



CITY OF ELIZABETH, NEW JERSEY

DEPARTMENT OF ADMINISTRATION

CENTRAL LICENSE BUREAU

50 Winfield Scott Plaza, Elizabeth, NJ 07201-2462

Phone: (908) 820-4178

Fax: (908) 820-0369

BRIDGET S. ANDERSON
Business Administrator

CLARA GOODRIDGE
Chief License Inspector

J. CHRISTIAN BOLLWAGE
Mayor

TRAVELING SHOW / CIRCUS APPLICATION

Traveling Show Operators' Fee: \$200 Per Day
Non-Food Vendors Fee: \$75 First 2 Days
\$75 Each Day After

CHECK OFF LIST:
 Insurance - \$100,000.00/\$300,000.00
With City named as
Additional Insured
 \$500 Cash Bond
 Written Consent of Property Owner
 Operator Fee (\$200 Per Day)

Name of Applicant: _____

Address: _____

Phone: _____

NAME OF SHOW/CIRCUS: _____

NAME OF ORGANIZATION: _____

Officers:

Title	Name	Address	Phone
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Organization Address: _____

Organization Phone: _____

Date(s) of Event: _____

RIDE(S)

Location	Ride Type
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(Use other side for additional rides)

- Is the property Owned or Leased? _____. If leased, provide Name, Address, and Telephone Number of the Owner.

- Have you submitted written consent of Property Owner?
Yes _____ No _____

Applicant must provide a written consent of property owner of the site where the Kiddy Ride or Traveling Show is proposed to be conducted on his or her property in accordance with such application.

- Each applicant shall set forth in his or her application the name and address of all parties interested in and intended to benefit for the contemplated profit of the venture, and the amount or percentage thereof. If the stated beneficiary of any part of the profits is a charitable, patriotic, or religious group, body or corporation of the city, its proper officers shall approve the application and verify the statements made in the application in writing.

As per 5.112.060 of the traveling shows and kiddy rides ordinance, the applicant shall deposit, in cash, a bond in the amount of five hundred dollars (\$500.00) upon filing of this application.

The applicant agrees to conform to all regulations of the Traveling Shows and Kiddy Ride ordinance, and all other city ordinance and applicable laws.

STATE OF NEW JERSEY:)

)

COUNTY OF UNION:)

Signature of Applicant

_____, of full age, being duly sworn according to law, upon his oath deposes and says:

I am the _____, who signed the foregoing application.

I have carefully read the statements and the matters and things set forth are true. I represent that I have executed the foregoing application with full knowledge and consent of all persons, organizations, firms, or corporation on whose behalf I have filed this application.

Sworn and Subscribed before me

This _____ day of _____.