

CITY OF MILLVILLE

CARNIVALS AND/OR CIRCUSES LICENSE APPLICATION (Article 1)

\$10.00 Application Fee
\$300.00 Per Day Payable When the Application is Filed
Application Must be Filed at least 4 Weeks Before the Date of the Event
Copy of State of New Jersey Business Registration Certificate
Copy of State of New Jersey Sales Tax Certificate
Copy of Appropriate Certificate of Insurance Naming the City of Millville as Certificate Holder
and/or Additional Insured
Written Consent of Property Owner

DATE OF APPLICATION: _____ FEE PAID: \$ _____
Must be filed 4 Weeks Before the Date of Event

TYPE OF EVENT: _____
Please Describe

LOCATION OF EVENT: _____
Attach Written Consent of Property Owner

PLEASE ATTACH THE SPECIFIC LOCATION OF THE CIRCUS AND/OR CARNIVAL, INCLUDING STREET ADDRESS, BLOCK AND LOT, ALONG WITH A DESCRIPTION OR PLOT PLAN IDENTIFYING WHERE THE EVENT WILL BE SET UP.

DATE(S) OF EVENT: _____ HOURS OF EVENT: _____

NAME OF BUSINESS: _____
Attach Copy of State of New Jersey Tax Sale Certificate

BUSINESS ADDRESS: _____
Street Number Street Name

PO No. _____ City _____ State _____ Zip Code _____ County _____

APPLICANT INFORMATION:

NAME OF APPLICANT: _____ PHONE#: _____
Please Print

APPLICANTS ADDRESS: _____
Street Number Street Name

PO No. _____ City _____ State _____ Zip Code _____ County _____

APPLICANT'S D.O.B. ____/____/____ APPLICANTS DL#: _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

APPLICANT'S SOCIAL SECURITY NUMBER: _____

SPONSOR'S INFORMATION:

NAME OF SPONSOR: _____ PHONE#: _____
Please Print

SPONSOR'S ADDRESS: _____
Street Number Street Name

PO No. _____ City _____ State _____ Zip Code _____ County _____

SPONSOR'S D.O.B. ____/____/____ SPONSOR'S DL#: _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

SPONSOR'S SOCIAL SECURITY NUMBER: ____ - ____ - ____

CARNIVAL AND/OR CIRCUS – CONTINUATION PAGE – 2

OWNER INFORMATION:

NAME OF OWNER: _____ PHONE#: _____

OWNER'S ADDRESS: _____
Street Number Street Name

PO No. City State Zip Code County

OWNER'S D.O.B: ____/____/____ OWNER'S DL#: _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

OWNER'S SOCIAL SECURITY NUMBER: ____ - ____ - ____

GENERAL PARTNER INFORMATION:

NAME OF PARTNER: _____ PHONE#: _____

PARTNER'S ADDRESS: _____
Street Number Street Name

PO No. City State Zip Code County

PARTNER'S D.O.B. ____/____/____ PARTNER'S DL# _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

PARTNER'S SOCIAL SECURITY NUMBER: ____ - ____ - ____

ESTIMATED DAILY CROWD EXPECTED: _____

SECURITY MEASURES TO BE INSTITUTED BY SPONSOR FOR CROWD AND TRAFFIC CONTROL:

EMPLOYEE INFORMATION:

NAME OF EMPLOYEE: _____ PHONE#: _____

EMPLOYEE'S ADDRESS: _____
Street Number Street Name

PO No. City State Zip Code County

EMPLOYEE'S D.O.B: ____/____/____ EMPLOYEE'S DL#: _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

EMPLOYEE'S SOCIAL SECURITY NUMBER: ____ - ____ - ____

NAME OF EMPLOYEE: _____ PHONE#: _____

EMPLOYEE'S ADDRESS: _____
Street Number Street Name

PO No. City State Zip Code County

EMPLOYEE'S D.O.B: ____/____/____ EMPLOYEE'S DL#: _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

EMPLOYEE'S SOCIAL SECURITY NUMBER: ____ - ____ - ____

CARNIVAL AND/OR CIRCUS – CONTINUATION PAGE – 3

NAME OF EMPLOYEE: _____ **PHONE#:** _____

EMPLOYEE'S ADDRESS: _____
Street Number Street Name

PO No. City State Zip Code County

EMPLOYEE'S D.O.B: ____/____/____ **EMPLOYEE'S DL#:** _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

EMPLOYEE'S SOCIAL SECURITY NUMBER: ____ - ____ - ____

NAME OF EMPLOYEE: _____ **PHONE#:** _____

EMPLOYEE'S ADDRESS: _____
Street Number Street Name

PO No. City State Zip Code County

EMPLOYEE'S D.O.B: ____/____/____ **EMPLOYEE'S DL#:** _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

