

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



DEPARTMENT: BUILDING & CODE ENFORCEMENT

PHONE: 630.377.4406

FAX: 630.443.4638

CARNIVAL LICENSE APPLICATION

Important: this application must be fully and accurately complete and notarized.

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, please attach an 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_____

11. List all rides, amusement stand, food stands, entertainment shows, and other attractions:

| Rides \$30 each | Amusement Stands \$20 each | Food Stands \$20 each |
|--|--|----------------------------------|
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| Entertainment Shows \$30 each | Other Attractions \$20 each | |
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Affidavit

State of Illinois)
) SS
 County of Kane)

I/We, the undersigned, being first duly sworn, say that I/we have read the foregoing application and that the statements therein are true, complete, and correct and are upon my/our personal knowledge and information and that I/we will not violate any of the ordinances of the City of St. Charles or the laws of the State of Illinois or the laws of the United States of America, in the conduct of the place of business described herein.

Applicant _____ Applicant _____

I, _____, a Notary Public in and for said county in the state aforesaid, do hereby certify that the applicant(s) appeared before me this day in person and acknowledged that he/she/they signed the foregoing application as his/her/their free and voluntary act for the use and purposes therein set forth.

Given under my hand and notarial seal this _____ day of _____.

Notary Public _____

(Seal)

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 _____

For Office Use

Date Received _____

Fee Paid _____

Receipt No. _____

Permit No. _____