



SAN DIEGO COUNTY SHERIFF'S DEPARTMENT

LICENSING DIVISION

9621 Ridgehaven Court, PO Box 939062
San Diego, CA 92193-9062



APPLICATION FOR [] CARNIVAL or [] CIRCUS LICENSE

(TO BE COMPLETED BY CARNIVAL OPERATOR AT LEAST 60 DAYS BEFORE STARTING DATE OF EVENT)

FEE: \$396.00 ANNUAL FILE + Plus \$100 per day of operation (FEES ARE NON-REFUNDABLE)

FILE # _____

YOU ARE REQUIRED TO SUBMIT THE FOLLOWING ITEMS WITH YOUR APPLICATION:

1. Background Application for Sheriff's Regulatory License.
2. Release and Waiver Form.
3. Proper fee.
4. Copy of picture I.D.
5. Copy of Certificate of Insurance (Minimum Liability \$1,000,000.00).
6. Written agreement signed by owner/sponsors permitting such use of the premises.
7. Parcel Number _____ of property where the event will be conducted, including property used for parking.
8. Map or Plot plan of property showing layout of event, including rides, concessions, parking areas, lavatories, first aid stations.
9. Itinerary of mechanical and non –mechanical rides (provide a list with "C" stickers).
10. Security and First Aid plan. Include a contact person.
11. Background Application for business owner(s) and for each employee with original signatures.
12. Two 2"x 2" color photos of each employee.
13. If not born in U.S., please submit permanent residence status, I-94 or U.S. Passport.
14. List and Description of concessions, food and/or merchandise (may require additional permits from Health Dept. and State Board of Equalization)
15. Copy of contract with the Organization that is hosting the event.
16. Other _____

Note: * YOU MAY NOT OPERATE UNTIL YOU HAVE PASSED FINAL INSPECTION BY THE LOCAL FIRE DEPARTMENT/DISTRICT.**

(Print or Type only)

Business Name _____ Telephone _____

Business Owner _____ Telephone _____

Permanent Business Address _____
(Number) (Street) (City) (State) (Zip)

Name of Event/Sponsoring Organization _____

Location of Carnival or Circus _____
(Number) (Street) (City) (State) (Zip)

Estimate of participants/attendees _____ Sole Proprietor [] Corp [] Partnership* []
*Each business partner must complete a background application with this application

Date(s) of Operation: From _____ to _____
Opening Date

From _____ to _____
Closing Date

Hours of Operation Are: From _____ AM/PM to _____ AM/PM

From _____ AM/PM to _____ AM/PM

Schedule of entrance fees or other charges for admission or participation for this event _____

Carnival or Circus License Food / Merchandise Vendors

CA # _____

NAME	SELLERS PERMIT NUMBER	HEALTH PERMIT # (if selling food)
BUSINESS NAME AND ADDRESS	TYPE OF FOOD / MERCHANDISE	
CONTACT PHONE #		

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I hereby certify under penalty of perjury that the statements made in this application are true and correct to the best of my knowledge and belief. I understand that any false statements or information are grounds for denial of this application. I agree to have all the required notices, unless otherwise specified, sent by U.S. mail to the address given on the application. The right of reasonable inspection shall be a condition for issuance of this license.

Date _____ Signature of Applicant _____

Date _____ Application Accepted by: _____

ESTABLISHMENT NAME _____

Dept of Planning and Development Services - Zoning

Approved _____ Disapproved _____
Comments _____
By _____ Date _____

Dept of Planning and Development Services - Noise

Approved _____ Disapproved _____
Comments _____
By _____ Date _____

Department of Public Works- Transportation

Approved _____ Disapproved _____
Comments _____
By _____ Date _____
Fax (858) 874-4028 MS O-338

Department of Animal Control

Approved _____ Disapproved _____
Comments _____
By _____ Date _____

Sheriff's Department-(CAL-OSHA verification)

Ride List Approved _____ Disapproved _____
Itinerary Approved _____ Disapproved _____
Comments _____
By _____ Date _____
Fax (858) 974-2093 MS 0-41

Fire Department/Fire Marshal

Approved _____ Disapproved _____
Tent Inspection (as required by Health & Safety Code Sec 13115)
Approved _____ Disapproved _____
Comments _____
By _____ Date _____
Fire Chief

Human Resources - Risk Management

Approved _____ Disapproved _____
Comments _____
By _____ Date _____
Fax (619) 338-2245 MS O-76

Dept of Environmental Health – Temp Food Events

Approved _____ Disapproved _____
Comments _____
By _____ Date _____
MS-0560

Department of Parks and Recreation

Approved _____ Disapproved _____
Comments _____
By _____ Date _____
Reservations Fax (619) 295-4906 MS O-29

Sheriff's Station -

Approved _____ Disapproved _____
Comments _____
By _____ Date _____
Admin Lt. MS _____

Return to: Sheriff's Licensing Division, MS 0-41, Fax (858) 974-2093