



CITY OF MANCHESTER
 912 CITY ROAD
 MANCHESTER, MI 48158
 (734) 428-7877 FAX: (734) 428-1877

LICENSE APPLICATION FOR CARNIVAL OR CIRCUS

Date: _____

APPLICANT'S IDENTIFICATION:

Name: _____ Telephone: _____

Address: _____ Sponsor's Name: _____

Liability Insurance Amount: _____ Name of Carrier: _____

DESCRIPTION OF ACTIVITY:

Location of Proposed Entertainment in the City: _____

Date(s) of Activity: _____

APPLICANT'S STATEMENT:

I hereby state that the information I have provided in this application is true and correct to the best of my knowledge.

Signature: _____ Date: _____

For Office Use Only:

Fees \$50.00/day Date Paid: _____ Received by: _____

Approvals:

Chief of Police Signature: _____ Date: _____

Village Council: _____ Date: _____

Approval of location: _____