



CITY OF ELIZABETH, NEW JERSEY
Department of Planning and Community Development
CENTRAL LICENSE BUREAU

50 Winfield Scott Plaza, Room 101. Elizabeth, NJ 07201-2408
Phone: (908) 820-4182 or 4187 • Fax: (908) 820-0369
Web: www.elizabethnj.org

J. CHRISTIAN BOLLWAGE
Mayor

MARIA Z. CARVALHO
Director

JENNIFER A. BOEHM
Acting Chief License Inspector

TRAVELING SHOW / CIRCUS APPLICATION

<u>Traveling Show Operators' Fee:</u>	\$200 Per Day	<u>Check Off List</u>
<u>Non-Food Vendors' Fee</u>	First 2 Days: \$75 Each Day After: \$75/Day	☐ Insurance-\$100,000.00/\$300,00.00 With City of Elizabeth named as Additional Insured ☐ \$500 Cash Bond ☐ Written Consent of Property Owner ☐ Operator Fee (\$200 Per Day)

Name of Applicant: _____

Address: _____

Phone: _____

NAME OF SHOW/CIRCUS: _____

NAME OF ORGANIZATION: _____

Officers:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Phone</u>

RIDE(S):

Location:

Ride Type:

- Is the property Owned or Leased? _____

If leased, provide Name, Address, and Telephone Number of the Owner.

- Have you submitted written consent of Property Owner? YES _____ NO _____

Applicant must provide a written consent of property owner of the site where the Kiddy Ride or Traveling Show is proposed to be conducted on his or her property in accordance with such application.

Each applicant shall set forth in his or her application the name and address of all parties interested in and intended to benefit for the contemplated profit of the venture, and the amount or percentage thereof. If the stated beneficiary of any part of the profits is a charitable, patriotic, or religious group, body or corporation of the city, its proper officers shall approve the application and verify the statements made in the application in writing.

As per 5.112.060 of the traveling shows and kiddy rides ordinance, the applicant shall deposit, in cash, a bond in the amount of five hundred dollars (\$500.00) upon filing of this application.

The applicant agrees to conform to all regulations of the Traveling Shows and Kiddy Ride ordinance, and all other city ordinances and applicable laws.

STATE OF NEW JERSEY:

COUNTY OF UNION:

Signature of Applicant

_____ of full age, being duly sworn according to law, upon his oath deposes and says:

“I am the _____, who signed the foregoing application.”

I have carefully read the statements and the matters and things set forth are true. I represent that I have executed the foregoing application with full knowledge and consent of all persons, organizations, firms, or corporation on whose behalf I have filed this application.

Sworn and Subscribed before me

This _____ day of 20 _____

NOTARY PUBLIC