

**APPLICATION FOR CARNIVAL LICENSE**

FEE: \$103.00 for the first day + \$26.00 for each additional day (Acct # 100.125.442300.44230)  
PLUS  
\$15.00 processing fee and \$7.00 record check fee (Acct # 100.125.461100.46112)

DATE: \_\_\_\_\_

I, the undersigned, hereby apply for a carnival license and agree to comply with all laws, resolutions, ordinances, and regulations, Federal, State, and Local.

**ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY**

Name of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone # \_\_\_\_\_

Location at which carnival is to be conducted \_\_\_\_\_

\_\_\_\_\_

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

Name and address of person or corporation owning the premises where carnival is to be conducted \_\_\_\_\_

\_\_\_\_\_

Are you a citizen of the United States \_\_\_\_\_

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United

States \_\_\_\_\_

Date of such conviction \_\_\_\_\_ Court \_\_\_\_\_

Nature of offense \_\_\_\_\_

Give name and address of manager or person in charge of carnival \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

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(FOR POLICE DEPARTMENT USE ONLY; DO NOT WRITE BELOW THIS LINE)

I have received the information submitted within this application and have found it to be: Accurate \_\_\_\_\_  
Inaccurate \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In addition, I have found supplemental background information on the applicant which is substantially related to circumstances of the licensee's activity and should be considered in the issuance of the requested license. Yes \_\_\_\_\_ No \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Based upon this information, I recommend that the license be: Approved \_\_\_\_\_ Denied \_\_\_\_\_

\_\_\_\_\_  
Chief of Police