



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: <u>6/15/2021</u>

APPLICANTS NAME

First: <u>ANNA</u>	Middle:	Last: <u>NIKITARA</u>
Home Address (No P.O. Boxes) Street: _____		
City: _____	STATE: _____	ZIP CODE: _____
Date of Birth: _____	Height: _____	Weight: _____
Telephone Home: _____		Mobile: _____
Name of Business: <u>The BANK CLUB CAFE</u>		
Address of Business: <u>3900 SAN PABLO Ave Emeryville CA 94608</u>		
Business Phone: <u>(510) 658-4381</u>		FAX#: _____
Business Owned by: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input 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.


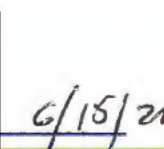


I understand that any false statements I knowingly make will disqualify my application to operate a Cabaret.

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.

		<u>6/15/21</u>		
Signature of Applicant	Title	Date	Witness: <u>Bisshar</u>	Date: <u>6/15/21</u>



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Name of Cabaret:

(TF-57, REV 3/16)

FINANCIAL HISTORY STATEMENT

Individual

Other (Please list below)

Partnership

Corporation

(Please only check one)

Will you (Applicant) be an active participant in the management and operations of the proposed business?

YES NO

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

Amount invested in this Business. zero

Percent of Ownership this represents. 100 %

Investment is financed in the following manner:

SOLE OWNER

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

FAMILY OWNED BUSINESS SINCE 1960

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:		(TF-58, REV 3/16)
Have you attached the following documents?	Last Federal Income Tax Return (Individual and Business)	<input type="checkbox"/> YES <input 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: \$	[REDACTED]
Bank Information:	
<input checked="" type="checkbox"/> Checking	<input checked="" type="checkbox"/> Savings
<input checked="" type="checkbox"/> Business	<input checked="" type="checkbox"/> Personal
<input type="checkbox"/> Notes Receivable	
Bank Name:	BANK OF AMERICA
Address:	4120 SAN PABLO AVE EMERYVILLE CA 94608

CRIMINAL HISTORY

Have you ever been arrested or convicted of a crime?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	(If "YES" please explain below)



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Emergency Contacts information

Name	Job Title	Best Phone# to Contact
KATINA NIKITIVAS	SISTER / BACKUP MANAGER	[REDACTED]

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

Name	Crime/Offense & Date	Court Jurisdiction
	N/A	

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



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Name of Cabaret:

(TF-60, REV 3/16)

COMPLETE THIS PORTION IF PROPOSED LICENSEE IS A CORPORATION:

Complete Title: N/A, 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:

MEMBER:

MEMBER:

MEMBER:

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



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(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:

PARTNER:

PARTNER:

PARTNER:

DESCRIBE BELOW THE PERCENTAGE OF OWNERSHIP FOR EACH PARTNER:



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Name of Cabaret:

(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:	Number of Security Guard on-duty:	Armed: <input type="checkbox"/>
Address:		Unarmed: <input type="checkbox"/>
Phone Number:		

FACILITIES: Insurance Company Name and Policy Number

Name: COASTAL PACIFIC	Policy Number: [REDACTED]
Address: P.O. BOX 6000 B. SAN RAFAEL CALIF	Liability Amount: ONE MILLION DOLLARS
Phone Number: 77 MARK DRIVE SBLI 24 →	Agent or Contact: MR Bruce Lyon [REDACTED]

SAME AS
LAST
YEAR

SERVICES: Will alcoholic beverages be served for the public to purchase? (If "YES" Please Provide the ABC # below.)

[REDACTED]

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

HOURS of OPERATION: 3pm - 1 AM.
DAYS CLOSED: Sundays unless event

AFFIRMATION: State of CALIFORNIA, in the County of Alameda

I ANNA NICITAPAS 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: [REDACTED]

Subscribed and sworn to before me this 15 day of June, 2021

NOTARY PUBLIC SEAL:

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Alameda)

On JUNE 15th, 2021 before me, Todd P. Connors, Notary Public
(insert name and title of the officer)

personally appeared ANNA NIKITARAS,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESSES

Signature

