



STATE OF CONNECTICUT
 DEPARTMENT OF PUBLIC SAFETY
 DIVISION OF FIRE, EMERGENCY AND BUILDING SERVICES
 OFFICE OF STATE FIRE MARSHAL
 LICENSE & PERMITS UNIT

APPLICATION FOR MOVING PICTURE LICENSE
Theater Manager's License

APPLICANT'S INSTRUCTIONS

1. Print or type all information. *** **Note:** This form can be filled out online then printed.
2. Return completed application with a check payable to:
 "Treasurer, State of CT" for \$ 50.00.

PERSONAL INFORMATION		
NAME:		
ADDRESS:		
CITY/TOWN:	STATE:	ZIP CODE:
HOME TELEPHONE NUMBER:	SOCIAL SECURITY NUMBER:	
DATE OF BIRTH:	PLACE OF BIRTH:	
CELL (OTHER) PHONE NUMBER:		
EMAIL ADDRESS:		
EMPLOYMENT INFORMATION		
THEATER NAME:		
ADDRESS:		
CITY/TOWN:	STATE:	ZIP CODE:
BUSINESS TELEPHONE NUMBER:		
BUSINESS EMAIL ADDRESS:		
CERTIFICATION		
APPLICANT'S SIGNATURE:	DATE:	

FOR OFFICE USE ONLY		
LICENSE NUMBER:		
DEPOSIT DATE:	CHECK #:	CHECK AMT:

DPS-281-C-2 (REV. 07/2002)