



CITY OF GRAND FORKS
 255 N 4th Street, Grand Forks, ND 58203
 Phone: 701-746-2626 Fax: 701-795-3740

THEATER LICENSE APPLICATION

BUSINESS INFORMATION:		
Business Name:		License #
Street Address:		
City:	State:	Zip:
Business Phone Number:	Contact Person:	
Email Address:		
OWNER INFORMATION:		
Owner Name:		Check if owner information is the same as business information.
Mailing Address:		
City:	State:	Zip:
Owner Phone Number :	Contact Person:	
Email Address:		

Fees:	
\$115, per screen	Number of Screens:
Total Fee Enclosed	

Mail completed Application with fee to:

Finance and Administrative Services
 City of Grand Forks
 PO Box 5200
 Grand Forks, ND 58206-5200

License issuance is subject to inspection and approval of the various City Departments. Failure to comply with Grand Forks City Code regulations for this license may result in suspension or revocation of the license. By signing below I agree to abide by the regulations associated with this license.

Signature _____

For Office Use Only:	Theater License
Business/Organization:	
Date:	Amount: