Village of Bloomfield

Village-PO Box 609 | N1100 Town Hall Rd | Pell Lake, WI 53157 (262) 279-6039 Fax: (262) 279-3545

Outdoor Cabaret Event Application

Please fill in all the blanks completely, an incomplete application will not be accepted.

Please Cneck Application I	Purpose:	
 Initial Request for Event (Up to 3 consecutive days) Request for Change in Venue or Date for a previously approved Event.		
Application Checklist:		
Applicant must curren Signed Application Fo Daily Fee of \$25 due v	orm.	quor or Beer License AND Outdoor Extension License.
Date(s) of Event:		Total Number of Days:
Event Start Time:		Event Stop Time:
Circle Event Type: Liv	ve Music DJ/Karaoke	Amplified Music Other:
APPLICANT INFORMA	TION:	
Applicant Name:		
Establishment Name:	:	
Address:		
Phone:		
I agree to abide by local ordinances and regulations of the State of Wisconsin as well as the Village of Bloom Municipal Code. I understand that the Police Department may require the music level to be lowered at any tim further agree that the music shall be performed within an approved Outdoor Extension area during daylight he I understand that future permits may be refused if this policy is abused. Applicant Signature (Owner/Agent) Date		
	Offi	as Use Only
Date Filed:	Amount Paid (\$25/day):	ce Use Only: Received by:
Liquor License #:		Cabaret Permit #:
•		
Village Administrator Date		Approved / Denied