

VILLAGE OF NEW LENOX
1 VETERANS PARKWAY
NEW LENOX, ILLINOIS 60451

APPLICATION FOR CARNIVAL
PUBLIC PLACE OF AMUSEMENT LICENSE

APPLICANT'S NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____ CITY _____ STATE _____

ZIP CODE _____ PHONE # _____

CARNIVAL OPERATOR/MANAGER NAME _____ DOB _____

ADDRESS _____ CITY _____ STATE _____

ZIP CODE _____ PHONE # _____

LOCATION OF CARNIVAL SITE: _____

PLEASE SUPPLY NAME, ADDRESS AND PHONE NO. OF PROPERTY OWNER:

NAME: _____ ADDRESS: _____

CITY/STATE _____ ZIP CODE _____ PHONE # _____

DATES AND HOURS OF OPERATION OF CARNIVAL: _____

LIST NUMBER AND TYPE OF SANITARY FACILITIES TO BE PROVIDED: _____

DESCRIPTION OF THE GARBAGE AND REFUSE COLLECTION AND DISPOSAL PROCEDURES TO BE
USED: _____

DESCRIPTION OF PARKING FACILITIES AVAILABLE FOR USE BY CARNIVAL PATRONS: _____

LIST NAME, ADDRESS AND TELEPHONE NUMBER OF ANY SUBCONTRACTOR OR INDEPENDENT
CONTRACTOR OPERATING ANY RIDE OR ATTRACTION:

DESCRIPTION OF ANY SECURITY PROVIDED DURING ALL HOURS OF OPERATION. THIS SHALL CONSIST OF AT LEAST TWO (2) PERSONS, EITHER LAW ENFORCEMENT OFFICERS OR PERSONS LICENSED UNDER THE PRIVATE DETECTIVE, PRIVATE ALARMS, AND PRIVATE SECURITY ACT OF 1983, ILLINOIS REVISED STATUTES, CHAPTER 111, SECTION 2601 ET SEQ AS AMENDED.

DESCRIPTION OF THE RIDES AND ATTRACTIONS TO BE PART OF CARNIVAL:

APPLICANT MUST SUBMIT PROPERLY FILLED OUT APPLICATION, PAY \$50.00 FEE AND SUBMIT A CERTIFICATE OF INSURANCE PROVIDING MINIMUM COVERAGE IN THE AMOUNT OF ONE MILLION DOLLARS SINGLE LIMIT COVERAGE SHALL BE IN THE FORM OF A CERTIFICATE OF INSURANCE NAMING THE VILLAGE OF NEW LENOX AS AN ADDITIONAL INSURED UNDER SAID POLICY.

DATE OF APPLICATION _____

APPLICANT'S SIGNATURE
