

Application for Permit to Operate Carnival/Circus

Applicant/Contact Person: _____
Company/Business Name: _____
Address: _____ Phone: _____
Name of Carnival/Circus: _____
Mailing Address: _____
Contact Person: _____ Phone: _____
Type of Rides/Activity Planned: _____
_____ #of Rides: _____

Location of Operation: _____
Property Owner/Address: _____
Period of Operation: Permit fee is \$5.00 for each 2 days. Council approval is required for more than 2 days of operation. # of Days _____.
Dates of Operation: From Date of _____ to date of _____.

Insurance Information:
Provider/Company Name: _____
Address: _____
Type of Coverage/Limits: _____
Attach Copy of Insurance Coverage to Application for the Carnival/Circus and for the Property Owner used for operation.

Inspection Information:
Describe In-House Inspection of Equipment Set-up and Operation or attach documentation of Name, qualifications, methods and schedules.

Describe Inspections to be made by Local or State Authorities and attach documentation of Agency Name, methods and schedules. Ie: Health Dept., Dept of Labor, Fire Dept. : _____

List any other pertinent information or attach documentation:
I attest that the above information is true and accurate.
Applicant signature: _____ Date: _____

Approval for Dates of Operation at above location: _____ to _____.
Approval by Official: _____ Title: _____ Date: _____
Approval by Official: _____ Title: _____ Date: _____