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 $ 35.00.

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
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Website: **www.ct.gov/dps/**
An Equal Opportunity Employer