

**City of Portland
Office of the City Clerk
389 Congress Street
Portland, ME 04101
207-874-8557**

Carnival Application

Dates: From _____ to _____

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 enclosed form.

Carnival Location: _____

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

License Fee: \$100.00 per day
Processing Fee: \$20
Total: \$120.00