



Office Use:	License #:	_____
	Fee Paid:	_____
	Date:	_____
	Approved:	_____
	Issued:	_____

APPLICATION - CIRCUSES, MEDICINE SHOWS, CARNIVALS, TENT SHOWS

(City of Lapeer Ordinance: Chapter 20 (Business Licenses and Regulations), Section 20.00 and Section 20.05)

Date: _____

Applicant Information:

Name of Applicant: _____

Address: _____

Telephone #: _____

Location of Business: _____

Property Owner of location: _____

(Name, Address, Telephone # of property owner)

Previous experience as an operator of a Circus, Medicine Show, Carnival, Tent Show: _____

Have you:

Been convicted of any crime, misdemeanor, or local ordinance? Yes No

Describe violation and penalty assessed: _____

Held a permit in Michigan that was revoked, suspended or denied within the last three years?

Yes No Explain: _____

Business Information:

Name of Business: _____

Address: _____

Individual Partnership Corporation Firm Association

Telephone Number: _____

Applicant must furnish the following additional information.

- Nonrefundable Application Fee.
- Listing of all agents/employees with complete addresses.
- Certificate of Liability Insurance Policy.

By filing this application, I acknowledge I have read the appropriate Ordinance Section, and I authorize the City of Lapeer to conduct a background check on myself, the applicant, as well as on the agents/employees contained in this application. In addition, by signing this application I affirm that the information provided is accurate and that, if a license is granted, I will abide by all applicable ordinances, statutes, regulations and laws.

Applicant Signature: _____ Date: _____

OFFICE USE:

Police Department: Approval Disapproval

Signature: _____ Date: _____

City Clerk: Approval Disapproval

Signature: _____ Date: _____