



MUNICIPALITY OF ANCHORAGE
OFFICE OF THE MUNICIPAL CLERK
P.O. Box 196650
Anchorage, Alaska 99519-6650
MuniLicenses@anchorageak.gov

For Office Use Only

License #: _____

Date Issued: _____

CIRCUS, CARNIVAL, FAIR (AMUSEMENT) APPLICATION

(LICENSES ARE NOT TRANSFERABLE)

PLEASE COMPLETE THE FOLLOWING INFORMATION: (Type or Print)

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.
_____, (Initial) I have read and understand AMC 10.45 and will comply with all applicable requirements of Title 10.

Applicant's Name: _____ (Phone) _____

Applicant's Mailing Address: _____

Applicant's Street Address: _____

Business Name: _____ (Phone) _____

Business Mailing Address: _____

Business Street Address: _____

Email Address (required*): _____

**All correspondence regarding this application and subsequent license will be sent via provided email address.*

PLEASE COMPLETE THE FOLLOWING:

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 you answered "yes," please list all charges, date of charges, place of charges, and sentences or fines imposed:

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: _____

PROVIDE THE FOLLOWING WITH YOUR APPLICATION:

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

Proof of Liability Insurance (Municipality of Anchorage as an additional insured.)

State of Alaska Business License #: _____ Date Issued: _____ Expiration Date: _____

IF BUSINESS ENTITY, PLEASE COMPLETE:

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

I state, under penalty of perjury, that my name and signature or mark are shown on this application and that I am the individual making the foregoing application and authorized agent for this business and that the answers to the questions and other statements contained in this application are true and complete to my knowledge. WARNING: I understand that it is illegal to falsely sign or forge a signature. Falsely signing this declaration is an offense and may be prosecuted. It is a crime to submit a false written statement. AMC 8.30.170 - Unsworn falsification in the second degree. Unsworn falsification is a class A misdemeanor. AS 11.56.220, AS 11.56.235, AS 11.56.240

Signature of Applicant

Date

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| I.D. Furnished and Number | Fee Paid: \$ | Cash | Credit Card | Check No. | Receipt No. |
|---------------------------|--------------|------|-------------|-----------|-------------|
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