



License Fee: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Invoice No. \_\_\_\_\_ Fees are Non-Refundable  
 9/23/2019

### APPLICATION FOR CARNIVAL, CIRCUS OR MENAGERIE

(Please print clearly or type. Incomplete or illegible applications will not be accepted and will be returned.)

Carnival       Circus       Menagerie

**OPERATOR - Personal Data Sheet must name each Officer or Member of the Entity/Organization.**

Name (Legal Name of Entity/Organization):	
Address:	
Phone Number:	
Email/Website:	Email <span style="float: right;">Website</span>
Wisconsin Amusement Ride Registration*: Have you registered your amusement rides for the current calendar year? If applicable <span style="float: right;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</span>	

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

**SHOW INFORMATION**

Location of Show:	<input type="checkbox"/> Park/Public Property <input type="checkbox"/> Public Street/Alley/Right-of-Way <input type="checkbox"/> Private Property
Date(s) of Show:	
Time of Show:	Start Time <span style="float: right;">End Time</span>
Description of Show/Animals:	

**MANAGER/PERSON IN CHARGE – person to contact before, during and after show, if necessary**

Name:	
Address:	
Telephone/Email:	Phone Number/Cell <span style="float: right;">Email</span>

Organizer shall furnish evidence of a liability insurance policy in amount of not less than \$1,000,000 aggregate coverage, and shall be in force and effect at the time such event. Said policy shall be endorsed naming the City of La Crosse as additional insured in connection with said event.

**Note: The certificate of insurance must describe the event and the endorsement must accompany certificate.**

**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 for the City of La Crosse.**

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				
<b>License Issue Date:</b>				<b>License No:</b>

# PERSONAL DATA SHEET

(Please Print All Information)

Each Officer/Member **AND** Manager/Person in Charge must complete all the information and indicate if they have been convicted of any of the following: felony, a misdemeanor, a statutory violation punishable by forfeiture or a county or municipal ordinance violation. If none, write "none". *Note: Date of birth remains confidential.*

## President/Member/Individual

Name: \_\_\_\_\_  
(Last, First and Full Middle)

Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Street, City, State and Zip)

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Violation(s): \_\_\_\_\_  
\_\_\_\_\_

## Vice President/Member/Individual

Name: \_\_\_\_\_  
(Last, First and Full Middle)

Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Street, City, State and Zip)

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Violation(s): \_\_\_\_\_  
\_\_\_\_\_

## Secretary/Member/Individual

Name: \_\_\_\_\_  
(Last, First and Full Middle)

Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Street, City, State and Zip)

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Violation(s): \_\_\_\_\_  
\_\_\_\_\_

## Treasurer/Member/Individual

Name: \_\_\_\_\_  
(Last, First and Full Middle)

Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Street, City, State and Zip)

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Violation(s): \_\_\_\_\_  
\_\_\_\_\_

## Manager/Person in Charge:

Name: \_\_\_\_\_  
(Last, First and Full Middle)

Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Street, City, State and Zip)

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Violation(s): \_\_\_\_\_  
\_\_\_\_\_