

**APPLICATION FOR THEATERS AND MOVIE THEATERS  
CITY OF CUDAHY**

1. **APPLICANT:** Individual/partnership/corporation\* (see back)

Name \_\_\_\_\_

Name \_\_\_\_\_

(Attach an Auxiliary Questionnaire for Each Party)

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Phone \_\_\_\_\_

Maiden/Former Names \_\_\_\_\_

Trade Name: \_\_\_\_\_ Business Phone \_\_\_\_\_

2. **FEE:**

\$75.00 - Seating for 200 or less \_\_\_\_\_

\$100.00 - Seating for over 200 but under 500 \_\_\_\_\_

\$150.00 – Seating for over 500 but under 1,000 \_\_\_\_\_

\$200.00 – Seating for over 1,000 \_\_\_\_\_

3. **HAVE YOU EVER BEEN** convicted of a non-traffic violation by any governmental body or do you have any pending non-traffic cases against you? NO \_\_\_\_\_ YES \_\_\_\_\_ (see back)

4. **FOR RENEWALS:** Has anything changed from last year? NO \_\_\_\_\_ YES \_\_\_\_\_ (see back)  
If you have any convictions and fail to list them on the back of your application, you will be prosecuted and fined for false swearing.

State of Wisconsin  
County of Milwaukee

\_\_\_\_\_ being first duly sworn on oath deposes and says that he/she is the applicant named in the foregoing application and the answer to the above questions are true and correct:

\_\_\_\_\_  
(Signature of Applicant)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, Milwaukee County, WI  
My Commission expires \_\_\_\_\_

If the answer to #3 was YES, COMPLETE THE FOLLOWING. USE A SEPARATE SHEET IF MORE SPACE IS NEEDED.

OFFENSE	CHARGING AGENCY	CONVICTION DATE	PENALTY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If the answer to #4 was YES. GIVE COMPLETE DETAILS BELOW (INCLUDE DATES). USE SEPARATE SHEET IF MORE SPACE IS NEEDED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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If the business is owned by a corporation, list the names and titles of all corporate officers and include a separate Auxiliary Questionnaire for each:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved Police Chief: \_\_\_\_\_

Approved Fire Chief: \_\_\_\_\_

Approved Health Officer: \_\_\_\_\_

Approved Bldg. Insp.: \_\_\_\_\_