including the locked portions thereof, and further agrees to abide by and comply with the laws of the United States and the State of Michigan and the rules and regulations of the Liquor Control Commission relative to the sale of alcoholic liquors

Applicant Signature: _____ Date _____

Nonrefundable Fee: $500.00

Approvals:

_____	_____	_____	_____
Police Department	Date	PND – Building Safety	Date
_____	_____	_____	_____
Fire Department	Date	PND – Zoning	Date
_____	_____	_____	_____
City Treasurer	Date	Health Department	Date