APPLICATION FOR MOTION PICTURE LICENSE

COVERING THE PERIOD OF JANUARY 1, 20____ THROUGH DECEMBER 31, 20____

PLEASE TYPE OR PRINT. Complete the entire application. You may attach supporting documents if needed, but you must still complete all questions; or your application will be deemed incomplete and may not be processed.

Name (Last, First, Middle):			Other names under which you may have used:
Home Address:		City, State & Zip:	
Social Security Number:	Home Phone:	Work Phone:	Other Phone:
Federal ID Number:	State ID Number:	Date of Birth:	
Name of Theater:			
Address:		City, State & Zip:	
Name of Corporation:			
Address of Corporation:		City, State & Zip:	
Corporation Phone Number:			

THE FOLLOWING ITEMS MUST BE COMPLETE AND/OR ACCOMPANY THE COMPLETED APPLICATION

1. License fee:$50.00 per year
2. Certificate of insurance covering the following:
   - If employer, proof of worker's compensation coverage (Minnesota Statute 176.182)

Make check or money order payable to City of Rochester and return to the office of the City Clerk, Room 135, 201 4th Street SE, Rochester, MN 55904.

Signature of Applicant _____ Date of application_____

Please visit our website at www.rochestermn.gov for the Ordinance related to motion pictures