

NON-REFUNDABLE  
**CITY OF ST. CHARLES**  
 TWO EAST MAIN STREET  
 ST. CHARLES, ILLINOIS 60174-1984



DEPARTMENT: MAYOR'S OFFICE

PHONE: (630) 377-4445

FAX: (630) 377-4440

**CARNIVAL LICENSE APPLICATION**

**Important:** This application must be fully and accurately completed and notarized.

For Office Use	
Received _____	
Fee Paid \$ _____	
Receipt # _____	

1. Applicant is:     Corporation         Partnership         Individual
2. Name of Business \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Address of Business \_\_\_\_\_ Business Fax \_\_\_\_\_
3. Applicant's Name \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

4. If Corporation, provide name, address and date of birth for each officer and director (use additional paper as needed):

Name	Address	Date of Birth
_____	_____	_____
_____	_____	_____

5. If Corporation, provide name, address, phone and date of birth for each person owning a record 5% or more of the stock list:

Name	Address	Home Phone	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____

6. Has any officer, manager, director or shareholder owning 5% or more of the stock of the corporation ever been convicted of a felony or ever forfeited an appearance bond on a felony charge: \_\_\_\_\_. **If Yes, attach explanation to this Application.**

7. Will this business be conducted by a manager or agent? If yes, provide name, address, phone and date of birth:

Name	Address	Home Phone	Date of Birth
_____	_____	_____	_____

8. Location/Address where carnival will be operated: \_\_\_\_\_

9. Dates of carnival operation: Start: \_\_\_\_\_ Close: \_\_\_\_\_

10. Amount of Insurance: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of Insurance Carrier: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Illinois State Permit Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_



TO BE COMPLETED BY THE CITY OF ST. CHARLES

ENDORSEMENT OF THE CHIEF OF POLICE

Recommended Issuing: Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

Signature \_\_\_\_\_

ENDORSEMENT OF THE FIRE CHIEF

Recommended Issuing: Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

Signature \_\_\_\_\_

ENDORSEMENT OF THE BUILDING & HEALTH COMMISSIONER

Recommended Issuing: Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

Signature \_\_\_\_\_

ENDORSEMENT OF THE FINANCE DIRECTOR

Recommended Issuing: Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

Signature \_\_\_\_\_

ENDORSEMENT OF THE MAYOR

Recommended Issuing: Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

Signature \_\_\_\_\_

