



THEATER PERMIT APPLICATION

Code Section 6.08.10

January 1st through December 31st

Theater Permit Application Fee: \$25.00 *(License fee is Non-Refundable)*

Please Print Clearly

Name of Business: _____
Partnership Corporation LLC

Business Address: _____

Name of Business if DBA: _____

Years business has been at above listed address: _____ Email Address: _____

Agent/Contact: _____ Phone: _____

Officers and Titles: (Name and Address)

1. _____
2. _____
3. _____
4. _____

AUTHORIZED AGENTS SIGNATURE

*Applicant may mail or drop off the application and fee to the Ripon City Hall, 100 Jackson St., Ripon, WI 54971.
Questions may be emailed to the City Clerk at nmiller@cityofripon.com or call 920-748-4915.*

Date received and filed with Municipal Clerk:	Cash, Check or Credit Card <i>(Circle One)</i>	Receipt Number:
Date application reviewed by City Administrator:	Approval City Administrator (initial):	Permit Number and Date issued: