

OFFICE USE ONLY

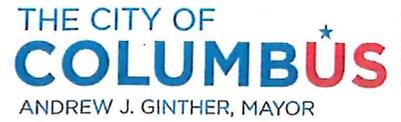
LICENSE # \_\_\_\_\_

ISSUE DATE \_\_\_\_\_

EXPIRES \_\_\_\_\_

DEPARTMENT OF PUBLIC SAFETY  
LICENSE SECTION

**CARNIVAL/CIRCUS  
LICENSE  
APPLICATION**



DEPARTMENT OF  
PUBLIC SAFETY

( ) New ( ) Renewal

APPLICANT INFORMATION

Full Name: \_\_\_\_\_ State of Ohio Vendor's License: \_\_\_\_\_

Self Employed: YES NO Employer: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Federal ID: \_\_\_\_\_

Current address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Ohio Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Sex: M F Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Are you a U.S. citizen? YES NO Place of Birth: \_\_\_\_\_

Are you a legal alien? YES NO Alien Registration # \_\_\_\_\_

**If born outside of the U.S., proof of citizenship or alien registration card must be submitted.**

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

If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony? YES NO

**List all felony convictions in the United States over the past seven (7) years.  
IF NONE, WRITE "NONE"**

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 began: \_\_\_\_\_

**BUSINESS INFORMATION:**

FEDERAL I.D.# \_\_\_\_\_

Check One: Single Owner [ ] Partnership [ ] Incorporated [ ]  
(If Incorporated, business name must be exactly as shown on its Articles of Incorporation.)

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

Does this business hold a current Liquor Permit? \_\_\_\_\_ 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? \_\_\_\_\_

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

**If yes, you must complete the attached required Residential Petition.**

Complete the following information of **ALL** persons who have a direct or indirect interest in the business and corporate officers that hold 10% or more of stock offered by said corporation or partnership.

1) \_\_\_\_\_  
Name Title

Home Address: \_\_\_\_\_  
Number Street City State Zip

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Social Security: \_\_\_\_\_

2) \_\_\_\_\_  
Name Title

Home Address: \_\_\_\_\_  
Number Street City State Zip

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Social Security: \_\_\_\_\_

**(Attach additional sheets if necessary)**

Please provide name and phone number of person to be contacted to scheduled inspections.

Contact Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Carnival Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Event Location \_\_\_\_\_ Set-up date: \_\_\_\_\_

Date(s) of Carnival/Circus: \_\_\_\_\_ Set-up time: \_\_\_\_\_

Contact person: \_\_\_\_\_ Contact's phone#: \_\_\_\_\_

**STOP HERE - BELOW WILL BE COMPLETED BY OFFICE STAFF**

**OFFICE USE ONLY**

**COPY OF DRIVER'S LICENSE OR GOVERNMENT ISSUED I.D.**

**BCI RECORD CHECK**

**PHOTO**

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

**State of Ohio, County of Franklin**

\_\_\_\_\_, Being duly sworn, deposes and says  
(Print Applicant Name)

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

\_\_\_\_\_  
(Applicant Signature)

**DO NOT DATE**

Swore 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**

DEPARTMENT OF PUBLIC SAFETY  
LICENSE SECTION



**RESIDENTIAL PETITION**  
**FOR**  
**CARNIVAL / CIRCUS**  
**APPLICATION**

DEPARTMENT OF  
PUBLIC SAFETY

Contact Name: \_\_\_\_\_

Contact's Phone: \_\_\_\_\_

Carnival Name: \_\_\_\_\_

Carnival's Phone: \_\_\_\_\_

Location of Carnival \_\_\_\_\_

Set-up date: \_\_\_\_\_

Set-up time: \_\_\_\_\_

Dates Carnival to be held \_\_\_\_\_ thru \_\_\_\_\_

*We, the undersigned, who reside within 200 feet of the lot or parcel of ground located at \_\_\_\_\_ 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 the above stated dates only.*

**NAME**

**ADDRESS**


Use reverse side for additional names and addresses.



**MEMORANDUM**

To: Trade & Development Services  
From: Ralph Jones, License Section 645-6496  
Date: \_\_\_\_\_  
Subject: Carnival License

The company below has made application with our office for a Carnival. Please let our office know if it is in compliance with all your provisions by calling Ralph Jones at the License Section. Please sign and date this memo below and send interoffice.

**APPLICANT:** You must bring your receipt of payment from Trade & Development back to the License Section before your license can be issued.

Company/Carnival Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Carnival Location: \_\_\_\_\_

Date(s) of Carnival: \_\_\_\_\_

Set up Date: \_\_\_\_\_

Set up Time: \_\_\_\_\_

Number of Days: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**INSPECTOR USE ONLY**

**APPROVED:** \_\_\_\_\_

**DISAPPROVED:** \_\_\_\_\_

**INSPECTORS NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

