



City of Emeryville

COPY

Cabaret Application

(TF-56, Rev.7/14)

For City Use Only: <input checked="" type="checkbox"/> Fee Collected	Annual Cabaret Permit <input checked="" type="checkbox"/> One Day Cabaret Permit <input type="checkbox"/>
By: <u>FIN. DEPT.</u>	Date of Application: <u>12/14/17</u>

APPLICANTS NAME

First: <u>BRIAN</u>	Middle: <u>JEFFREY</u>	Last: <u>LEE</u>
Home Address (No P.O. Boxes) Street: <u>[REDACTED]</u>		
City: <u>[REDACTED]</u>	STATE: <u>CA</u>	ZIP CODE: <u>94602</u>
Date of Birth: <u>[REDACTED]</u>	Height: <u>[REDACTED]</u>	Weight: <u>[REDACTED]</u>
Hair Color: <u>[REDACTED]</u>		Eye Color: <u>[REDACTED]</u>
Telephone Home: <u>[REDACTED]</u>		Mobile: <u>[REDACTED]</u>
Name of Business: <u>BAY STREET EMERYVILLE</u>		
Address of Business: <u>5616 BAY STREET</u>		
Business Phone: <u>510-856-2885</u>		FAX#: <u></u>
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 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>Brian J. Lee</u>	<u>MARKETING DIRECTOR</u>	<u>12/13/17</u>		
Signature of Applicant	Title	Date	Witness:	Date:



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Name of Cabaret: <u>BAY STREET EMERYVILLE</u>		(TF-57, REV 3/16)
FINANCIAL HISTORY STATEMENT		
<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Other (Please list below)	
<input type="checkbox"/> Partnership	<u>LLC</u>	
<input type="checkbox"/> Corporation	(Please only check one)	
Will you (Applicant) be an active participant in the management and operations of the proposed business?		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>PERMIT REQUEST FOR SPECIAL EVENTS @ BAY STREET</u>		
INDIVIDUAL OWNERSHIP (Use this page for each individual in a partnership)		
Amount invested in this Business.	<u>N/A</u>	Percent of Ownership this represents. <u>N/A</u>
Investment is financed in the following manner: <u>N/A</u>		
Identify all sources of funds used for your investment in the business: <u>N/A</u>		
Do you control, manage, or hold in trust any assets or liabilities for other persons or entity? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Has any agreement been entered into whereby your interest is to be assigned, pledged, or sold either in part or in whole? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
(If YES Explain in Detail):		
Have you ever filed for Bankruptcy? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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: <u>BAY STREET EMERYVILLE</u>		(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: \$ <u>N/A</u>	
Bank Information:	
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings <input checked="" type="checkbox"/> Business <input type="checkbox"/> Personal <input type="checkbox"/> Notes Receivable
Bank Name:	<div style="background-color: black; width: 380px; height: 20px;"></div>
Address:	<div style="background-color: black; width: 380px; height: 20px;"></div>

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
BRIAN LEE	MARKETING DIRECTOR	
NAT CENTENO	GENERAL MANAGER	
OLIVER CASILLAS	SECURITY DIRECTOR	
ELSIE HOWARD	ASST. GENERAL MANAGER	

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:

BAY 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:



City of Emeryville

1333 Park Avenue
Emeryville, CA 94608

INVOICE

INVOICE #2018
DATE: DECEMBER 14, 2017

TO:
BAY STREET
5616 BAY STREET
EMERYVILLE, CA 94608

FOR: ANNUAL CABARET PERMIT

DESCRIPTION	AMOUNT
ANNUAL CABARET PERMIT	\$1425.00
Make all checks payable to City of Emeryville Payment is due upon receipt of this invoice If you have any questions concerning this invoice, contact Desiri Vink at (510)596-4325 Thank you for your business! COPY	
TOTAL	\$1425.00

12/14/17

Print

Amount: 1,425.00

THE FACE OF THIS DOCUMENT HAS MICROPRINTING. DO NOT CASH IF MISSING. THE BACKGROUND WILL EXPOSE A HIDDEN VOID WHEN PHOTOCOPIED.

5616 Bay Street Investors LLC
c/o Madison Marquette
670 Water Street SW
Washington, DC 20024

JP Morgan Chase

Inv # 2018

Date 12/16/2017 Check No. 003890 Check Amount \$1,425.00

One Thousand Four Hundred Twenty Five AND 00/100 DOLLARS

Pay to the order of: City of Emeryville

1333 Park Avenue
Emeryville, CA 94608

VOID IF NOT CASHED WITHIN 120 DAYS WITHIN DATE OF ISSUE.

⑈003890⑈ ⑆071923226⑆ 618608660⑈

ENDORSE HERE

X

1425.00

THIS LINE

Security Features:
• Microprinting - "JP" and "Emeryville" repeated throughout the document.
• Color Security Gears.
• Hologram.
• Full range of security features.
• All items are made with 100% cotton.
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