



BUSINESS LICENSE APPLICATION

CARNIVAL/CIRCUS/AMUSEMENT RIDES

LICENSE FEE: \$200.00 PER DAY

LICENSE # _____

NOTE: Refuse charges may also be assessed.

Carnival Circus Amusement Ride

(City Code Title 5; Chapter 5.36)

ATTACH THE FOLLOWING :

- Copy of bond or certificate of general liability insurance (with the City named as additional insured and certificate holder) in an amount to be determined by the City Risk Manager.
- Owner and Licensee shall provide jointly an Indemnification and Hold Harmless Agreement if ride is located on City property (form provided by the City Risk Manager).
- Site Plan Drawing indicating placement of rides, booths, specific stands, fire lanes, etc.
- Any advertising materials (brochure, merchandise listing, etc.) used in conjunction with proposed operation.
- If an amusement ride, name of National Association of Amusement Ride Safety Official Level III (NAARSO) Certified Inspector _____; Copy of NAARSO issued card.
- Written certificate of inspection for each ride conducted by NAARSO Inspector and provided to City Clerk prior to opening ride(s); (final inspection required prior to opening rides(s)).

NOTE: Under Title 5, Chapter 5.36 of the City Code, preliminary setup of inspections, final inspection and daily inspections of amusement rides shall be the responsibility of a NAARSO certified inspector whose inspection reports shall be maintained for a minimum of 2 years.

BUSINESS NAME: _____

BUSINESS ADDRESS/CITY/STATE/ZIP: _____

BUSINESS TELEPHONE #: _____ FAX #: _____

BUSINESS OPERATION IS: PROFIT NON-PROFIT

WYOMING STATE SALES TAX #: _____

APPLICANT NAME: _____

APPLICANT HOME ADDRESS/CITY/STATE/ZIP: _____

TELEPHONE #: _____

NAME OR DESCRIPTION OF PROPOSED CIRCUS ACTIVITIES; CARNIVAL GAMES OR AMUSEMENT RIDES:

LOCATION OF EVENT: _____

ZONE: _____

DATES OF OPERATION: _____ TO _____ TOTAL # OF DAYS: _____

PROPOSED HOURS OF OPERATION: _____

(AS REGULATED BY CITY OF CHEYENNE CITY CODE, CHAPTER 5.36)

OPTIONS THAT MAY BE ASSOCIATED WITH ACTIVITY:

- | | |
|--|---|
| <input type="checkbox"/> TENT(S) | <input type="checkbox"/> RETAIL MERCHANDISE SALES |
| <input type="checkbox"/> FOOD/SOFT DRINK SERVICE | <input type="checkbox"/> REQUEST STREET CLOSURE |
| <input type="checkbox"/> SANITATION SERVICE (refuse) | <input type="checkbox"/> ANIMALS |
| <input type="checkbox"/> TEMPORARY RESTROOM FACILITIES | <input type="checkbox"/> HOT AIR BALLOONS/HELICOPTERS, ETC. |
| <input type="checkbox"/> SIGNAGE/BANNERS | <input type="checkbox"/> LOUD SPEAKER/SOUND SYSTEM |
| <input type="checkbox"/> OTHER _____ | |

HANDLING AND DISPOSAL OF REFUSE:

The Mayor or Director of Public Works shall specify the charge to be made for the handling and disposal of refuse.

AFFIDAVIT/AUTHORIZATION

The undersigned applicant hereby authorizes the City of Cheyenne and its agents and employees to seek information and conduct investigations into the truth of the foregoing statements as set forth in this application, and agrees to comply fully with the ordinances, rules and regulations of the City of Cheyenne, Wyoming, governing the license requested, and further declares that the foregoing information contained in this application is true and correct.

Date

Applicant Signature

STATE OF WYOMING

)

Relationship to Business/Proposed Activity

) ss

County of Laramie

)

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

SEAL

My commission expires: _____

This application is available in alternative, accessible formats upon request.

APPROVALS:

The Mayor and City Clerk will provide written approval only after all other approvals have been obtained. The City Clerk's staff will acquire these approvals for applicants.

Development/Zoning Department: _____
(2101 O'Neil Avenue, Room 202/637-6282)

Fire Prevention: _____
(2101 O'Neil Avenue, Room 304/637-6327)

Special Conditions/Requirements: _____

City/County Environmental Health: _____
(100 Central Avenue/633-4090)

Special Conditions/Requirements: _____

Police Department: _____
(415 W. 18th St./637-6535)

Special Conditions/Requirements: _____

Risk Manager: _____
(2101 O'Neil Avenue, Room 101/637-6333)

Special Conditions/Requirements: _____

Other Approvals: _____

City Clerk: _____
(2101 O'Neil Avenue, Room 101/638-4301)

FOR USE BY CITY CLERK'S OFFICE: BY: _____

M/R # _____ FEE PAID \$ _____ DATE PAID: _____ DATE ISSUED: _____

TERM OF LICENSE: _____

COMMENTS: _____
