

Fee: \$550.00 Application
\$15.00 Record Check per PERSON

License Expires 31, 20____

APPLICATION FOR MOVIE THEATER LICENSE-CITY OF RACINE, WISCONSIN

FEIN#: _____

Wisconsin Seller Permit #: _____

NAME OF PERSON IN CHARGE: _____

TRADE NAME: _____ PHONE: _____

ADDRESS OF BUSINESS: _____

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

NAME OF THEATER _____

ADDRESS OF THEATER _____

INDIVIDUAL OR PARTNERSHIP

Person's Name	Address & Home Phone Number	Date of Birth

CORPORATION (NAME)

Title	Name	Address	Date of Birth
President			
Vice-President			
Secretary			
Treasurer			

THEATER MANAGER _____

(Name, Address, Phone No.)

NAME OF INSURANCE COMPANY _____

(Copy of Insurance Certificate)

PRESIDENT OF CORP./PARTNER/INDIVIDUAL

SECRETARY OF CORP./ PARTNER