

REQUEST FOR PERMIT TO HOLD CARNIVAL, CIRCUS OR TENT SHOW

3219 California Pkwy, Forest Hill, TX 76119

Phone: (817) 806-4561 Fax: (817) 984-8254

Form must be completed in ink or typed.

Date: _____



Name and Address of Sponsoring Organization: _____

Name of Carnival, Circus or Tent Show: _____

Dates and Hours the Requested Activity is to be in Operation: _____

Name of Owner: _____

Business Address: _____

Telephone Number: _____ Cell Number _____

If the above address is not in the City of Forest Hill or a city immediately adjacent to Forest Hill, complete the following:

Name of Local Representative: _____

Business Address: _____

Telephone Number: _____ Cell Number _____

Complete the following, if applicable:

Name of Primary Lessee: _____

Business Address: _____

Telephone Number _____ Cell Number _____

Complete the following with reference to individual to be in charge of operations of Carnival, Circus, or Tent Show:

Name of Owner: _____

Business Address: _____

Telephone Number _____ Cell Number _____

List the names of all individual concessions, shows, amusements and the names of the owner or operator, if being operated by someone other than the owner. Attach additional sheets if more space is needed to provide all information required:

Adequately describe proposed location of required activity giving street address if one exists or lot number, block number and name of addition where there is no street address:

Is request being made to Chief of Police for closing of any street or streets in connection with activity? Yes ☐ No ☐
If answer is yes, list name, block number of street or streets and date and hours of requested closing.

Attached a drawing of ground layout of proposed activity showing and identifying each type of structure such as tent, stand, etc. and indicate distance to nearby properties: _____

Are tents fireproof?	Yes ☐	No ☐
Is running water available on proposed site?	Yes ☐	No ☐
Are sanitary sewer connections available on proposed site?	Yes ☐	No ☐

Complete the following with reference to individual submitting this application:

Name: _____
Address: _____
Telephone Number: _____
Connection with carnival, circus, or tent show: _____

WITNESS my signature this _____ day of _____, 20_____

Applicant

SWORN TO AND SUBSCRIBED BEFORE ME, this _____ day of _____, 20_____

Notary Public in and for Tarrant County, TX

DEPARTMENTAL REVIEW

The designated department shall review the permit request outlined on the front of this form and any accompanying materials. If modifications in the location or other facets of the activity as proposed should be made or refusal of the request is felt to be in the best interest of the City, the pertinent facts should be stated.

II. **FIRE DEPARTMENT** Comments:

Date Received _____ Date Forwarded _____ Signature _____ Title _____

II. **POLICE DEPARTMENT** Comments: More than 1000 feet from any school, church or resident.

☐ Approved ☐ Yes
☐ Disapproved ☐ No

Onsite Security ☐ Yes ☐ No
Cost per hour \$ _____

Any carnival, circus or tent show issued a permit by the City of Forest Hill that conducts itself in an unlawful manner in whole or in part may have its permit revoked by the Chief of Police and fees paid forfeited.

III. **PUBLIC WORKS** Comments:

Date Received _____ Date Forwarded _____ Signature _____ Title _____

IV. **PUBLIC HEALTH DEPARTMENT** Comments:

Date Received _____ Date Forwarded _____ Signature _____ Title _____

Additional Comments/Requirements:

Fee: _____

Permit No. _____ Date Issued _____ Date Approved _____ Signature _____