

CITY OF CEDAR RAPIDS
APPLICATION FOR THEATER LICENSE
\$75.00 per screen

NEW _____ FEE _____

RENEWAL _____ R# _____

Name of Business _____ Business Phone _____

Address of Business _____

Full Name of Corporation or Owner(s) _____ Date of Birth _____

Address of Corporation or Owner(s) _____

State Sales Tax I.D. # _____ Number of screens provided at theater _____

If this is a corporation or partnership business, please answer the following:

NAME OF PARTNERS OR DIRECTORS OF CORPORATION	TITLE	RESIDENCE
A. _____		

B. _____		
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C. _____		
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Names of any other individuals, corporation officers, directors, stockholders, agents or employees that have any financial interest in this business:

NAME	Address
A. _____	

B. _____	
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Do you fully understand that any falsification made hereinbefore will constitute ground for revocation of your theater license? _____

I, (or we) _____

(If a corporation, this affidavit should be made by an officer thereof), being first duly sworn, upon oath depose and say that I (or we) am (or are) the proponent(s) of the foregoing information, and that the statements made and answers given above are true, and that I (or we) am (or are) authorized to execute the foregoing.

Signature of Applicant or Authorized Representative

Subscribed and sworn to before me by

The City Clerk has received approvals from
The following departments:

This _____ day of _____, 20__

_____ Building Department

Notary Public

_____ Fire Department

4/20/04