

CARNIVAL/CIRCUS INFORMATION SHEET

REQUIREMENTS

- Carnival/Circus License Application
- Proof of Identity (e.g. State issued Driver's License/I.D. Card, Military I.D., Passport)
- Residential Petition
(Only required if operating within 200 feet of a residential area)
- BCI Background Check/Fingerprints
(If conducted at another authorized WebCheck agency, results must be mailed to the License Section)

PRICING

- Application fee - \$20.00
- BCI Background Check fee - \$32.00
- Carnival/Circus License fee - \$50.00 per day

OFFICE LOCATION & HOURS

4252 Groves Road
Columbus, OH 43232
Monday - Friday
8:00 a.m. to 3:30 p.m.

Applications and supporting documents may be submitted via one of the following:

1. In person at the License Section (see above for location and hours)
- *2. Emailed to license_section@columbus.gov
- *3. Mailed to the License Section (see above for location)
- *4. Placed in the License Section drop box

*Application must be notarized prior to submission

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OFFICE USE ONLY

License # _____

Issue Date _____

Expiration Date _____

DEPARTMENT OF PUBLIC SAFETY
LICENSE SECTIONDEPARTMENT OF
PUBLIC SAFETY**CARNIVAL/CIRCUS
APPLICATION****NEW RENEWAL****APPLICANT INFORMATION**

Full Name:

Residential Address:

City:

State:

Zip:

Phone:

Email:

Date of Birth:

Driver License #:

State:

Race:

Sex:

Height:

Weight:

Hair:

Eyes:

Have you ever been convicted of a felony? Yes No

If yes, list all felony convictions that occurred in the United State over the past seven (7) years:

Are you on felony probation or parole? Yes No

If yes, date began:

Have you ever been required to register as a sexual offender? Yes No

If yes, date registered:

Have you had a City of Columbus license and/or permit revoked, suspended, or revoked within the last three (3) years?

Yes No

BUSINESS INFORMATION

Business Type: Single Owner Partnership Incorporated

(If Incorporated, the business name must exactly match that shown on its Articles of Incorporation)

Business Name:

Federal ID:

Business Address:

City:

State:

Zip:

Business Phone:

Business Email:

Does this business currently hold a liquor permit? Yes No

If yes, permit #:

To the best of your knowledge, has or is any criminal, immoral, or disorderly conduct taken or taking place on the premise of this business?

Yes No

Are there one or buildings used for residential purposes within a distance of two hundred (200) feet, in any direction, from the lot or parcel of ground on which the carnival will be held?

Yes No

If yes, you must complete and submit the attached Residential Petition with the application.

CARNIVAL/CIRCUS INFORMATION

Name of Person of Contact:

Contact Phone:

Contact Email:

Carnival Name:

Event Location:

Date(s) of Carnival/Circus:

Set-up Date:

Set-up Time:

Per regulations set in Columbus City Code 501.05(E), the License Section has the power to make rules regarding the "qualifications of the applicants and the conditions precedent the applicants must meet prior to the acquisition of licenses." Following this direction, all applicants must be able to read, speak, and comprehend the English language in order to obtain a valid license. By initialing on the line below, you agree that you are able to fulfill this requirement.

_____ Initials

All information contained in this application is subject to disclosure as a matter of public record. Any false statement made or given in this application shall result in denial, revocation, or future revocation of the license under Columbus City Code Chapters 501 and 540, and may be referred for criminal prosecution under Ohio Revised Code Chapter 2921.13 (A-3).

State of Ohio, County of Franklin

_____, being duly sworn, affirm and swear that I am the
(Print Applicant's Name)

individual making the foregoing application; that he or she is knowledgeable with respect to that which is to be licensed and to the information contained in the application; that the answers, statements, and allegations made in this application are true and accurate to the best of my knowledge and belief; and that I am an owner/operator/applicant of that which is to be licensed by this application.

(Applicant's Signature)

Sworn to before me and subscribed in my presence this ____ day of _____, 20 ____.

Notary or Agent of Director of Public Safety

The application must be signed, dated, and notarized.