Theater License

Original ____ Renewal ____

City of Oconomowoc
174 E. Wisconsin Ave
Oconomowoc, WI
53066
262-569-2186

_____
(FOR OFFICE USE ONLY)

_____
(Date of Issuance & Expiration Date)

_____
(License Fee)

_____
(License Number)

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: _____

Seating Capacity: _____ Opening Date: _____

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

Name	City & State

The undersigned hereby represents and warrants that it has the authority to apply for this license. If the party applying for this license is not an individual, the person(s) signing on behalf of the entity represents and warrants that they have been duly authorized to bind the entity and apply for this license on the entity's behalf. The information provided on this application is true and correct to the best of my knowledge and belief.

_____
Signature of Applicant - Individual/Officer/Partner & Date

Subscribed and sworn to before me this

__day of ___, 2024

_____
Notary Public, Waukesha County, Wisconsin

My Commission Expires_____

REV 11/2024