

RECEIPT NO. _____ DATE TO COUNCIL _____ LICENSE NO. _____
FEE: \$550.00/YEAR DATE GRANTED _____ ACCOUNT NO. 101-00-0-627

APPLICATION FOR MOVIE THEATRE LICENSE

CITY OF RACINE, WISCONSIN

DATE _____

EXPIRES MARCH 31, current year

I/We hereby apply for a license to conduct a Movie Theatre per Chapter 22-861 through 871 of the City of Racine Municipal Code.

NAME OF THEATRE _____

ADDRESS OF THEATRE _____

NAME OF APPLICANT (INDIVIDUAL, PARTNERSHIP OR CORPORATION)

(IF INDIVIDUAL) HOME ADDRESS _____ PHONE NO. _____

(IF PARTNERSHIP)

NAME _____ ADDRESS _____ PHONE NO. _____

(IF CORPORATION) LIST PRINCIPAL OFFICERS

NAME AND TITLE _____ ADDRESS _____ PHONE NO. _____

THEATRE MANAGER _____

(Name, Address, Phone No.)

**NAME OF INSURANCE COMPANY _____

PRESIDENT OF CORP./PARTNER/INDIVIDUAL

SECRETARY OF CORP./PARTNER

**Copy of insurance certificate must be attached to application