

Carnival/Circus:

Applicant: _____ Contact: _____

Phone #: _____

Duration/Dates: _____
(Maximum 10 Consecutive Days)

Property Owner's Written Approval: Yes No

Zoning District: _____
(Permitted in A, NS, GR, CC, C or I)

Parking Provided (Site Plan) : Yes No

Sanitary Facilities: Yes No Portable Units: Yes No

Hours of Operation: _____
(Shall not begin before 8 am & operation shall cease before 11 pm on all nights
except Saturday which cease operation at midnight)

Application will be submitted to the City's Street Closure Committee for review.