

*This application form is to be completed and returned to this office together with a fee of \$106.00 per viewing room prior to \_\_\_\_\_.*

**State Fire Marshal's Office**  
**Department of Public Safety**  
**Fire Prevention Unit**  
**52 State House Station**  
**Augusta, Maine 04333-0052**



Tel. 207-626-3880

Fax 207-287-6251

**APPLICATION FOR LICENSING  
 OF THEATERS AND MOTION PICTURE HOUSES**

*In accordance with the provisions of Title 8, MRSA, Sec. 651 and 652, application is hereby made for a license to operate a place of assembly to be used for theatrical or motion picture purposes.*

**APPLICATION TO OPERATE :**

MOTION PICTURE HOUSE	<input type="checkbox"/>	NUMBER OF VIEWING ROOMS	<input type="checkbox"/>	<b>NEW LICENSE</b>	<input type="checkbox"/>
THEATER	<input type="checkbox"/>	NUMBER OF VIEWING ROOMS	<input type="checkbox"/>	<b>RENEWAL</b>	<input type="checkbox"/>

NAME OF FACILITY: \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

TEL.: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME AND TELEPHONE NUMBER OF CONTACT PERSON WITH KEY TO ALLOW ENTRANCE FOR INSPECTION. \_\_\_\_\_ TEL. \_\_\_\_\_

NAME OF BUILDING OWNER: \_\_\_\_\_ TEL.: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME OF LICENSEE: \_\_\_\_\_ TEL.: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Building Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**↓ FIRE MARSHAL'S OFFICE USE ONLY ↓**

**EXISTING LICENSE WILL EXPIRE ON:** \_\_\_\_\_ **SENT TO INSPECTOR:** \_\_\_\_\_ **OK TO ISSUE:**

**INSPECTED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **POC REQUIRED:**

**CHAPTER/S:** \_\_\_\_\_ **REVISIT REQUIRED:**

FEE REC'D	CHECK NO.	LICENSE NO.	EXPIRATION DATE	FILE NUMBER