

CITY OF RHINELANDER
APPLICATION FOR LICENSING OF THEATERS



ALL the information must be provided for process

BUSINESS INFO: Business Name: _____
If partnership or corporation, all names and addresses of members must be listed (attach if necessary).

Business Address: _____

Business Phone Number: (715) _____ Mailing Address if different than site address: _____

Business Manager or Agent Name: (Person in charge of operation of the premise): _____

Business Manager Address: _____

Business Manager Phone: (Home) (715) _____ Cell: _____

Business Owner Name: _____

Business Owner Address: _____

Business Owner Phone: (Home) (715) _____ Cell: _____

PROPERTY OWNER INFO: Owner Name: _____

Property Owner's address: _____

Home Phone Number: () _____ Cell Phone Number: () _____

I hereby agree to comply with Municipal Code 4.05.05 (4) (attached) and any laws and regulations pertaining to the licensing of the above if a license is granted to me. I certify that all of the above answers are true and correct.

Required names, addresses and photocopies of Dr. License are included with application.

Signature: _____ Date: _____
Property Owner: Business Owner: Agent:

OFFICE USE ONLY

Date Application was received: _____

Action Taken: Approved Denied Details: _____

Issued License Number: _____ Date Issued: _____

Signature: _____ Date: _____
Chief of Police