EMPLOYEE'S SOCIAL SECURITY NUMBER: ____ - ____ - ____

NAME OF EMPLOYEE: _____ **PHONE#:** _____

EMPLOYEE'S ADDRESS: _____
Street Number Street Name

PO No. City State Zip Code County

EMPLOYEE'S D.O.B: ____/____/____ **EMPLOYEE'S DL#:** _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

EMPLOYEE'S SOCIAL SECURITY NUMBER: ____ - ____ - ____

NAME OF EMPLOYEE: _____ **PHONE#:** _____

EMPLOYEE'S ADDRESS: _____
Street Number Street Name

PO No. City State Zip Code County

EMPLOYEE'S D.O.B: ____/____/____ **EMPLOYEE'S DL#:** _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

EMPLOYEE'S SOCIAL SECURITY NUMBER: ____ - ____ - ____

NAME OF EMPLOYEE: _____ **PHONE#:** _____

EMPLOYEE'S ADDRESS: _____
Street Number Street Name

PO No. City State Zip Code County

EMPLOYEE'S D.O.B: ____/____/____ **EMPLOYEE'S DL#:** _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

EMPLOYEE'S SOCIAL SECURITY NUMBER: ____ - ____ - ____

NAME OF EMPLOYEE: _____ **PHONE#:** _____

EMPLOYEE'S ADDRESS: _____
Street Number Street Name

PO No. City State Zip Code County

EMPLOYEE'S D.O.B: ____/____/____ **EMPLOYEE'S DL#:** _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

EMPLOYEE'S SOCIAL SECURITY NUMBER: ____ - ____ - ____

CARNIVAL AND/OR CIRCUS – CONTINUATION PAGE – 4

NAME OF EMPLOYEE: _____ **PHONE#:** _____

EMPLOYEE'S ADDRESS: _____
Street Number Street Name

PO No. City State Zip Code County

EMPLOYEE'S D.O.B: ____/____/____ **EMPLOYEE'S DL#:** _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

EMPLOYEE'S SOCIAL SECURITY NUMBER: ____ - ____ - ____

NAME OF EMPLOYEE: _____ **PHONE#:** _____

EMPLOYEE'S ADDRESS: _____
Street Number Street Name

PO No. City State Zip Code County

EMPLOYEE'S D.O.B: ____/____/____ **EMPLOYEE'S DL#:** _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

EMPLOYEE'S SOCIAL SECURITY NUMBER: ____ - ____ - ____

NAME OF EMPLOYEE: _____ **PHONE#:** _____

EMPLOYEE'S ADDRESS: _____
Street Number Street Name

PO No. City State Zip Code County

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Month Day Year Attach Copy of Driver's License/Legal Photo ID

EMPLOYEE'S SOCIAL SECURITY NUMBER: ____ - ____ - ____

NAME OF EMPLOYEE: _____ **PHONE#:** _____

EMPLOYEE'S ADDRESS: _____
Street Number Street Name

PO No. City State Zip Code County

EMPLOYEE'S D.O.B: ____/____/____ **EMPLOYEE'S DL#:** _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

EMPLOYEE'S SOCIAL SECURITY NUMBER: ____ - ____ - ____

NAME OF EMPLOYEE: _____ **PHONE#:** _____

EMPLOYEE'S ADDRESS: _____
Street Number Street Name

PO No. City State Zip Code County

EMPLOYEE'S D.O.B: ____/____/____ **EMPLOYEE'S DL#:** _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

EMPLOYEE'S SOCIAL SECURITY NUMBER: ____ - ____ - ____

Attach Additional Pages If Needed

THE CARNIVAL OPERATOR MUST ALSO COMPLY WITH ANY AND ALL LAWS APPLICABLE TO THE EVENT, INCLUDING BUT NOT LIMITED TO THE CARNIVAL AMUSEMENT RIDES SAFETY ACT OF THE STATE OF NEW JERSEY (N.J.S.A. 5:3-31 ET SEQ.) AND RELATED STATUTES AND ALL APPLICABLE ORDINANCE OF THE CITY OF MILLVILLE.

SIGNATURE OF APPLICANT: _____
Signature Date

FOR OFFICE USE ONLY

ZONING OFFICE:

*APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Zoning Officer _____
Signature Date

A brief explanation, if license was denied: _____

STATE UNIFORM CONSTRUCTION CODE:

*APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Construction Official _____
Signature Date

A brief explanation, if license was denied: _____

STATE UNIFORM FIRE CODE:

*APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Fire Official _____
Signature Date

A brief explanation, if license was denied: _____

TRAFFIC SAFETY BUREAU:

*APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Traffic Safety Officer _____
Signature Date

A brief explanation, if license was denied: _____

CHIEF OF POLICE:

*APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Police Chief _____
Signature Date

A brief explanation, if license was denied: _____

***ROBERT CONNER, MINTS INSURANCE AGENCY:**

APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Robert Conner _____
Signature Date

A brief explanation, if license was denied: _____

APPROVED: DENIED: City Clerk: _____
Signature Date