



CITY OF MOLINE
APPLICATION FOR OUTDOOR CARNIVAL AND CIRCUS LICENSE
Fee \$175.00 plus \$50.00 per additional day

Type of event: Carnival \_\_\_\_\_ Circus \_\_\_\_\_

Name of Business \_\_\_\_\_

Owner's Name \_\_\_\_\_
First middle last

Address of Business \_\_\_\_\_
\_\_\_\_\_

Contact Person's Name \_\_\_\_\_
First middle last

DATE of BIRTH Social Security# State Driver's License or State ID

Contact Person's Address \_\_\_\_\_
\_\_\_\_\_

Contact Person's Telephone No. \_\_\_\_\_ Email \_\_\_\_\_

Name of all independent owners of each entertainment: Legal relationship to owner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of each kind of entertainment to be offered and their quantity:

\_\_\_\_\_  
Quantity: \_\_\_\_\_  
\_\_\_\_\_  
Quantity: \_\_\_\_\_  
\_\_\_\_\_  
Quantity: \_\_\_\_\_  
\_\_\_\_\_  
Quantity: \_\_\_\_\_  
\_\_\_\_\_  
Quantity: \_\_\_\_\_

Location within the city where carnival or circus will be held: \_\_\_\_\_  
\_\_\_\_\_

Dates of operation - from: \_\_\_\_\_ to: \_\_\_\_\_ (maximum 7 days)

Hours open to the public: \_\_\_\_\_

Number of off-street parking spaces available: 1-15 \_\_\_\_\_ 15-30 \_\_\_\_\_ 30-50 \_\_\_\_\_ 50 or more \_\_\_\_\_

Number of toilet facilities available for use by patrons of event: \_\_\_\_\_



**EMPLOYEE AND VOLUNTEER INFORMATION:**

Do you maintain an accurate and comprehensive (i.e. driver's license information, social security information, etc.) list of your carnival/circus workers and volunteers? Yes\_\_\_ No \_\_\_

**(The City of Moline reserves the right to inspect the list of workers on the site.)**

Do you conduct pre-employment or random drug screening of your employees and volunteers? Yes\_\_\_ No\_\_\_

Do you maintain a mobile drug testing unit in order to test for controlled substances immediately prior to the day's operations? Yes\_\_\_ No\_\_\_

Do you check the Illinois Sex Offender Registry website prior to hiring an employee? Yes\_\_\_ No\_\_\_

Do you check the Illinois Sex Offender Registry website prior to using a volunteer? Yes\_\_\_No\_\_\_

Are any child sex offenders employed by the carnival/circus operator? Yes \_\_\_ No \_\_\_

**(Pursuant to 720 ILCS 5/11-9.4(c), it is a Class 4 Felony for a child sex offender to knowingly operate, manage, or be employed by, volunteer at or knowingly be present at any facility providing programs or services exclusively directed towards children.)**

Do you conduct a criminal background check of potential employees? Yes\_\_\_ No \_\_\_

Do you conduct a criminal background check for all volunteers? Yes\_\_\_No\_\_\_

Are any carnival employees or volunteers fugitives from Illinois or any other state's law enforcement agencies? Yes\_\_\_ No \_\_\_

**EQUIPMENT INFORMATION:**

Do you maintain maintenance and repair records for the past eighteen (18) months? Yes\_\_\_ No\_\_\_

**(The City of Moline reserves the right to inspect maintenance and repair records on site.)**

Does each ride have with it the appropriate technical manuals and user's guide? Yes\_\_\_ No\_\_\_

**OPERATOR INFORMATION:**

Have you had any accidents in the last five (5) years? Yes\_\_\_ No\_\_\_

**(The City of Moline reserves the right to have access to the results of any investigations conducted pursuant to any accidents.)**

Are your procedures in compliance with Outdoor Amusement Business Organization standards? Yes\_\_\_ No\_\_\_

Are your procedures in compliance with U.S. Consumer Product Safety Commission standards? Yes\_\_\_ No\_\_\_

Are you in compliance with the Illinois Carnival & Amusement Rides Safety Act? Yes\_\_\_ No\_\_\_

**REQUIRED DOCUMENTS:**

Diagrams required:

Please attach a diagram that indicates the following:

- The location on the proposed site of each entertainment to be offered;
- The location of each toilet facility on the proposed site

Inspection certificates, City food license or building permit and USDA permit requirements:

Applicant must submit copies of all ride inspection certificates, including but not limited to the Illinois Department of Labor’s Amusement Ride Permit; any applicable City of Moline food license and/or building permit; and the current USDA licenses for any animals appearing at the event.

Certificate of Liability Insurance:

Applicant must provide a certificate of insurance indicating that there is in effect public liability insurance covering any damages arising out of the use and operation of any and all devices and facilities operated in connection with the event. Such insurance shall be in the minimum amount of one million dollars (\$1,000,000) per occurrence and shall name the City of Moline and its employees as additional insured.

**AFFIDAVIT**

I do hereby hold the City of Moline harmless from all liability resulting from the operation of said carnival, and further agree to indemnify said City of Moline from liability resulting from any injury to patrons, bystanders, passersby or any individuals as a result of the operation or maintenance of the carnival/circus as herein defined.

Further, I have personally read and answered each and every question in this license application and I do solemnly swear that each and every answer is full, true, complete, and correct in every respect. I understand that if this application contains any false or misleading information of any material fact, it is grounds for denial of this and future licenses.

\_\_\_\_\_

Applicant name

\_\_\_\_\_

Date

\_\_\_\_\_

Co-Applicant name

\_\_\_\_\_

Date

**Please return signed form and required documents, along with remittance to:**

**City of Moline**  
1630 8<sup>th</sup> Avenue  
Moline, IL 61265  
(309) 524-2070  
(309) 524-2074 FAX

**FOR OFFICE USE ONLY**

Forwarded to Police Dept by: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Site Visit: \_\_\_\_\_

Officer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Return to Finance Department*

Forwarded to Fire Dept by: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Site Visit: \_\_\_\_\_

Fire Inspector's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Return to Finance Department*

Forwarded to Building Division by: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Site Visit: \_\_\_\_\_

Inspector's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Return to Finance Department*