



**CITY OF PORTLAND**  
Permitting and Inspections Department  
**Application for a Motion Picture Theatre License**  
License Expires Annually on June 30<sup>th</sup>.

**Fees:**

**\$45 Application Fee**

**999 or less seats: \$295/screen**

**1000 or more seats: \$486/screen**

<b>Business Information</b>	
Business Name (d/b/a):	
Location Address:	
If new, what was formerly at this location:	
Mailing Address:	
Contact Person:	
Manager of Establishment:	
Owner of Premises (Landlord):	
Address of Premises Owner:	

**Sole Proprietor/Partnership Information (If Corporation, leave blank)**

<b>Name of Owner(s)</b>	<b>Date of Birth</b>	<b>Residence Address</b>

**Corporate/LLC/Non-Profit Organization Applicants (If Sole Proprietor or Partnership, leave blank)**

<b>Corporate Name</b>	<b>Corporate Mailing Address</b>

<b>Principal Officers</b>	<b>Title</b>	<b>Date of Birth</b>	<b>Residence Address</b>



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<b>QUESTIONS</b>	
Seat Capacity: Under 999 _____ Over 1000 _____	
Number of Screens:	
Will you be offering food for consumption on the premises? (If so, a Food Service Establishment license is required.)	Y/N
Will you be selling alcohol on the premises? (If so, a Food Service Establishment with Alcoholic Beverages license is required.)	Y/N
Will you have entertainment and/or dancing on the premises? (If yes, a Supplemental Application for Dancing & Entertainment is required.)	Y/N
Will you permit dancing after 1:00 a.m.?	Y/N
Will you have outside dining? (If yes, an Outdoor Dining Application is required.)	Y/N
If yes, will the outside dining be on PUBLIC or PRIVATE property (circle one)?	
Will you have any amusement devices (pinball, video games, juke box)?	Y/N
If yes, please list the number of pinball: _____ amusements: _____ pool tables: _____	
What is your targeted opening date?	
Does the issuance of this license directly or indirectly benefit any City employee(s)?	Y/N
If Yes, list name(s) of employee(s) and department(s):	
Have any of the applicants, including the corporation (if applicable), ever held a business license with the City of Portland?	Y/N
If Yes, please list business name(s) and location(s):	
Is any principal officer under the age of 18?	Y/N
Have applicant, partners, associates, or corporate officers ever been arrested, indicted, or convicted for any violation of law?	Y/N
If Yes, please explain:	

Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license.

It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect thereto. I/We, hereby authorize the release of any criminal history record information to the City Clerk's Office or licensing authority. I/We, hereby waive any rights to privacy with respect thereto.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**For Administrative Use Only**

	Approval Requested:	Approved:
FD:	_____ / _____	_____ / _____
Health:	_____ / _____	_____ / _____
PD:	_____ / _____	_____ / _____
PS:	_____ / _____	_____ / _____
Treasury:	_____ / _____	_____ / _____
Zoning:	_____ / _____	_____ / _____