



**APPLICATION FOR A NIGHTCLUB LICENSE**

This application is for a  New Application  Renewal Application

**APPLICANT INFORMATION**

1. Trade Name of Business: \_\_\_\_\_  
Business Address \_\_\_\_\_  
Business Phone Number \_\_\_\_\_

What type of Liquor License is held by this premises?

"Class B" Intoxicating  Class "B" Fermented  Class "C" Wine

2. Contact Information for the Agent of the Alcohol License Licensed Premises:

Name:: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Email \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Cellphone \_\_\_\_\_ Business Phone \_\_\_\_\_

Please attach a copy of Agent's Driver License

3. Name of Corporation/LLC/Partnership/Individual for the Business:

Corporation/LLC/Partnership/Individual Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Cellphone of contact \_\_\_\_\_

4. Contact Information for each officer of the Corporation/LLC/Partnership/:

Name:: \_\_\_\_\_ Corporate Position: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Email \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Cellphone \_\_\_\_\_ Business Phone \_\_\_\_\_

Please attach a copy of Driver License

Name:: \_\_\_\_\_ Corporate Position: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Email \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Cellphone \_\_\_\_\_ Business Phone \_\_\_\_\_

Please attach a copy of Driver License

Name:: \_\_\_\_\_ Corporate Position: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Email \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Cellphone \_\_\_\_\_ Business Phone \_\_\_\_\_

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Name:: \_\_\_\_\_ Corporate Position: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
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Home Phone Number \_\_\_\_\_ Cellphone \_\_\_\_\_ Business Phone \_\_\_\_\_

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**SECURITY/OPERATIONAL PLAN**

All Nightclub License applicants shall submit a Security/Operational Plan at the time of application. Please see Section 5.10 H of City Ordinances for requirements of the Security/Operational Plan.

14. Who will provide security for the event?  
 Employees     Private firm     City Law Enforcement Services     County Law Enforcement Services

If private security will be used, provide the name/address/contact information of the agency that will be used:

Business Name:: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Persons Name \_\_\_\_\_

Email \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cellphone \_\_\_\_\_ Business Phone \_\_\_\_\_

15. How will the security personnel be utilized? (ID verification/crowd control/patrol parking lot – explain in detail)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Will there be persons under the age of 21 on the premises during the time of the event?     Yes     No

If “yes”, in what area of the premises will they be allowed during the event(s)? \_\_\_\_\_

\_\_\_\_\_

17. Explain how the applicant will handle issues regarding:

control and clearance of the parking lot during hours of operation and at closing time

\_\_\_\_\_  
\_\_\_\_\_

unruly patrons

\_\_\_\_\_  
\_\_\_\_\_

patrons who are intoxicated

\_\_\_\_\_  
\_\_\_\_\_

patrons presenting false ID's

\_\_\_\_\_  
\_\_\_\_\_

control and supervision of patrons under the age of twenty-one (21)

\_\_\_\_\_  
\_\_\_\_\_

the circumstances under which the police should be called

\_\_\_\_\_  
\_\_\_\_\_

how physical disturbances (including fights) will be handled

\_\_\_\_\_  
\_\_\_\_\_

18. Who will be the designated the contact person for security concerns: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_ Business Phone \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cellphone \_\_\_\_\_ Event Day Phone Number \_\_\_\_\_

19. How many security personnel will be working at the events? \_\_\_\_\_
20. How will the security personnel be identified? (tee shirts/badges) \_\_\_\_\_
21. The security plan shall provide by name, date of birth, driver's license or state identification, and position the individuals who are employed by the establishment to provide security. Please list this information.  
Do you understand that it is necessary to update this information with the Sun Prairie Police Department if there are security personnel changes during the year?  Yes  No

Name:: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Home Phone Number \_\_\_\_\_ Cellphone \_\_\_\_\_  
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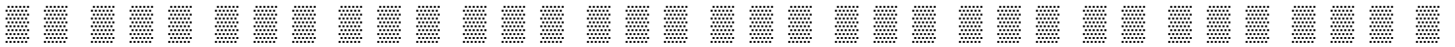
Name:: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Home Phone Number \_\_\_\_\_ Cellphone \_\_\_\_\_  
 Please attach a copy of Driver License

Please provide any additional information that may be necessary in the review of this application.

I certify that all information provided on this form is true and correct. I have been provided a copy of City Ordinance Section 5.10 pertaining to this license for the City of Sun Prairie. Furthermore, I am familiar with the State of Wisconsin Statutes pertaining to Liquor Licenses and I hereby agree, if granted said permit, to obey all provisions of said laws. I agree to comply with all applicable building, electrical and plumbing codes. I hereby authorize employees of the City of Sun Prairie to obtain information and records from law enforcement agencies, or other sources, to verify the information contained in this application. If there is a change to any information on this form during the year, I understand it is my responsibility to update the information.

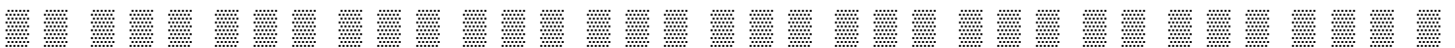
Signature of Agent

Date



DO YOU NEED TO CONTACT ANY OF THE FOLLOWING DEPARTMENTS?

- Assistant Administrator Insurance requirements 825-1193
Parks and Recreation City park usage 825-3449
Office of the City Clerk Alcohol License Application Fireworks Permit Application File Transient/Temp Entertainment Application 837-2511
Police Department Security Overall event activities 837-7336
Building Inspection Amusement ride inspection Any temporary/permanent structure inspection Noise level concerns/measurements 825-1184
Public Works Department Barricades Street closures 837-3050
Emergency Medical Services Provide Emergency Medical Services 837-3604
Angell Park Speedway Angell Park usage 837-5066
Fire Department Provide Fire Services 837-5066
Dane County Health Department Food service inspection 242-6515



For office use only:

Nightclub License Fees: \$100 Plus \$7 for each background check

Date received \_\_\_/\_\_\_/\_\_\_

Received by: \_\_\_\_\_

Other Licenses/Permits Required/Applied For? [ ] Yes [ ] No \_\_\_\_\_

Copies sent for review to:

- [ ] Administration [ ] Building Inspection [ ] City Attorney
[ ] Finance Office [ ] Fire Department [ ] Planning Department
[ ] Police Department [ ] Public Works [ ] EMS
[ ] ALRB [ ] \_\_\_\_\_

Referred to:

ALRB \_\_\_/\_\_\_/\_\_\_

Common Council \_\_\_/\_\_\_/\_\_\_

Recommended [ ] Approval [ ] Denial

Recommended [ ] Approval [ ] Denial

Permit issued effective: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Fees received \_\_\_/\_\_\_/\_\_\_

Received by: \_\_\_\_\_