



MUNICIPALITY OF ANCHORAGE
 OFFICE OF THE MUNICIPAL CLERK
 P.O. Box 196650 (632 W. 6th Ave., Ste 250)
 Anchorage, Alaska 99519-6650

For Office Use Only

License No. _____

Date Issued _____

CIRCUS, CARNIVAL, FAIR (AMUSEMENT)
APPLICATION

(LICENSES ARE NOT TRANSFERABLE)

PLEASE PRINT OR TYPE INFORMATION

Application Date: _____

I, _____, hereby make application for a New **CIRCUS, CARNIVAL, FAIR (AMUSEMENT) LICENSE** in accordance with Title 10 of the Anchorage Municipal Code for the 20_____, license year.

Applicant's Name: _____ (Phone) _____

Applicant's Mailing Address: _____ (ZIP) _____

Applicant's Street Address: _____ (ZIP) _____

Business Name: _____ (Phone) _____

Business Mailing Address: _____ (ZIP) _____

Business Street Address: _____ (ZIP) _____

PLEASE COMPLETE THE FOLLOWING:

1. Complete description of activities: _____

2. Location of operation: _____
3. Dates of operation: _____
4. Hours of operation: _____
5. Name of owner of premises activity is to be conducted on: _____

(If applicant is not owner, written consent of owner must be furnished)

Have you, within 2 years previous to this date, been convicted of a crime involving larceny, theft, receiving and concealing stolen property, crimes dealing with illegally obtained property, or involving misrepresentation or fraud, or gambling? Yes No

(If your answer to the above is "yes," please list below all charges, dates of charges, places of charges and sentences or fines imposed)

• **Certificate of insurance must name Municipality of Anchorage as an additional insured.**

Note: State of Alaska business license is required.

• **State of Alaska Business License No.** _____ **Date Issued** _____ **Expiration date** _____
 (Please attach a copy)

IF BUSINESS ENTITY, PLEASE COMPLETE:

Corporate Officer's Name	Address	Zip Code	Telephone
Registered Agent:			

State of Alaska)
) ss:
 Third Judicial District)

_____, being duly sworn, deposes and says that he/she is the individual making the foregoing application and authorized agent for this business that the answers to the questions and other statements contained in this application are true and complete to his/her knowledge.

Subscribed and Sworn to before me this _____ day of _____, 20_____. _____
 Signature of Applicant

Notary Public
 My commission expires: _____

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I.D. Furnished and Number	Fee Paid: \$	Cash	Check No.	Receipt No.