

## **APPLICATION FOR CARNIVAL –D– LICENSE** *MUST BE SUBMITTED NOT LESS THAN 45 DAYS PRIOR TO YOUR EVENT*

(Print or type a	all information)	Application Date		
Applicant	Phone			
Address Contact Person	l	City Phone	State	Zip
Applicant is: Corporation	onNonprofit Organization	Other (Specify)		
List full name, NAME	address, and date of birth for each offic ADDR		nt for this licen	se: DOB
		e sheet, if more space is needed)		
Location of eve	ent			
Property Owne	or	Phone _		
Set-Up Date(s)				
Event Date(s)		Hours of Ope	eration	
Name and Even (Attach additional	nt Description			
Attachment 1:	A description of each concession (including each ride, game, show or event) and a site plan (3 COPIES)			
	A detailed description of the provisio		,	
	A diagram and explanation of the par		ent (3 COPIES)	).
Auachment 4:	Evidence of liability insurance coveri	ng the event.		

Attachment 5: Records check sheet for each officer/principal listed on this application. Under 11-2-306(b) of the County Code, it is the responsibility of the applicant to assure that no workers or staffers have felony convictions.

## An ELECTRICAL PERMIT must be obtained prior to set up.

I solemnly declare and affirm, under penalty of perjury, that the above statements are true and correct.

Signature

Print Name

Date

Title