

## CARNIVAL LICENSE APPLICATION

US Mail: City of Vancouver, PO Box 8995, Vancouver, WA 98668-8995

Drop Off: Customer Service Desk, City Hall, 415 W 6th Street, Vancouver WA 98660

SPECIAL LICENSE QUESTIONS: EMAIL: business.licenses@cityofvancouver.us, PHONE: 360-487-8410 ext 3

Clearly print or type entries, sign form, make copy for records, and submit with required attachments and payment (add additional pages, as needed). See page 2 for required attachments and fees.

	APPLICA	NT INFORMATION	l			
APPLICANT NAME:	DOING BUSINESS AS (DBA): (IF DIFFERENT THAN APPLICANT NAME)					
		,	,			
PHYSICAL ADDRESS:	STREET		CITY	STATE	ZIP CODE	
MAILING ADDRESS:  (IF DIFFERENT THAN PHYSICAL ADDRESS)	STREET or PO BOX		CITY	STATE	ZIP CODE	
			<del></del>			
WA STATE UBI #:	CITY BUSINESS LICENSE (ENDORSEMENT) EXP'N DATE:*					
CONTACT NAME:	CONTACT TITLE:					
DAYTIME PHONE:	TIME PHONE: EMAIL ADDRESS:					
If applicant is a corporation, names and ac	Idresses of the corporate	officers and state of in	corporation:			
Names and addresses of person(s) to be i	n immediate charge of pro	pposed event, at all tin	nes, during its operation.			
Names of sponsoring organization(s):						
Names and addresses of principal local of	ficers of sponsoring organ	nization.				
Last <b>3 cities</b> in which proposed activity wa	s conducted:					
	EVENT	INFORMATION				
NAME OF EVENT:		PROPOSED DATE(S) O	F EVENT:			
PROPOSED EVENT SITE LOCATION or ADD	DRESS:**					
OWNER OF EVENT SITE PROPERTY *** _						
NUMBER OF: RIDES GAMES	FOOD	EXHIBITS	ANIMALS	ACTS		
WASHROOMS/TOILETS: NUMBER	TYPE		LOCATION			
Names and addresses of local person who	can be readily contacted	and who is able to co	ntact applicant (license h	nolder), at all times:		

	City of Vanco	ouver WA, CARNIVAL LICENSE APPLICATION			
EVENT:	T: DATE OF EVENT:				
	AUTHORIZATIONS & CERTIFIC	CATIONS			
•	<u> </u>	I will control and supervise this activity and will be nce with provisions of Vancouver Municipal Code			
of Washington in amounts of not less	than \$100,000/\$300,000, public liability	h a company authorized to do business in the State y, and \$25,000 property damage; said policies name five (5) days written notice to the City (see VMC			
or <b>\$500</b> (for an event with less than 1 effect and indemnify the City for any	2 units) shall be deposited with the city damages or expenses connected with sa	nount of <b>\$1,000</b> (for an event with 12 or more units), (see Fees Due below). Said bond is to remain in aid event, for thirty (30) days after the termination y in a form approved by the city attorney.			
carnival or event mentioned in this ag		nent of rides, games and food vendors for the hat I am authorized by the proposed licensee to his behalf.			
AUTHORIZED SIGNATORY (print name):		PHONE NO			
COMPANY: :		TITLE:			
SIGNATURE:		DATE SIGNED:			
	REQUIRED ATTACHMEN	NTS			
** SITE MAP - Showing: Entrances and E  *** PROPERTY OWNER or LOCAL MANAGE	xits to adjoining streets indicating direction, GER STATEMENT - Stating that permission has	wing city license application was completed. , Parking, and Load-In / Load Out Dates. as been given for subject event on property. uirements described above (per VMC 5.18.030.I).			
	FEES				
Daily License Fees (per VMC 5.18.040)					
0-12 units\$20 per day	Over 20 units \$75 per day				
12-20 units\$35 per day	Live acts\$75 per day				
(see rates above)	nse Fee:				
(\$500 for less than 12 units or \$1,0	00 for 12 or more units)				

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