

LICENSE APPLICATION FOR – CARNIVALS AND CIRCUSES
MUNICIPAL CODE SECTION – 4-22

I. APPLICATION TYPE Check One: **New** _____ **Renewal** _____

II. BUSINESS DATA

A. Name of Traveling Company: _____

B. Business Address: _____

City: _____ State: _____ Zip: _____

C. Mailing Address (If different from above): _____

City: _____ State: _____ Zip: _____

D. Business Telephone Number: _____

E. Business Fax Number: _____

F. E-Mail Address: _____

G. Zoning of Business Location: _____

H. Location of Proposed Carnival or Circus: _____

I. Number of Service Bays: _____

J. Proposed Date(s) of Carnival or Circus: _____

K. Number of Sideshows to be included: _____

L. Number of Food Vendors to be Included: _____

M. Dates issues and number of other licenses issued by the city for any vendors associated with the circus or carnival: _____

N. Insurance Carrier, Agency and Amount of Liability Insurance: _____

O. Is the applicant a not-for-profit corporation? Yes _____ No _____

If yes, provide proof of status and explain the purpose of the not-for-profit corporation: _____

For Office Use Only

Application Filed _____ Public Works Approval _____

Sent to Dept. _____ License Fee Paid _____

License Number _____

Not Approved _____

Reason _____

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III. PERSONAL DATA

- A. Applicant's Legal Name: _____
- B. Residential Address: _____
City: _____ State: _____ Zip: _____
- C. Residential Telephone Number: _____
- D. Cellphone Number: _____
- E. Social Security Number: _____ F. Gender _____
- G. Race: _____ H. Date of Birth: _____
- I. Position with Business: _____

IV. INCLUDE \$5.00 PROCESSING FEE WITH APPLICATION

V. INCLUDE WITH APPLICATION, A SITE PLAN, DRAWING OR DIAGRAM OF THE CARNIVAL OR CIRCUS

VI. INCLUDE WITH APPLICATION, PROOF OF LIABILITY INSURANCE WITH THE CITY OF SOUTH BEND LISTED AS AN ADDITIONAL CERTIFICATE HOLDER

VI. AFFIRMATION

I, hereby, certify and affirm that all of the information I have given in this application is true and accurate to the best of my knowledge. I further certify and affirm that I have in no way attempted to mislead the city in this application by omitting facts known to me. I agree to permit periodic inspection of my equipment by the Board of park Commissioners or their agent. I have read and understand the regulations of Carnivals and Circuses license found in the City of South Bend Municipal Code, Section 4-22.

Signature

Date