



**TREASURER AND TAX COLLECTOR**

**Donna Riley**  
Treasurer and Tax Collector

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Phone: 209-525-6388 Fax: 209-525-4347

**APPLICATION FOR A LICENSE UNDER ORDINANCE 6.16 CIRCUSES AND CARNIVALS**

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: \_\_\_\_\_

It is unlawful to conduct a circus or carnival in any area other than one which has been zoned as M (industrial district), C-2 (commercial) or A-2 (agricultural) in accordance with Title 21 of this code. (Prior code §7-66). Address of proposed operation: \_\_\_\_\_

Permanent address of owner(s): \_\_\_\_\_

Dates of proposed operation: \_\_\_\_\_

Please list opening and closing times in the box below:

Day	Open	AM/PM	Close	AM/PM
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Attach to this application:

- ◆ The legal description of the property on which said proposed operation will be located;
- ◆ A drawing of the property showing the geographical limits of all uses (sample on page 2), including:
  - Entrances and exits;
  - Rides and booths;
  - Public parking spaces; and
  - Provide a description of available restroom facilities. Said descriptions and drawings are to be considered a part of this application
- ◆ 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.**

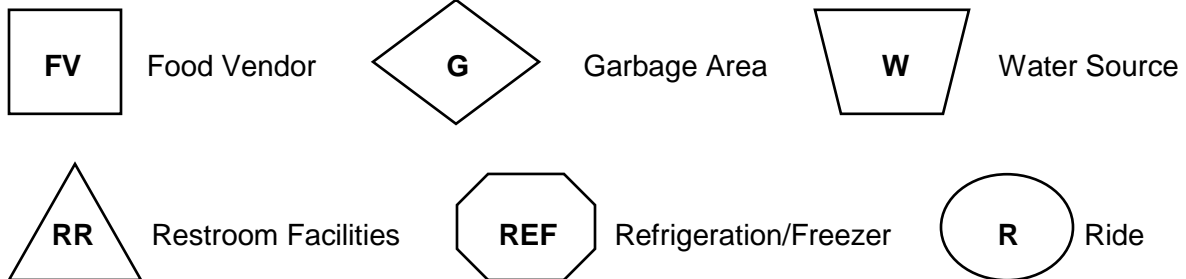
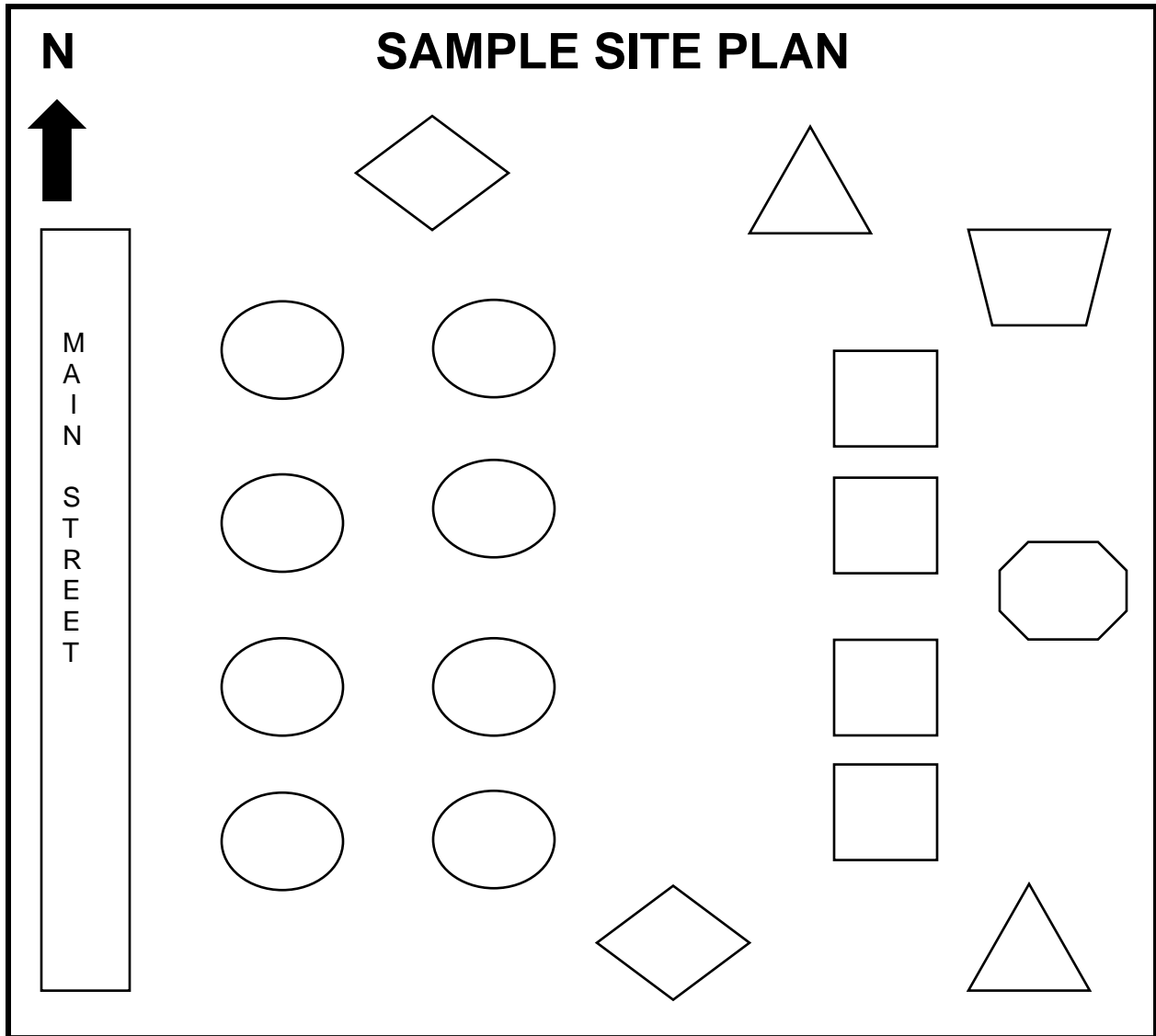
In addition, the Certificates for General and Auto Liability must show that the policies name the County of Stanislaus, its Board of Supervisors, Officers, Directors, Agents and Employees as additional insured; and we will need the Waiver of Subrogation for the Workers' Compensation coverage.

**This application will be forwarded to the following departments:**

- ◆ Department of Environmental Resources
- ◆ Fire Prevention Bureau
- ◆ Sheriff
- ◆ Risk Management
- ◆ Planning
- ◆ Public Works

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. 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.

Provide a diagram of the layout of the event indicating the following:



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 at \_\_\_\_\_, California, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Name and mailing address for refund of cleaning deposit: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

**For Office Use Only**

**Environmental Resources**

YES	NO	Date:	Signature:
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**Fire Warden**

YES	NO	Date:	Signature:
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**Sheriff**

YES	NO	Date:	Signature:
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**Risk Management**

YES	NO	Date:	Signature:
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**Planning**

YES	NO	Date:	Signature:
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**Public Works**

YES	NO	Date:	Signature:
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Clean-up Deposit (Refundable)	\$ 200.00
Fire Dept. Inspection Fee	\$ 195.00
_____ Days @ \$100.00 per day	\$
If the application is submitted less than 10-business days prior to the proposed opening day, a non-refundable Penalty Fee \$50.00 is added	\$
State Fee	\$ 4.00
Total Paid	\$

Receipt No.: \_\_\_\_\_

Date License Issued: \_\_\_\_\_

Issued By: \_\_\_\_\_