



City of La Crosse, Wisconsin

APPLICATION FOR THEATRE LICENSE

Check One: New Renewal For the license period _____ to _____ Fee: \$ _____

BUSINESS INFORMATION			
Legal/Real Name:			
Address of Above: Street	City	State	Zip Code
PREMISES INFORMATION			
Trade Name of Business:			
Address of premises to be Licensed:			
MANAGER INFORMATION			
Name: First Middle Last			
Home Address: Street City State Zip Code			
Home Phone Number:		Daytime Phone Number:	
Was the above person listed as manager on last year's application? <input type="checkbox"/> Yes <input type="checkbox"/> No			

For each screen, the capacity of which is:

500 or under	\$100.00
500 to 1,000	\$150.00
Over 1,000	\$200.00

<u>Screen</u>	<u>Capacity</u>	<u>Amount</u>
TOTAL =		\$

The above hereby makes application for a license to operate a Theatre at the above address within the City of La Crosse pursuant to provisions of Chapter 10, Article VII of the Code of Ordinances for the City of La Crosse and subject to all the laws of the State of Wisconsin. Failure upon the part of this applicant to comply with such laws ordinances shall be justification for the revocation of any license that may be issued pursuant hereto.

(Signature of Applicant)

(Date)