

CITY OF LOVELAND

AMUSEMENTS LICENSE APPLICATION

DATE OF APPLICATION: _____ FOR YEAR: _____

TYPE OF LICENSE DESIRED:
(Indicate number to be licensed)

Theatre Screens _____ @ \$50.00 per screen

APPLICANT NAME _____

FIRM OR CORPORATION _____

E-MAIL ADDRESS: _____

MAILING ADDRESS: _____
Street

City State Zip Code

BUSINESS ADDRESS: _____
Street

City State Zip Code

BUSINESS PHONE: () FAX: _____

Remit Payment to:
City of Loveland
City Clerk's Office
500 E. Third St
Loveland CO 80537

X

Signature of Applicant