



City of Emeryville

Cabaret Application

(TF-56, Rev.7/14)

| | |
|---|---|
| For City Use Only: <input type="checkbox"/> Fee Collected | Annual Cabaret Permit <input checked="" type="checkbox"/> One Day Cabaret Permit <input type="checkbox"/> |
| By: _____ | Date of Application: _____ |

APPLICANTS NAME

| | | |
|--|--------------------------------------|---|
| First: BRIAN | Middle: JEFFREY | Last: LEE |
| Home Address (No P.O. Boxes) Street: 2117 FUNSTON PLACE | | |
| City: OAKLAND | STATE: CA | ZIP CODE: 94602 |
| Date of Birth: 3-16-60 | Height: 5'9" | Weight: 170 Hair Color: BLK Eye Color: BROWN |
| Telephone Home: 510-531-8953 | Mobile: 510-934-0057 | |
| Name of Business: BAY STREET EMERYVILLE | | |
| Address of Business: 5616 BAY STREET | | |
| Business Phone: 510-856-2885 | FAX#: _____ | |
| Business Owned by: | <input type="checkbox"/> Individual | <input type="checkbox"/> Partnership |
| | <input type="checkbox"/> Corporation | <input checked="" type="checkbox"/> LLC |

I solemnly swear, under the penalty of perjury, that the answers I have made to each of the questions contained in this application are full and true to the best of my knowledge.

I understand that any false statements I knowingly make will disqualify my application to operate a Cabaret.

I understand that the Chief of Police, or his designated employee, will investigate all information supplied by me on this application and any attached pages. The Chief of Police may report to the City Manager and the City Council any offense(s) for which I have been convicted. I hereby give him permission.

I understand that this Cabaret Permit is subject to withdrawal, suspension, or revocation if I, or any of my employees, violate any provision(s) of local, State or Federal law applicable to such business.

I understand that at all times while engaged in such business, the Chief of Police, or his representative, shall have access to the proposed site, and to the business records of this applicant for the purpose of investigating compliance with the applicable provisions of the Emeryville Municipal Code, and all other State and Federal Law. I hereby consent to any such search and consequent seizure.

I have received and a read a copy of the Emeryville Municipal Code Sections 5-4.01 through 5-4.12 as amended up to the date of this application.

Brian Lee **MARKETING**
DIRECTOR 11/1/16

| | | | | |
|------------------------|-------|------|----------|-------|
| Signature of Applicant | Title | Date | Witness: | Date: |
|------------------------|-------|------|----------|-------|



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Name of Cabaret: BAY STREET EMERYVILLE (TF-57, REV 3/16)

FINANCIAL HISTORY STATEMENT Individual Other (Please list below)
 Partnership LLC
 Corporation (Please only check one)

Will you (Applicant) be an active participant in the management and operations of the proposed business?
 YES NO PERMITS FOR SPECIAL EVENTS AT BAY STREET

INDIVIDUAL OWNERSHIP (Use this page for each individual in a partnership)

Amount invested in this Business. N/A Percent of Ownership this represents. N/A

Investment is financed in the following manner: N/A

Identify all sources of funds used for your investment in the business: N/A

Do you control, manage, or hold in trust any assets or liabilities for other persons or entity? YES NO
(If Yes, give Description of Assets/Liabilities held:)

Has your interest in this business establishment been assigned, or pledged to any person, firm, or corporation?
 YES NO

Has any agreement been entered into whereby your interest is to be assigned, pledged, or sold either in part or in whole? YES NO
(If YES Explain in Detail):

Have you ever filed for Bankruptcy? YES NO If YES, briefly describe circumstances and Name of Court where it was Filed.

Have you been associated as an officer, director, stockholder, partner or sole proprietor with any business entity that has filed for protection under the Federal Bankruptcy Law? YES NO. If YES, Furnish the Facts on a separate page and list the Federal District Court where it was filed.



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Name of Cabaret: BAY STREET EMERYVILLE (TF-58, REV 3/16)

Have you attached the following documents?

| | | |
|---|------------------------------|--|
| Last Federal Income Tax Return (Individual and Business) | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| List of Creditors (Include amount of Liability) | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| Balance Sheet | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

STATEMENT OF ASSETS & DEBTS

Total Cash on Hand: \$ N/A

Bank Information:

Checking Savings Business Personal Notes Receivable

Bank Name: BANK OF AMERICA

Address: LOCKBOX LAC-745857
2706 MEDIA CENTER DRIVE
LOS ANGELES, CA 90065

CRIMINAL HISTORY

Have you ever been arrested or convicted of a crime? YES NO (If "YES" please explain below)



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Emergency Contacts information

| Name | Job Title | Best Phone# to Contact |
|----------------|-----------------------|------------------------|
| BRIAN LEE | MARKETING DIRECTOR | 510-934-0057 |
| NAT LENTEND | GENERAL MANAGER | 203-200-8030 |
| DEBORAH THOMAS | SECURITY DIRECTOR | 510-789-9672 |
| ELSIE HOWARD | ASST. GENERAL MANAGER | 415-637-9921 |
| | | |
| | | |

Parties named in the application who have been arrested for any crimes:

| Name | Crime/Offense & Date | Court Jurisdiction |
|------|----------------------|--------------------|
| N/A | N/A | N/A |
| ↓ | ↓ | ↓ |
| | | |
| | | |
| | | |

Please use the area below to explain any criminal history not listed above:

N/A



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Name of Cabaret: **BAY STREET EMERYVILLE**

(TF-60, REV 3/16)

COMPLETE THIS PORTION IF PROPOSED LICENSEE IS A CORPORATION:

Complete Title: _____, INC.

State in which incorporated:

NAME, HOME ADDRESS, BUSINESS, HOME & CELLULAR TELEPHONE NUMBERS FOR THE BOARD OF DIRECTORS OF THE CORPORATION, INDICATE TITLE OF CORPORATION OFFICERS.

PRESIDENT/CEO:

VICE PRESIDENT:

SECRETARY:

TREASURER/CFO:

N/A

MEMBER:

MEMBER:

MEMBER:

SHARE HOLDERS: PLEASE PROVIDE NAMES, ADDRESSES AND PHONE NUMBERS OF ALL SHARE HOLDERS:



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Name of Cabaret: RAY STREET EMERYVILLE

(TF-61, REV 3/16)

COMPLETE THIS PORTION IF PROPOSED LICENSEE IS A PARTNERSHIP

Complete Title:

State in which Partnership formed:

NAME, HOME ADDRESS, BUSINESS, HOME & CELLULAR TELEPHONE NUMBERS FOR ALL PARTNERS;

PARTNER:

PARTNER:

PARTNER:

PARTNER:

N/A

PARTNER:

PARTNER:

PARTNER:

DESCRIBE BELOW THE PERCENTAGE OF OWNERSHIP FOR EACH PARTNER:



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Name of Cabaret: BAY STREET EMERYVILLE

(TF-63, REV 3/16)

SECURITY: The following is descriptions of the measures I have/will take to enhance the safety and wellbeing of the persons visiting/patronizing the premises.

| | | |
|--|--|--|
| Security Company Name: <u>OVERTON</u> | Number of Security Guard on-duty: <u>7</u> | Armed: <input type="checkbox"/> |
| Address: <u>5616 BAY STREET EMERYVILLE, CA 94602</u> | | Unarmed: <input checked="" type="checkbox"/> |
| Phone Number: <u>510-655-4007</u> | | |

FACILITIES: Insurance Company Name and Policy Number

| | |
|---|---|
| Name: <u>FEDERAL INSURANCE COMPANY</u> | Policy Number: <u>9947-59-61</u> |
| Address: <u>20 CHURCH ST., 8TH FLOOR HARTFORD, CT 06103</u> | Liability Amount: <u>1 mil each occ. / 2 mil agg.</u> |
| Phone Number: <u>860-723-5600</u> | Agent or Contact: <u>MARSH USA LOUISE KING 860-273-4486</u> |

SERVICES: Will alcoholic beverages be served for the public to purchase? (If "YES" Please Provide the ABC # below.) YES, ONLY AT A FEW SPECIAL EVENTS - BEER & WINE

HOURS OF OPERATION: (May not be open before 10:00AM or after 2:00AM)

| |
|--|
| HOURS of OPERATION: <u>11 AM TO 9:30 PM</u> |
| DAYS CLOSED: <u>VARIOUS SPECIAL EVENT TIME SCHEDULES</u> |

AFFIRMATION: State of CALIFORNIA, in the County of Alameda

I BRIAN LEE being duly sworn, depose and say that I have read the foregoing application, all relevant pages and attachments thereto and know the contents thereof. The statements contained therein are true and correct and contain a full true account of the information requested. This statement is executed with the knowledge that omissions or misrepresentations may be deemed sufficient cause for refusal to issue a license by the City of Emeryville. Further, I am aware that later discovery of an omission or misrepresentation is grounds for the revocation of the Cabaret Permit.

Applicants Signature: Brian J. Lee

Subscribed and sworn to before me this day of , 20

NOTARY PUBLIC SEAL:



CITY OF EMERYVILLE

1333 Park Avenue Emeryville, CA 94608 (510) 596-4325 <http://www.ci.emeryville.ca.us/>

Finance Department Cash Receipt

DUPLICATE RECEIPT

Page 1

Receipt Number: 03000031064

Received By: DESIRI

Payor: 5616 BAY STREET INV

Today's Date: 11/29/16

Register Date: 11/29/16 **Time:** 13:45

| Item | Customer ID | Amount |
|------------------------|----------------|-------------------|
| MISCELLANEOUS RECEIPTS | ANNUAL CABARET | \$1,379.00 |
| TOTAL DUE: | | \$1,379.00 |

CHECK : \$1,379.00 REF NUM: 2312

TENDERED CHANGE
\$1,379.00 \$.00

Cashier Hours (Excluding Holidays): Monday - Friday 9am-5pm.