Theater License

(renews on 06/30)

_____
(Number)

_____
(scanned)

_____
(Leg file number)

City of Madison Clerk
210 MLK Jr Blvd, Room 105
Madison, WI 53703

licensing@cityofmadison.com
608-266-4601

_____
(initials)

Corporate Information

Business Legal Name: _____

Business Address: _____

Corporate Contact Name & Position: _____

_____

Phone & Email: _____

Licensed Premise Information

Business dba Name: _____

Licensed Address: _____

Business Contact Name & Position: _____

_____

Phone & Email: _____

State Seller's Permit Number: _____

Theater/Room name	Room capacity	Opening Date

Interested Parties: (Partnerships - list partners. Corp/LLC - list Officers/Directors/Members.)

Name	City & State

☐ I certify that this information is true and correct to the best of my knowledge,

_____
Individual/Officer/Partner

REV 07/2014