



APPLICATION FOR THEATER LICENSE

City of Waterville, Maine

A nonrefundable license fee is due upon submission of application.

Application date: _____ Application Type: New Renewal

Applicants name: _____ Business name: _____

Business address: _____ Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Hours of operation: _____

How long have you been in business? _____

Number of theaters and seating capacity: _____

Owner(s) Signature

City Clerk's Signature

***Expires May 30th Annually**

Office use only: Date received in Clerk's Office: _____

Approval: Fire Code Finance

License Conditions:

Please specify and attach supporting documents: _____

Council Approval: Yes _____ No _____ Meeting Date: _____

Fee Paid: _____ Date Paid: _____ Cash/CC/Check # _____ Clerks Initials: _____