

CIRCUS/CARNIVAL APPLICATION

<u>FEE</u> : \$50.00 PER DAY	<u>PLEASE PRINT</u>
NO. OF DAYS & DATES:	
TOTAL AMOUNT DUE: \$	RECEIPT NO.:
APPLICANT(S) NAMEFIRST	MIDDLE LAST
	BIRTH DRIVER'S LIC.#
ADDRESS	TELEPHONE #
NAME OF BUSINESS	
BUSINESS LOCATION ADDRESS	
BUSINESS MAILING ADDRESS	
BUSINESS TELEPHONE NUMBER	
WASHINGTON STATE DEPT. OF REVENUE T	TAX I.D. NO
WHERE WILL CIRCUS/CARNIVAL BE CONDU	UCTED
HOURS OF OPERATION	
the above statements herewith are true and the building(s) where the business is to be conduthe city ordinances, including but not limited code, electrical code, and any other applicable that any business license granted based on the code, and any business license granted based on the code, and any business license granted based on the code, and any business license granted based on the code, and any business license granted based on the code of the code, and any business license granted based on the code, and any business license g	y of perjury by the laws of the State of Washington, that all or nat to the best of the applicants knowledge the premises and acted are in substantial compliance with the requirements of to the zoning ordinance, fire code, building code, plumbing le ordinances or regulations. The applicant(s) acknowledge his application may be revoked if any such statement is false in compliance with required ordinances, codes, rules or
Signature of Applicant(s)	Signature of Applicant(s)

APPROVAL INFORMATION (FOR OFFICE USE ONLY

POLICE CHIEF APPROVED:____ DENIED:___ BY:_____ DATE:_____ COMMENTS:______ REASON FOR DENIAL:______ FIRE CHIEF APPROVED:___ DENIED:___ BY:____ DATE:_____ COMMENTS:______ REASON FOR DENIAL: