

**Temporary and Not-For-Profit Fee**

**Not-For-Profit:**

Up to 300 persons = \$25.00  
301 or more persons = 50.00

**Two time use:**

Up to 300 persons = \$50.00  
301 or more persons = 100.00



**CITY OF ALBANY  
CABARET LICENSE  
APPLICATION**

**Annual Fee**

Up to 150 persons = \$150.00  
151 to 300 persons = \$200.00  
301 to 500 persons = \$300.00  
501 or more persons = \$500.00

No Alcohol = \$50.00

**INSTRUCTIONS:** This application must be completed in full, either typed or printed clearly, and submitted to the City Clerk, City Hall, Room 202, by the owner or tenant of the property for which the cabaret license is being requested. Make all checks payable to the City of Albany.

**This form must be accompanied with a copy of the maximum certificate of occupancy, a copy of the liquor license (if applicable) and documentation stating your Not-For-Profit Status (if applicable). All fees for the license are to be collected with the application and are non-refundable. All licenses expire on December 31<sup>st</sup> of each calendar year.**

If you have any questions, please contact the Office of City Clerk at (518) 434-5090.

**APPLICANT:**

Name of Applicant: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip Code)

Principal Offices (if different from business address): \_\_\_\_\_

Applicant's Interest in Property (Check One): Owner  Tenant  Other \_\_\_\_\_  
(specify)

Please list a agent that is authorized to act on your behalf : \_\_\_\_\_

**PROPERTY**

Name of the Owner: \_\_\_\_\_

Additional Owner's Name(s): \_\_\_\_\_ Phone #: \_\_\_\_\_

Additional Owner's Name(s): \_\_\_\_\_ Phone #: \_\_\_\_\_

Address(es): \_\_\_\_\_

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Location of entertainment (indoor/outdoor): \_\_\_\_\_

Total interior square footage (W x L): \_\_\_\_\_

Expected number of attendees per event(s) (please check one):

Up to 150       151 to 300       301 to 500       501 or more

Number of events:

1     2     year-long permit       licensed not-for-profit – up to 10 events

If Not-For Profit, please list the ten dates of use for this calendar year: \_\_\_\_\_

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If temporary license, please list the one or two dates of use: \_\_\_\_\_

Will alcohol be served?     Yes       No

What type of entertainment will be provided (live band, disc jockey, karaoke, etc) if any?

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What are the proposed hours and days of operation?

Mon. \_\_\_\_\_ Tue. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

What is the proposed number of employees designated for security, during the hours and days of operation?

Mon. \_\_\_\_\_ Tue. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

Does the establishment (listed above) have soundproofing?     Yes       No

If yes, please describe: \_\_\_\_\_

Does the establishment have additional rooms that are used independently?     Yes       No

If yes, please list the location of each room: \_\_\_\_\_

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I, the undersigned, hereby attest to the accuracy of the information submitted herein, and in the event that this application is approved, I agree to abide by any and all conditions of the license and fully understand my obligations pursuant to Chapter 111 of the Code of the City of Albany.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_