



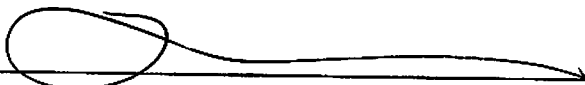
City of La Crosse, Wisconsin

APPLICATION FOR THEATER LICENSE

Check One: New Renewal For the license period 7/1/2023 to 6/30/2024 Fee: \$ 935.00

BUSINESS INFORMATION			
Legal/Real Name: MARCUS THEATRES CORP			
Address of Above: Street 2032 WARD AVE		City LA CROSSE	State WI
		Zip Code 54601	
PREMISES INFORMATION			
Trade Name of Business: CINEMA THEATRES			
Address of premises to be Licensed: 2032 WARD AVE			
MANAGER INFORMATION			
Agent Name: First JAMES		Middle	Last BRYAN
Agent Home Address: Street 3717 MORMON COULEE RD		City LA CROSSE	State WI
		Zip Code 54601	
Home Phone Number: 608-628-6268		Daytime Phone Number: 608-788-nn	
Date of Birth: (mm/dd/yyyy) [REDACTED]		Was the above person listed as agent on last year's application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
THEATRE INFORMATION			
Capacity: 500 or Under	Number: 11	x \$85.00	Fee: \$ 935.00
500 to 1,000		x \$135.00	\$
Over 1,000		x \$185.00	\$
			TOTAL FEES: \$ 935.00

The above hereby makes application for a license to operate a Theatre at the above address within the City of La Crosse pursuant to provisions of Chapter 10, Article VII of the Code of Ordinances for the City of La Crosse and subject to all laws of the State of Wisconsin.


Signature of Applicant 7-26-23
Date

OFFICE USE ONLY			
Signature:	Date:	Granted:	License #:

Legal/Real Name: MARCUS THEATRES CORP	Trade Name: CINEMA THEATRES		
Premise Address: 2032 WARD AVE	Business ID: 002109-2019	Page: 1	

Personal Data Sheet for Officers/Members/Directors/Agents/Managers

Name: First		Middle	Last	
JAMES			BRYAN	
Home Address: Street		City	State	Zip Code
3717 MORMON COULEE RD		LA CROSSE	WI	54601
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)		
608-788-1212	Jam-bryan@marcus-theatres.com			
Name: First		Middle	Last	
Home Address: Street		City	State	Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)		
Name: First		Middle	Last	
Home Address: Street		City	State	Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)		
Name: First		Middle	Last	
Home Address: Street		City	State	Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)		
Name: First		Middle	Last	
Home Address: Street		City	State	Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)		