

# CARNIVAL REGISTRATION

CITY OF CANTON

CHAPTER 725

\$50.00 PER DAY

REGISTRATION BY: \_\_\_\_\_

NAME OF COMPANY

STREET ADDRESS

CITY & STATE

ZIP

FOR WHAT SPONSOR: \_\_\_\_\_

\*\* LOCATION OF CARNIVAL \_\_\_\_\_

\*\* DATES: \_\_\_\_\_ TO \_\_\_\_\_ TIMES: \_\_\_\_\_ TO \_\_\_\_\_

NAME OF PERSON IN CHARGE OF EVENT \_\_\_\_\_ PHONE \_\_\_\_\_

APPLICANT'S NAME (IF DIFFERENT) \_\_\_\_\_ PHONE \_\_\_\_\_

**OWNER/PRESIDENT OF AMUSEMENT COMPANY OPERATING AT CARNIVAL**

NAME \_\_\_\_\_ TELEPHONE ( ) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

STREET

CITY

ST

ZIP

DRIVER'S LIC / ID \_\_\_\_\_ LIST OF EMPLOYEES Y N

\*\*\*\*\* YOU MUST ALSO NOTIFY THE *CANTON FIRE DEPARTMENT* (489-3400) IF TENTS ARE USED, AND  
*CANTON HEALTH DEPARTMENT* (489-3327) IF FOOD IS SOLD\*\*\*\*\*

WITNESS MY HAND THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
MAYOR

\_\_\_\_\_  
DIR OF PUBLIC SAFETY/AGENT

RETURN TO: CITY LICENSE BUREAU, CANTON POLICE DEPT., 330-489-3268

2/13 CARNAPP