



City of La Crosse, Wisconsin

APPLICATION FOR *THEATER* LICENSE

Check One: ☐ New ☐ Renewal For the license period _____ to _____ Fee: \$ _____

BUSINESS INFORMATION

Legal/Real Name:

Address of Above: Street City State Zip Code

PREMISES INFORMATION

Trade Name of Business:

Address of premises to be Licensed:

MANAGER INFORMATION

Agent Name: First Middle Last

Agent Home Address: Street City State Zip Code

Home Phone Number:

Daytime Phone Number:

Date of Birth: (mm/dd/yyyy)

Was the above person listed as agent on last year's application?

☐ Yes ☐ No

THEATRE INFORMATION

Capacity:	Number:	Fee:
500 or Under	_____ x \$85.00	\$ _____
500 to 1,000	_____ x \$135.00	\$ _____
Over 1,000	_____ x \$185.00	\$ _____

TOTAL FEES: \$ _____

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

OFFICE USE ONLY

Signature:	Date:	Granted:	License #:
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