

CITY OF WAUSAU LICENSE APPLICATION - **Tavern Entertainment**

Submit the completed application along with the license fee to the City Clerk at 407 Grant Street, Wausau, WI 54403

Date of Application: _____ Licensing Year: _____

Name of Business: _____ Ownership Type: _____

Business Address: _____ Business Phone: _____

What is the Zoning at this location? _____ Type of Alcohol License at Premise: _____

Location of Performances: _____

Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> - Karaoke | <input type="checkbox"/> - Disc Jockey |
| <input type="checkbox"/> - Comedian or Game Show | <input type="checkbox"/> - Dance Floor for Patron Dancing |
| <input type="checkbox"/> - Bands with 3 Musicians or Less | <input type="checkbox"/> - Bands with 3 Musicians or More |
| <input type="checkbox"/> - Adult Cabaret Dancing | <input type="checkbox"/> - Other (Please describe fully) _____ |
- (Adult Cabaret Dancing is only permitted in M-1 Zones and also requires licensing for Adult Oriented Entertainment as described in Municipal Code Chapter 5.18)
- _____

I hereby certify the foregoing answers are true and correct and that all members, officers and owners of the business has and will comply with all regulations for operation of this license as set forth in the laws of the State of Wisconsin, the Municipal Code and the rules and regulations of the various regulatory agencies and commissions the City of Wausau pertaining to the supervision of activities permitted under the license for which this application is made. I understand this license may be revoked by the issuing authority according to the law.

BY (Print Name) : _____
TITLE: _____

Please Submit this Application along with [permit fee](#) to:
CITY CLERK
407 GRANT ST
WAUSAU WI 54403

For Office Use: Restriction/Conditions: _____ Staff Recommendation: _____ Reviewed by: _____ Zoning Administrator [signature required]
