



APPLICATION FOR LICENSE OF A CIRCUS OR CARNIVAL

The undersigned hereby makes an application to Stanislaus County for a license to operate a Circus or Carnival at the place and dates set forth below.

Name under which business will be operated: _____

Address of proposed operation: _____

Permanent address of owner/s: _____

Dates of proposed operation: _____

Please list opening and closing times in the box below.

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open							
Close							

On an attached sheet, give the legal description of the property on which said proposed operation will be located. Also, attach a drawing showing the geographical limits of all uses, including: entrances, exits, rides, booths and public parking spaces and also provide a description of available restroom facilities. Said descriptions and drawings are to be considered a part of this application.

Applicant accepts and will abide by all the Terms and Provisions of Chapter 6.16 of Title 6 of the Ordinance Code of Stanislaus County and all State and Federal rules, laws and regulations.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____ at _____, California

Signature of Applicant: _____

Name of Applicant: _____

Mailing address for Refund of cleaning deposit: _____

Telephone No.: _____

APPLICATION FOR LICENSE OF A CIRCUS OR CARNIVAL

-continued-

Clean-up Deposit	\$ <u>200.00</u>
Fire Dept. Inspection Fee	\$ <u>195.00</u>
State Fee	\$ <u>4.00</u>
_____ Days @ 100.00 per day	\$ _____
Penalty Fee \$50.00 (non-refundable)	\$ _____
(Only if application is turned in less than 10 business days prior to opening day.)	
Total Paid	\$ _____

Receipt No.: _____

Attach a Certificate of Insurance, evidencing General and Auto Liability Coverage and a Certificate of Workers' Compensation Insurance with minimum limits of \$1,000,000.00. **Per Stanislaus County Code your insurance carriers must have an AM Best rating of A- or better.** In addition, the Certificates for General and Auto Liability must show that the policies name the County of Stanislaus, its Board of Supervisors, Officers, Directors, Agents and Employees as additional insured; and we will need the Waiver of Subrogation for the W/C coverage.

For Tax Collector's Office use:

Date License Issued: _____

Issued By: _____

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APPLICATION FOR LICENSE OF A CIRCUS OR CARNIVAL

-continued-

In order to conduct a circus or carnival, you must have approval from the following departments:

Department	Approved	Do Not Approve
Environmental Resources		
Stanislaus County Fire Prevention Bureau		
Sheriff		
Risk Management		
Planning		
Public Works		

In order to receive approval from Environment Resources and the Fire Warden you must set up an inspection time with their department. If no one from either department contacts you, please call them at the numbers listed on their approval pages. Upon the post-inspection by Environmental Resources we will receive notification regarding the cleaning expenses (if any) so we may issue you a refund of your cleaning deposit.

Should you have any questions please contact us at (209)525-6388



OFFICE OF TREASURER / TAX COLLECTOR

Lauren Klein
Treasurer / Tax Collector

P. O. Box 859, Modesto, CA 95353-0859

Phone: 209.525.6388 Fax: 209.525.7868

Approval for license for Carnival or Circus

Date: _____

To: Environmental Resources
From: Tax Collector

Please review the attached application for _____
and return this cover letter after the inspection is completed, as the Tax Collector's Office
is unable to issue the license without approval from your office. The attached application
is for your records and does not need to be returned with this cover letter.

Approved

Do Not Approve

Explanation: _____

Signature: _____

Phone No.: _____

Environmental Resources
3800 Cornucopia Way, Ste C
Modesto, CA 95358

Phone (209) 525-6700
Fax (209) 525-6774



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Treasurer / Tax Collector

P. O. Box 859, Modesto, CA 95353-0859

Phone: 209.525.6388 Fax: 209.525.7868

Approval for License for Carnival or Circus

Date: _____

To: Fire Marshall fireprevention@stancounty.com
From: Tax Collector

Please review the attached application for _____
and return this cover letter after the inspection is completed, as the Tax Collector's
Office is unable to issue the license without approval from your office. The attached
application is for your records and does not need to be returned with this cover letter.

Approved

Do Not Approve

Explanation: _____

Signature: _____

Phone No.: _____

Stanislaus County Fire Prevention Bureau
1010 10th Street Suite 3538
Modesto, CA 95354

Phone (209) 552-3700
Fax (209) 525-5757
e-mail: fireprevention@stancounty.com



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P. O. Box 859, Modesto, CA 95353-0859

Phone: 209.525.6388 Fax: 209.525.7868

Approval for license for Carnival or Circus

Date: _____

To: Director of Planning
From: Tax Collector

Please review the attached application for _____
and return this cover letter no later than _____, as the Tax Collector's
Office is unable to issue the license without approval from your office. The attached
application is for your records and does not need to be returned with this cover letter.

Approved

Do Not Approve

Explanation: _____

Signature: _____

Phone No.: _____

Department of Planning
1010 Tenth St, Ste 3100
Modesto, CA 95354

Fax (209) 525-5911



OFFICE OF TREASURER / TAX COLLECTOR

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Treasurer / Tax Collector

P. O. Box 859, Modesto, CA 95353-0859

Phone: 209.525.6388 Fax: 209.525.7868

Approval for license for Carnival or Circus

Date: _____

To: Director of Public Works
From: Tax Collector

Please review the attached application for _____
and return this cover letter no later than _____, as the Tax Collector's
Office is unable to issue the license without approval from your office. The attached
application is for your records and does not need to be returned with this cover letter.

Approved

Do Not Approve

Explanation: _____

Signature: _____

Phone No.: _____

Public Works Department
1010 Tenth St, Ste 4204
Modesto, CA 95354

Fax (209) 541-2505



OFFICE OF TREASURER / TAX COLLECTOR

Lauren Klein
Treasurer / Tax Collector

P. O. Box 859, Modesto, CA 95353-0859

Phone: 209.525.6388 Fax: 209.525.7868

Approval for license for Carnival or Circus

Date: _____

To: Risk Management
Attn: Kevin Watson
From: Tax Collector

Please review the attached application for _____
and return this cover letter no later than _____, as the Tax Collector's
Office is unable to issue the license without approval from your office. The attached
application is for your records and does not need to be returned with this cover letter.

Approved

Do Not Approve

Explanation: _____

Signature: _____

Phone No.: _____

Risk Management
1010 Tenth St Ste 5900
Modesto, CA 95354

Fax (209) 525-5779



OFFICE OF TREASURER / TAX COLLECTOR

Lauren Klein
Treasurer / Tax Collector

P. O. Box 859, Modesto, CA 95353-0859

Phone: 209.525.6388 Fax: 209.525.7868

Date: _____

Approval for license for Carnival or Circus

Date: _____

To: Sheriff (Watch Commander)
Attn: Ezabel Sequeira
From: Tax Collector

Please review the attached application for HV2, LLC dba Circo Hermanos Vazquez and return this cover letter no later than 08/09/14, as the Tax Collector's Office is unable to issue the license without approval from your office. The attached application is for your records and does not need to be returned with this cover letter.

Approved

Do Not Approve

Explanation: _____

Signature: _____

Phone No.: _____

Sheriff's Department
250 E. Hackett
Modesto, CA 95358

Fax: (209) 525-7048