

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
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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
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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
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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:

<b>Rides \$30 each</b>	<b>Amusement Stands \$20 each</b>	<b>Food Stands \$20 each</b>
<b>Entertainment Shows \$30 each</b>	<b>Other Attractions \$20 each</b>	

**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**

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**Endorsement of the Chief of Police**

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

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

Signature \_\_\_\_\_

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**Endorsement of the Fire Chief**

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

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

Signature \_\_\_\_\_

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**Endorsement of the Building & Health Commissioner**

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

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

Signature \_\_\_\_\_

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**Endorsement of the Finance Director**

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

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

Signature \_\_\_\_\_

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**Endorsement of the Mayor**

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

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

Signature \_\_\_\_\_

**For Office Use**

**Date Received** \_\_\_\_\_

**Fee Paid** \_\_\_\_\_

**Receipt No.** \_\_\_\_\_

**Permit No.** \_\_\_\_\_