



City of La Crosse, Wisconsin

APPLICATION FOR CARNIVAL, CIRCUS OR MENAGERIE

Application must be complete and legible and submitted with relevant Special Event Application (per Sec. 10-277(b)).

(check appropriate box(es)) Carnival Circus Menagerie

Date Received: _____ Fee: _____ Invoice No.: _____

OPERATOR – Information about the person, entity or organization responsible for carnival, circus, menagerie.*

Legal/Real Name: _____

Address: Street _____ City _____ State _____ Zip Code _____

Phone: _____ Email: _____ Website: _____

Wisconsin Amusement Ride Registration: Have you registered your amusement rides for the current calendar year? if applicable Yes No

*SPS 334.04(1) and 302.20 of the Wisconsin Administrative Code require that amusement rides be registered each calendar year.

*Personal Data Sheet must be completed for each Officer/Member AND Manager/Person in Charge of Entity/Organization.

SHOW INFORMATION

Location: _____ Park/Public Property ____ Street/Alley/Right-of-Way ____ Private Property ____

Date(s): _____
List each date of multi-day event

Event Time: _____ Start Time _____ End Time _____

Description of Show/Animals: _____

MANAGER/PERSON IN CHARGE – Person to contact before, during and after event, if necessary.

Contact Name: First _____ Middle _____ Last _____

Address: Street _____ City _____ State _____ Zip Code _____

Phone: _____ Email: _____

The following must be submitted with relevant Special Event Application:

- _____ Application for Carnival, Circus or Menagerie (complete and signed).
- _____ Fee (cash, check payable to City Treasurer or credit with a convenience fee).
- _____ Certificate of Liability Insurance and Endorsement.

DECLARATION

Person Authorized to Sign on Behalf of Operator: By signing, I hereby make application for a Carnival, Circus or Menagerie as described above and agree to comply with all federal, state and local law including the provisions of Chapter 10, Article VIII of the Code of Ordinances. I declare under penalties of law that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature: _____ Printed Name: _____ Date: _____

Date Routed:		For Office Use Only		
DEPARTMENT	APPROVE	DENY	BY	REASON (if denied)
La Crosse County Health Department				
Fire Department - CRM				
<i>Investigation – Personal Data Sheet</i>				
Police – Records				
<i>Delinquencies – Operator and Personal Data Sheet</i>				
Legal				
Treasurer				
Utilities (water, storm, sewer)				
Municipal Court				
Parking Utility				
License Issue Date:		License No:		

Personal Data Sheet

(Please PRINT All Information)

Each Officer AND Manager/Person in Charge must complete all the information and must indicate if they have been convicted of any of the following within the last ten (10) years: a felony, a misdemeanor, a statutory violation punishable by forfeiture or a county or municipal ordinance violation. If none, write "none".

MANAGER/PERSON IN CHARGE			
Name: First		Middle	Last
Home Address: Street		City	State Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)	
Violations:			
OFFICER			
Name: First		Middle	Last
Home Address: Street		City	State Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)	
Violations:			
OFFICER			
Name: First		Middle	Last
Home Address: Street		City	State Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)	
Violations:			
OFFICER			
Name: First		Middle	Last
Home Address: Street		City	State Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)	
Violations:			
OFFICER			
Name: First		Middle	Last
Home Address: Street		City	State Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)	
Violations:			