DEPARTMENT OF PUBLIC SAFETY
LICENSE SECTION

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR
DEPARTMENT OF PUBLIC SAFETY

CARNIVAL/CIRCUS INFORMATION SHEET

REQUIREMENTS

- Carnival/Circus License Application (Attached)
- Residential Petition (Attached)
  (Only needed if operating within 200 feet of a residential area)
- BCI Background Check
  Conducted at an authorized WebCheck agency. Results must be mailed directly to the License Section.

PRICING

- Application fee - $20.00
- Carnival/Circus License fee - $50.00 per day

OFFICE HOURS

Monday	9:00 a.m. - 3:30 p.m.
Tuesday - Friday	8:00 a.m. - 3:30 p.m.

OFFICE USE ONLY
License # _____
Issue Date _____
Expiration Date _____

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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:

All applicants will be required to provide Proof of Identity.

Have you had a City of Columbus license and/or permit revoked, suspended, or revoked within the last three (3) years?
☐ Yes ☐ No

If yes, please explain:

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:

BUSINESS INFORMATION

Business Type: ☐ Single Owner ☐ Partnership ☐ Incorporated
(If Incorporated, the business name must be exactly as shown on its Articles of Incorporation)

Business Name:		Federal ID:
Business Address:		
City:	State:	Zip:
Business Phone:	Business Email:	

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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 the attached Residential Petition.

CARNIVAL/CIRCUS INFORMATION

Person of Contact Name:	
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.

_____ INTIALS

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 OR FURTURE REVOCATION OF THIS LICENSE, AS WEL AS CRIMINAL PROSECUTION UNDER CHAPTER 2321.13 (A-3), (A-5), AND COLUMBUS CITY CODE 501 AND 563.

State of Ohio, County of Franklin

_____, being duly sworn, deposes and says he or she is the
(Print Applicant's Name)

individual making the foregoing application; that he or she is knowledgeable with respect to that which is to be license; and that the answers to the foregoing questions and other statements contained herein are true of his or her own knowledge and belief.

_____
(Applicant's Signature)

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

_____
Notary or Agent of Director of Public Safety

Must be SIGNED, DATED, and NOTARIZED.

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CARNIVAL/CIRCUS APPLICATION RESIDENTIAL PETITION

Person of Contact Name:	Contact Phone:
Carnival/Circus Name:	
Location of Carnival/Circus:	
Date(s) Carnival/Circus will be held:	
Set-up Date:	Set-up Time:

We, the undersigned, who reside within 200 feet of the lot or parcel of ground located at (location) _____ hereby state that we have no objections to the operation of a Carnival/Circus to be held at the above location on (dates)_____. It is understood that this petition is for only the dates stated above.

NAME	ADDRESS	SIGNATURE

NAME	ADDRESS	SIGNATURE

NAME	ADDRESS	SIGNATURE

NAME	ADDRESS	SIGNATURE