

Entertainment License

(Agenda Item Number)

(Legistar file number)

Permanent

Type of entertainment license: Entertainment License (21+) Visual & Performing Arts License (18+) Licensed Premises Information This application modifies existing alcohol license number (if applicable): Business dba Name: The Sputhern Skillet Bishn	210 MLK Class A: ☐ Beer, ☐ Liquor, ☐ Cider Class B: ☐ Beer, ☐ Liquor, ☐ licensing(Jr Blvd, Room 103 ison, WI 53703	LICENT- 2°2(-0068) (License number) 4 (Police Sector) Office Use Only
Business dba Name: The Southern Skilket Bisho & Oltra launge Licensed Address: Twest Main Premise Capacity: Liquor/Beer Agent Name: Amana James 40 % Alcohol, LD% Food, % Other Alder, District #: Police Sector: Corporate Information Business Legal Name (as on WI State Sellers Permit): LUSh Adult Entertaument Dba. Business Mailing Address: P. O Box 46375 The Southern Skilket Business Contact Name, Position: Amana James Business Phone: LOS 440 IOU Business Email: Corporate Officers, Partners, or Sole Proprietor's information: Name Address Title Amana Duncy Security Plan attached (21+ must complete page 2, 18+ must completed pages 2 and 3) I have contacted Zoning (zoning@cityofmadison.com, 608-266-4551) for necessary approvals. I certify that this information is true and correct to the best of my knowledge.	Type of entertainment license: 🗹 Entertainment	: License (21+) 🗆 Visual &	Performing Arts License (18+)
Business dba Name: TM Southern Skillet Bistro & Oltra lounge Licensed Address: Twest Main Premise Capacity: Liquor/Beer Agent Name: Amanon James 40 % Alcohol, Low Food, % Other Alder, District #: Police Sector: Corporate Information Business Legal Name (as on WI State Sellers Permit): LUSh Adult Entertainment Nba Business Mailing Address: P. O Box 46375 The Southern Skillet Business Contact Name, Position: Amanon James Business Phone: LOS 440 DUT Business Email: Corporate Officers, Partners, or Sole Proprietor's information: Name Address Title Amanon (Main Menil) Manager Security Plan attached (21+ must complete page 2, 18+ must completed pages 2 and 3) I have contacted Zoning (zoning@cityofmadison.com, 608-266-4551) for necessary approvals. X I certify that this information is true and correct to the best of my knowledge.			
Corporate Information Business Legal Name (as on WI State Sellers Permit): LUSh Adult Entertainment Dba The Southern Skillet Business Mailing Address: P.O. Box 440375 The Southern Skillet Business Contact Name, Position: Amarion Junes Business Phone: 408 440 1047 Business Email: Corporate Officers, Partners, or Sole Proprietor's information: Name Address Title Amarion Internation Security Plan attached (21+ must complete page 2, 18+ must completed pages 2 and 3) I have contacted Zoning (zoning@cityofmadison.com, 608-266-4551) for necessary approvals. I certify that this information is true and correct to the best of my knowledge.	Business dba Name: The Southern Licensed Address: 7 West main	Skillet Bistro & 1	Ultra lounge
Business Legal Name (as on WI State Sellers Permit): LUSh Adult Entertainment Dba. Business Mailing Address: P. D Box 46375 The Southern Skillet Business Contact Name, Position: Amazion Junes Business Phone: 408 440 1047 Business Email: Corporate Officers, Partners, or Sole Proprietor's information: Name Address Title Amazion Mail Dunes Security Plan attached (21+ must complete page 2, 18+ must completed pages 2 and 3) I have contacted Zoning (zoning@cityofmadison.com, 608-266-4551) for necessary approvals. I certify that this information is true and correct to the best of my knowledge.			•
Security Plan attached (21+ must complete page 2, 18+ must completed pages 2 and 3) I have contacted Zoning (zoning@cityofmadison.com, 608-266-4551) for necessary approvals. I certify that this information is true and correct to the best of my knowledge.	Business Legal Name (as on WI State Sellers Pe Business Mailing Address: P.O Box 40 Business Contact Name, Position: Amaria Business Phone: 408 440 1047	Business Email:	tertainment Dba The Southern Skillet
I have contacted Zoning (zoning@cityofmadison.com, 608-266-4551) for necessary approvals. I certify that this information is true and correct to the best of my knowledge.	Name Address		ager
	☐ I have contacted Zoning (zoning@cityofmadis I certify that this information is true and corre	on.com, 608-266-4551) for ect to the best of my knowle	necessary approvals. dge.

☐ Orange sign and business card issued

 $\hfill\Box$ "License Renewals & Changes" brochure with next steps issued Office Use Only

Entertainment and Security Info	rmation		
Live entertainment includes (check a Live entertainment does not include non-amp uncompensated patron sings along with a ma	olified or acoustic mu	sic performed by a single art	tist, or performances where an
Type of live entertainment to be offe	ered:) S	poken word	, Poetry
Number of security personnel and he	ow they will be u	tilized:	
Description of clothing to identify se	curity personnel	Security 7	-shirt
Plan to handle control and clearance Security & police			ation and at closing time:
How will the entrance line be manag	ed and controlle	d: Staff	£ security
Plan for unruly patrons, intoxicated police		sical disturbances:	
Underage drinking and fake ID plan:	_Secur	ity, ID Sca	enner,
Plan to control and supervise patron. Hure will be No	•		
and when there is	for any	reason sec	writy will monitor
How will orderly appearance and open Security & Police	eration of the pre		regard to litter and noise:
Management Personnel	Data of Divil	N	D 1 (B) II
Name	Date of Birth	Name	Date of Birth