

Fire: \_\_\_\_\_  
Inspections: \_\_\_\_\_  
PPD: \_\_\_\_\_  
Zoning: \_\_\_\_\_  
P & R: \_\_\_\_\_

**City of Portland**  
**Office of the City Clerk**  
**389 Congress Street**  
**Portland, ME 04101**  
**(207) 874-8557 phone**  
**(207) 874-8612 fax**

License Fee: \$110/day  
Application Fee: \$35

### Carnival Application

Circle One:    Individual                      Corporation                      Association                      Partnership

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

**NOTE: If applicant is a partnership, association, or corporation. List name, address, and title of each officer on the back of this application.**

Carnival Location: \_\_\_\_\_

Date(s) and Hours of Carnival: \_\_\_\_\_

Owner of Premises where Carnival will be held: \_\_\_\_\_

Address of Premises Owner: \_\_\_\_\_

**(Attach written permission from property owner, if different from applicant)**

**Have applicant, partners, associates or corporate officers ever been arrested, indicted, convicted or court martialled for any violation of law? \_\_\_\_\_ If yes, state particulars and disposition:**

Does the award of this license benefit any City employee? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list the name(s) and department(s) \_\_\_\_\_

**Applicant by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above license and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of license.**

### Proof of Insurance Required

\_\_\_\_\_  
Authorized Signature                      Date

\_\_\_\_\_  
Print Name and Title