



Theater License

(renewal 06/30)

City of Madison Clerk

210 MLK Jr Blvd, Room 103
Madison, WI 53703

licensing@cityofmadison.com

608-266-4601

(Number)

(scanned)

(Leg file number)

(Processing step)

(initials)

Corporate Information

Business Legal Name: _____

Business Address: _____

Corporate Contact Name & Position: _____

Phone & Email: _____

State Seller's Permit Number: _____

Seating Capacity: _____ Opening Date: _____

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

Name	City & State

The information provided on this application is true and correct to the best of my knowledge and belief.

Individual/Officer/Partner

Subscribed and sworn to before me this
_____ day of _____

Notary Public, Dane County, Wisconsin

My Commission Expires _____