

**City of South Portland
Office of the City Clerk
P.O. Box 9422
South Portland, ME 04116-9422
207-767-7628**

Theater Application

§14-23; 8 M.R.S.A., §651

From: _____ to _____

Circle One: Individual Corporation Partnership Association

Check One: Motion Picture
 Stage

Parent Company Name (If applicable): _____

Address: _____ City: _____

State: _____ Zip: _____

Contact Person: _____ Telephone: _____

NOTE: If applicant is a corporation, association or partnership, list name, address, and title of each officer on enclosed form.

South Portland Business Name: _____ Telephone: _____

South Portland Address of Business: _____

Owner of Business: _____

Address of Business Owner: _____

Name of Manager at Establishment: _____

If Motion Picture Theater:

Number of Screens: _____ Seating Capacity per Screen: _____

If Stage Theater:

Seating Capacity of Theater: _____

Hours of Operation: _____

Number of Employees on Hand Regularly: _____ Number of Minors Employed: _____

Is a Supervisor on Duty at all Times? _____

Continued on back...

Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above license and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license.

Authorized Signature

Print Name and Title

Date

License Fee:

Seating is 999 or Less: \$300.00 per screen or stage
\$300.00 x _____ = _____

Seating is 1000 or More: \$400.00 per screen or stage
\$400.00 x _____ = _____

Processing Fee: \$20.00

Total: _____

Municipal Use Only

Date of Application: _____ Date Paid: _____ Receipt #: _____

New: _____ Renewal: _____ Map and Lot #: _____ RE Taxes Paid: _____

Personal Property Tax #: _____ Paid: _____

Building Inspector

Approved _____

Disapproved _____

Comment _____

Fire Chief

Approved _____

Disapproved _____

Comment _____