

Amount _____ Receipt No. _____ Issued _____ License No. _____

Fee: \$ 10.00 per ride/exhibit per day (maximum fee of \$ 300.00)

Account No. 11101-44110

Fee: \$15 Record Check

Account No. 11101-46100

Carnival License Application – City of Racine, WI

License Expires _____, 20_____

Name of applicant _____
(individual, partnership, or corporation)

Business address _____

If corporation, list names, addresses, and dates of birth of the principal officers:

Title	Name	Address	Date of Birth
President			
Vice-President			
Secretary			
Treasurer			

Name of person designated as manager or person in charge:

_____	_____	_____	_____
Name	Address	Phone No.	Date of Birth

Date(s) and time of carnival _____

Number of rides and exhibits _____

Location of premises to be licensed _____

Present use of premises _____

Date certificate of insurance filed with City Clerk _____

Are you going to install additional lighting or any other electrical equipment? _____ Yes _____ No

I/we hereby apply for a Carnival License in the City of Racine and agree to comply with all laws and rules regulating same in accordance with the terms set forth in Section 22-266 through 22-269 of the Municipal Code in the City of Racine.

Signature _____

Printed Name _____

Date _____

Date copy of application sent to Chief Building Inspector for review _____

Date copy of application sent to Environmental Health Department _____

Date license sent to Chief of Fire Department for issuance after inspection _____