



CITY OF ELIZABETH, NEW JERSEY

DEPARTMENT OF ADMINISTRATION

CENTRAL LICENSE BUREAU

50 Winfield Scott Plaza, Elizabeth, NJ 07201-2462

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BRIDGET S. ZELLNER
Business Administrator

CLARA GOODRIDGE
Chief License Inspector

J. CHRISTIAN BOLLWAGE
Mayor

THEATER LICENSE APPLICATION

FEE: \$400.00

01/01/____ - 12/31/____

DATE _____

Application is hereby made for a Theater License:

APPLICANT: _____

HOME OFFICE: _____

STATUTORY AGENT: _____

NAME OF THEATER: _____

LOCATION OF THEATER: _____

BUSINESS TAX I.D. #: _____

CAPACITY OF THEATER: _____

I HEREBY DECLARE THAT ALL INFORMATION LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY ABILITY.

Sworn and Subscribed before me

This _____ day of _____, 20 _____.

Notary Public

Signature of Applicant