

**LICENSE APPLICATION for
THEATRE**

SECTION 11.170
CITY OF MANITOWOC – CITY CLERK
900 QUAY ST



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

I, the undersigned, hereby apply for a license to operate a theatre in the City of Manitowoc from January 1, _____ to December 31, _____.

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
Driver License / State ID number of Applicant	Expiration Date

Signature of Applicant

AUTHORITY.

The undersigned hereby represents and warrants that it has the authority to apply for this license. If the party applying for this license is not an individual, the person(s) signing on behalf of the entity represents and warrants that they have been duly authorized to bind the entity and apply for this license on the entity's behalf.

Signature

Date

FOR OFFICE USE ONLY

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:

RETURN TO CITY CLERK'S OFFICE