



United City of Yorkville  
800 Game Farm Road  
Yorkville, Illinois 60560  
630-553-4350

## Application for a Carnival or Circus License

Please print legibly in ink or type application.

**Carnival:** Amusement activities, rides, merry-go-rounds, booths for the conduct of games of skill, food dispensing facilities and sideshows. A carnival shall not include gambling devices, games of chance, lotteries, punchboards or other activities in violation of city ordinances.

**Exhibitions:** Circuses, menageries, carnivals, sideshows and other similar amusement enterprises which are open to the public.

**License Fee:** \$300.00

**Amusement Tax:** Pursuant to city ordinance, carnivals and circuses are subject to a city amusement tax of three percent (3%).

Application for (check one): Carnival  Circus

### Event Details:

Event Name: \_\_\_\_\_

Event Location: \_\_\_\_\_

Event Location Address: \_\_\_\_\_

Setup arrival date: \_\_\_\_\_ Takedown departure date: \_\_\_\_\_

Event Date(s): \_\_\_\_\_

Event Hours: \_\_\_\_\_

Estimated attendance: \_\_\_\_\_

Method of containing trash: \_\_\_\_\_

Number of trash cans to be located throughout event: \_\_\_\_\_

Number of portable toilets to be located at event: \_\_\_\_\_

Number of off-street parking stalls that will be impacted by layout: \_\_\_\_\_

Square footage of event: \_\_\_\_\_

Description of event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Application for a Carnival or Circus License

Please print legibly in ink or type application.

## Property Owner Information:

Name of Property Owner or Property Management Company: \_\_\_\_\_

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

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

## Carnival / Circus Operation Information:

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

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

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

Carnival / Circus Operator / Manager: \_\_\_\_\_

Operator / Manager Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Site Supervisor (if different from operator/manager): \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Affidavit for a Carnival / Circus License

State of \_\_\_\_\_

County of \_\_\_\_\_

In witness whereof, the undersigned, being duly sworn verifies that the statements contained in this Application for a Carnival / Circus License are true and correct, along with the acknowledgement by the applicant that denial of license or revocation of license may occur in the event of falsification of such information.

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

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

\_\_\_\_\_  
Applicant Title

\_\_\_\_\_  
Date

SUBSCRIBED AND SWORN BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY



# Application for a Carnival or Circus License

Please print legibly in ink or type application.

**\* Additional Information / Permits / Inspections may be required.**

**Please contact the following departments regarding your event:**

- 1) Building Safety Department - (630) 553-8545
- 2) Kendall County Health Department - (630) 553-8060
- 3) Bristol-Kendall Fire Department - (630) 553-6186

**\* City Amusement Tax.**

If you have any questions regarding this tax and how it applies to your event, please contact Finance Director Rob Fredrickson at (630)553-8534.

**Applicants must submit the following with their application:**

- Certificate of Insurance showing public liability coverage in the minimum amount of \$500,000.00 for each person and \$1,000,000.00 for each accident.
- Written permission from property owner including property owner's name, address and phone number where they can be contacted at.
- Diagram showing the location of rides, booths, concession stands, and port-o-lets.
- License Fee - \$300.00

## FOR OFFICE USE ONLY

**Type of License Required:**

Carnival  Circus

Police Department      Approved       Denied       Initials: \_\_\_\_\_      Date: \_\_\_\_\_

Community Development      Approved       Denied       Initials: \_\_\_\_\_      Date: \_\_\_\_\_

City Administrator      Approved       Denied       Initials: \_\_\_\_\_      Date: \_\_\_\_\_

Clerk's Office      Approved       Denied       Initials: \_\_\_\_\_      Date: \_\_\_\_\_