CITY OF RAWLINS, WYOMING
P. O. BOX 953
RAWLINS, WYOMING 82301

CIRCUS, CARNIVAL AMUSEMENT SHOW OR EXHIBITION PERMIT APPLICATION

BUSINESS NAME: _____

MAIL ADDRESS: _____

MAIL CSZ: _____

BUSINESS PHONE No.: _____ FAX No.: _____

OWNER NAME: _____

OWNER ADDRESS: _____

OWNER CSZ: _____

MANAGER NAME: _____

MANAGER ADDRESS _____

LOCAL LOCATION _____

BUSINESS NATURE: _____

WYOMING SALES TAX No.: _____

DATE (S)/TIME (S) OF PERFORMANCE: _____

1ST PERFORMANCE FOR THIS CALENDAR YEAR	$50.00
EACH PERFORMANCE THEREAFTER	$25.00

SECTION 5.01.050 - EACH OPERATOR SHALL PROVIDE TO THE CITY SATISFACTORY EVIDENCE OF A CURRENT, VALID LIABILITY INSURANCE POLICY WHICH WILL COVER ACCIDENTS, INJURY OR OCCURRENCES TO PATRONS AND ATTENDEES DURING THE ENTIRE OPERATION OF THE ORGANIZATION WITHIN THE CITY IN AN AMOUNT OF NOT LESS THAN ONE MILLION DOLLARS FOR EACH OCCURRENCE.

BE AWARE OF THE MUNICIPAL CODE REQUIRMENTS **(SECTION 5.01.050)** FOR OPERATION INCLUDING THE REQUIREMENT OF WYOMING POST CERTIFICATION SECURITY PERSONNEL ON DUTY FROM 6:00 P.M. UNTIL CLOSING.

INSURANCE/BOND CARRIER: _____

ADDRESS: _____

CITY, STATE, ZIP _____

_____ DATED: _____, 20____

Signature of Applicant