

CITY OF AUGUSTA
APPLICATION FOR CARNIVAL/CIRCUS LICENSE

Applicant's Name:
Applicant's Address:
Applicant's Phone Number(s):
Applicant's Email Address:
Event Name:
Date(s):
Location:
Event Description:

	YES	NO
Have you made arrangements with Public Safety to ensure public safety, crowd control and noise levels? If yes, explain:		
Have you addressed parking? If yes, explain:		
Have you made arrangements for clean-up and/or trash removal? If yes, explain:		
Will you be providing port-a-potties? If yes, explain:		
Will there be any use of fire, i.e. tiki torches, grills, barbeques, bonfires, etc.? If yes, a burn permit must also be obtained from the Fire Department for the date specified.		
Will there be a parade associated with the event? If yes, have you contacted the Chief of Police? Explain:		
Will you be posting a banner? If yes, you must contact the Code Enforcement Officer with details and for approval. Explain:		
Will you need electricity? If so, how many hours? If yes, you must contact the Parks & Recreation Director. Explain:		

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*Applicant is responsible for contacting the Departments below if you require any services and/or assistance from them.

	City Services Contacted	Estimate of Department Cost	Department Head Initials
Police: 207-626-2370 kevin.lully@augustamaine.gov			
Fire: 207-626-2421 dave.groder@augustamaine.gov			
Parks & Recreation: 207-626-2305 richard.wurpel@augustamaine.gov			
Code Enforcement Office: 207-626-2365 Robert.overton@augustamaine.gov			
	Total Amount Invoiced		

Additional comments:

- I understand permits may be required before operating or conducting any activity on property owned by the City of Augusta.
- As the applicant, I have the authority from the owner to apply for this license from the City of Augusta.
- Events are considered rain or shine.
- This permit does not authorize alcohol on the premise without a prior written consent and liquor license.
- The applicant will provide proof of insurance to the City of Augusta with the City of Augusta being named as additionally insured. (**Required**) (Bond Insurance)
- Carnival/Circus License fee is \$50.00 per day. Please send application and payment (payable to City of Augusta) to: City Clerk's Office, 16 Cony Street, Augusta, ME 04330

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Failure to answer and comply with all the questions in this application may result in the application not being approved.

Applicant's Signature

Date

Office use only:

Received in Clerk's Office by _____ Date _____

Approved by: CM _____ Police _____ Fire _____ PW _____ CEO _____

City Council Approval (If necessary)

City Council hereby finds that:

1. The proposed Special Event is consistent with the goal of promoting the use of City owned property for recreational, entertainment or charitable events; and
2. That the proposed Special Event can be conducted in the location proposed without endangering the public safety or disturbing the peace and order of the City of Augusta; subject to the attached list of conditions:

Dated this _____ day of _____, 20____. _____

Municipal Officer of the City of Augusta

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In accordance with Order #273 passed by the Augusta City Council on November 18, 1963, all applicants upon applying for any Municipal business or professional permit or license requiring the approval of the Municipal Officers must indicate in writing whether he/she owes the City any past due taxes or other financial obligations. Such information shall be verified by the City Treasurer who shall state what arrangements for payment have been made thereto. Such information to be made available to the City Council at the time such application is considered.

Date: _____ Type of License Requested: _____

Name: _____

Address: _____

Email: _____ Phone: _____

	Real Estate Taxes	Personal Tax
Present Year (past due)	_____	_____
Prior Years Total (list years) _____ _____	_____	_____
Accounts Receivables	_____	_____
TOTAL:	=====	=====

 Signature of Applicant Print Name

This is to certify that the above statement is correct. Arrangements have been made with the City Treasurer as follows:

Check here if no outstanding taxes or accounts with the City: _____

Verified: _____ Date: _____
 City Treasurer/Tax Collector Staff (Deputy and Assistants)