

New: _____

License Fee: _____

Renewal: _____

Invoice #: _____

APPLICATION FOR THEATRE LICENSE

To the Common Council of the City of La Crosse:

Legal/Real Name: _____

Trade name of business: _____

Address of premises to be licensed: _____

Manager of Theatre (FIRST, FULL MIDDLE & LAST): _____

Home address (STREET ADDRESS, CITY, STATE & ZIP): _____

Home phone number: _____

Daytime phone number: _____

Date of Birth: _____

License Period: _____

For each screen the capacity of which is: **500 or under\$ 75.00**
500 to 1,000\$125.00
Over 1,000\$175.00

| <u>Screen</u> | <u>Capacity</u> | <u>Amount</u> |
|---------------|-----------------|------------------|
| #1 | _____ | \$ _____ |
| #2 | _____ | \$ _____ |
| #3 | _____ | \$ _____ |
| #4 | _____ | \$ _____ |
| #5 | _____ | \$ _____ |
| #6 | _____ | \$ _____ |
| #7 | _____ | \$ _____ |
| #8 | _____ | \$ _____ |
| | | \$ _____ (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 laws of the State of Wisconsin.

Signature of Applicant _____ **Date** _____

PERSONAL DATA SHEET
(PLEASE PRINT ALL INFORMATION)

Each Officer AND Manager/Person in Charge must complete all the information and must indicate if they have been convicted of any of the following within the last ten (10) years: a felony, a misdemeanor, a statutory violation punishable by forfeiture or a county or municipal ordinance violation. If none, write "none".

Name of Manager/Person in Charge: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____
