



United City of Yorkville
 651 Prairie Pointe Drive
 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: _____



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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



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*** 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: _____