



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: 03000038025

Received By: DESIRI

Payor: THE BANK CLUB CAFE

Today's Date: 10/24/18

Register Date: 10/24/18 Time: 00:00

Item	Customer ID	Amount
MISCELLANEOUS RECEIPTS	ANNUAL CABARET PERMIT	
TOTAL DUE:		

CHECK :

REF NUM: 295

CHANGE
\$.00

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



City of Emeryville

Cabaret Application

Name of Cabaret: The Bank Club Cafe

(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: <u>Coastal Pacific</u>	Policy Number: <u>[REDACTED]</u>
Address: <u>PO Box 6000 B, San Rafael Calif.</u>	
Phone Number: <u>949-0502 ; 77 Mark Drive, Ste 24</u>	Agent or Contact: <u>MR. Bruce Lyon 415 472-1800</u>

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

[REDACTED]; We have been in business since 1962.

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

HOURS of OPERATION: 11am to 2am

DAYS CLOSED: Closed on Sundays except private parties.

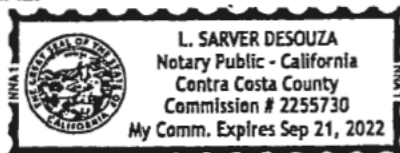
AFFIRMATION: State of CALIFORNIA, in the County of Alameda

I, Anna Nikitaras 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 23rd day of October, 2018

NOTARY PUBLIC SEAL:



Paid by 31st
Chcks # 295



(TF-62, REV 3/16)

USE ADDITIONAL PAGES OF THIS FORM, AS NECESSARY



City of Emeryville

Cabaret Application

Name of Cabaret: *The Bank Club Cafe*

(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:



City of Emeryville

Cabaret Application

Name of Cabaret:

(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:

N

SECRETARY:

A

TREASURER/CFO:

MEMBER:

MEMBER:

MEMBER:

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



City of Emeryville

Cabaret Application

Emergency Contacts information

Name	Job Title	Best Phone# to Contact
Anna Nikitaris	owner	[REDACTED]
Katrina u i i	owner	[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:



City of Emeryville

Cabaret Application

Name of Cabaret:

(TF-58, REV 3/16)

Have you attached the following documents?

Last Federal Income Tax Return
(Individual and Business)
List of Creditors
(Include amount of Liability)
Balance Sheet

☒ YES ☐ NO
☐ YES ☒ NO
☐ YES ☒ NO

STATEMENT OF ASSETS & DEBTS

Total Cash on Hand: \$

Bank Information:

☒ Checking ☐ Savings ☐ Business ☐ Personal ☐ Notes Receivable

Bank Name:

Address:

CRIMINAL HISTORY

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



City of Emeryville

Cabaret Application

Name of Cabaret: The Bank Club Cafe (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.

Percent of Ownership this represents.

Investment is financed in the following manner:

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



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.



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: <u>Anna</u>	Middle: _____	Last: <u>Nikitmas</u>
Home Address (No P.O. Boxes) Street: _____		
City: _____	STATE: <u>Ca</u>	ZIP CODE: _____
Date of Birth: _____	Height: _____	Weight: _____
	Hair Color: _____	Eye Color: _____
Telephone Home: _____	Mobile: _____	
Name of Business: <u>The Bank Club Cafe</u>		
Address of Business: <u>3900 San Pablo Ave, Emeryville Ca 94678</u>		
Business Phone: <u>510 652-438</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>Owner</u>	
<u>10/23/18</u>		<u>OCT 23, 2018</u>
Signature of Applicant	Title	Date
		Witness: _____
		Date: _____