



Minot Police Department

Cabaret Owner/Manager License

Minot Code of Ordinances Section 18-192

Office Address: 515 2nd Ave SW
Mailing Address: PO Box 5006
Minot, ND 58702
Email: [\(701\) 837-3658](mailto:records@minotnd.org)

APPLICANT INFORMATION:

Business Name	General Descriptions of Services to be Provided			
Date Establishment was Acquired	OR	Expected Date of Operation		
Business Address	Mailing Address (if different)			
Owner/Manager Name	Phone	Email		
Date of Birth	SSN	Tax ID #		
Type of ID Presented	Issuing State			
Have you ever had a cabaret-type license in another jurisdiction?		Yes	No	
If yes, when and where?				
Have you ever had a cabaret-type license denied, suspended, or revoked?		Yes	No	
If yes, when & where?				
Have you ever been convicted or are you awaiting trial on pending charges related to specified criminal activity?			Yes	No
If yes, explain:				

DISCLAIMER AND SIGNATURE:

I certify that my answers are true and complete to the best of my knowledge

Signature of Property Owner/Manager _____ Date _____

INTERNAL USE ONLY:

Issuing Person	Date of Expiration
Authorizing Agent	Date
<p>Please Attach the Following:</p> <ol style="list-style-type: none"> 1. Fee: Entertainer/Employee \$30.00 2. A current color photo (3" x 4" or larger. 3. A photocopy of a license issued for 1 year. 	