



City of Emeryville

Cabaret Application

Name of Cabaret: **Rudy's Can't Fail 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: N/A	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: California Capital Group	Policy Number:
Address: 16000 Ventura Blvd., Suite 550 Encino, CA 91436	
Phone Number:	Agent or Contact: IOA Insurance Services, Inc

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

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

HOURS of OPERATION: 7AM - 1AM Daily
DAYS CLOSED: Thanksgiving and Christmas Day

AFFIRMATION: State of **CALIFORNIA**, in the County of **Alameda**

I **Douglas Smith** 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: **[Signature]**

Subscribed and sworn to before me this **[]** day of **[]**, **20**

NOTARY PUBLIC SEAL:

PLEASE SEE ATTACHED
NOTARY CERTIFICATE

California Jurat Certificate

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

S.S.

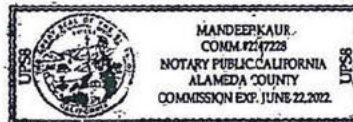
Subscribed and sworn to (or affirmed) before me on this 27th day of NOVEMBER,
Month

20 18, by DOUGLAS DEAN SMITH and
Name of Signer (1)

_____, proved to me on the basis of
Name of Signer (2)

satisfactory evidence to be the person(s) who appeared before me.

Signature of Notary Public



MANDEEP KAUR, 2247228

For other required information (Notary Name, Commission No., etc.)

Seal

OPTIONAL INFORMATION

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this jurat to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document

The certificate is attached to a document titled/for the purpose of

Cabaret Application

containing _____ pages, and dated _____

Method of Affiant Identification

Proved to me on the basis of satisfactory evidence:
☐ form(s) of Identification ☐ credible witness(es)

Notarial event is detailed in notary journal on:

Page # _____ Entry # _____

Notary contact: _____

Other

☐ Affiant(s) Thumbprint(s) ☐ Describe: _____



City of Emeryville

Cabaret Application

(TF-56, Rev.7/14)

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

APPLICANTS NAME

First: Douglas	Middle: D.	Last: Smith
Home Address (No P.O. Boxes) Street: _____		
City: _____	STATE: _____	ZIP CODE: _____
Date of Birth: _____	Height: _____	Weight: _____ Hair Color: _____ Eye Color: _____
Telephone Home: _____		Mobile: _____
Name of Business: BMZ Enterprises, LLC dba Rudy's Can't Fail Cafe		
Address of Business: 4081 Hollis Street		
Business Phone: _____		FAX#: _____
Business Owned by: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC		
<p>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.</p> <p>I understand that any false statements I knowingly make will disqualify my application to operate a Cabaret.</p> <p>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.</p> <p>I understand that this Cabaret Permit is subject to <u>withdrawal</u>, <u>suspension</u>, or <u>revocation</u> if I, or any of my employees, violate any provision(s) of local, State or Federal law applicable to such business.</p> <p>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.</p> <p>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.</p>		
<div style="display: flex; justify-content: space-between;"><div>Signature of Applicant: _____</div><div>Title: owner</div><div>Date: 9/6/18</div></div>		
Witness: _____		Date: _____



City of Emeryville

Cabaret Application

Name of Cabaret: Rudy's Can't Fail Cafe

(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

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

YES, briefly describe circumstances and Name of Court where it was Filed.

If

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

Name of Cabaret: **Rudy's Can't Fail Cafe**

(TF-58, REV 3/16)

Have you attached the following documents?

Last Federal Income Tax Return
(Individual and Business)

☐ YES ☒ NO

List of Creditors

☐ YES ☒ NO

(Include amount of Liability)

Balance Sheet

☐ 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

Emergency Contacts Information

Name	Job Title	Best Phone# to Contact
Douglas Smith	Owner and manager	[REDACTED]

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

Name	Crime/Offense & Date	Court Jurisdiction

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



City of Emeryville

Cabaret Application

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(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:

MEMBER:

MEMBER:

MEMBER:

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



City of Emeryville

Cabaret Application

Name of Cabaret:

(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;

SEE ATTACHED

PARTNER:

PARTNER:

PARTNER:

PARTNER:

PARTNER:

PARTNER:

PARTNER:

DESCRIBE BELOW THE PERCENTAGE OF OWNERSHIP FOR EACH PARTNER:

BMZ Enterprises LLC
dba Rudy's Can't Fail Café

Members

ownership %

Jeffery Bischoff

[REDACTED]

Michael R Pritchard

[REDACTED]

Stephen N Mills

[REDACTED]

Doug Smith

[REDACTED]

Zachary E Zeisler

[REDACTED]

Cheryl Tallman

[REDACTED]

David Rawson

[REDACTED] 1

Rika Nakanishi

[REDACTED]



Cabaret Application

Name of Cabaret: **Rudy's Can't Fail Cafe**

(TF-62, REV 3/16)

ROSTER OF EMPLOYEES WHO WILL BE PRESENT DAY OF EVENT[illegible]



CITY OF EMERYVILLE

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

Finance Department Cash Receipt

Page 1

Receipt Number: [REDACTED]

Received By: DESIRI
Today's Date: 02/20/19

Payor: DOUGLAS SMITH - RUD
Register Date: 02/20/19 Time: 00:00

Item	Customer ID	Amount
MISCELLANEOUS RECEIPTS	ANNUAL CABARET LICENSE	[REDACTED]
TOTAL DUE:		[REDACTED]

CHECK :

[REDACTED] REF NUM: [REDACTED]

TENDERED [REDACTED]

CHANGE [REDACTED]

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