



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

APPLICATION FOR AUDITORIUM CERTIFICATE OF APPROVAL
Theater Certificate of Approval

APPLICANT'S INSTRUCTIONS

1. Print or type all information.
2. Return completed application with a check payable to:
 "Treasurer, State of CT" for \$ 50.00.

THEATER INFORMATION		
THEATER NAME:		
ADDRESS:		
CITY/TOWN:	STATE:	ZIP CODE:
TELEPHONE NUMBER:		
NUMBER OF SEATS:		NUMBER OF STANDEES:
EMAIL ADDRESS:		
OWNER INFORMATION		
OWNER'S NAME:		
AGENT OF CORPORATION:		
ADDRESS:		
CITY/TOWN:	STATE:	ZIP CODE:
BUSINESS TELEPHONE NUMBER:		
CELL (OTHER) PHONE NUMBER:		
EMAIL ADDRESS:		
CERTIFICATION		
PERSON COMPLETING FORM: (PRINT NAME)		DATE:
SIGNATURE:		
FOR OFFICE USE ONLY		
THEATER CERT. NUMBER:		EXPERATION DATE:
DEPOSIT DATE:	CHECK #:	CHECK AMT:

DPS-283-C-1 (REV. 07/2002)

1111 Country Club Road
 Middletown, CT 06457
 (860) 685-8470 FAX: (860) 685-8359
 Website: www.ct.gov/dps/
An Equal Opportunity Employer