

**LICENSE APPLICATION for
THEATRE**

SECTION 11.170
CITY OF MANITOWOC
900 QUAY ST



License # _____
License fee: \$150.00
Code: CTHR
FEEES ARE NON-REFUNDABLE

I, the undersigned, hereby apply for a license to operate a theatre in the City of Manitowoc from _____ to _____.

SECTION 1 – APPLICANT INFORMATION

Name of Corporation	Name of Theatre
Address of Theatre	Seller Permit Number
Admission Charges	Theatre Telephone Number
Name of Applicant	Occupation of Applicant
Home Address	Telephone Number of Applicant

Signature of Applicant

STATE OF WISCONSIN)
MANITOWOC COUNTY (ss
The above named applicant being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an theatre license; that all the statements made by the applicant are true.
Subscribed and sworn to before me this _____ day of _____, 20____.

My commission expires _____
Notary Public, Manitowoc Co., Wisconsin

FOR OFFICE USE ONLY

Chief of Police Approval: Yes No Date: _____ Fire Chief Approval: Yes No Date: _____

Building Inspector Approval: Yes No Date: _____

Liability insurance certificate required by Section 11.170(8) of the Municipal Code with limits of \$100,000/\$300,000/\$50,000 must be filed with the City Clerk and bear approval of the City Attorney. City Attorney requires that certificate be submitted at least 24 hours before approval will be given.

City Attorney Approval: Yes No Date: _____