

CITY OF OLNEY
300 S. WHITTLE AVE. - OLNEY, IL 62450
618-395-7302 / FAX 618-395-7304

APPLICATION FOR THEATER LICENSE

Name of Applicant: _____

Address of Applicant: _____

Name of Business: _____

Address of Business: _____

Name of Manager or Owner of Business: _____

Telephone Number of Business: _____

This area for City completion.

Reviewed for Zoning Compliance By: _____ Date: _____

Reviewed: _____ Chief of Police Date: _____

Approved: _____ City Manager Date: _____

Amount: \$ _____ Date Paid: _____ Receipt #: _____

Received By: _____ Date: _____