City of Springfield Office of the City Clerk 36 Court Street Springfield, MA 01103

Tel: 413-787-6095 – Fax: 413-787-6502

CIRCUS APPLICATION

Chapter 6.04.030; R.O., 1986, as amended.

	Dates:	From	to		
Circle One:	Individual	Corporation	Association	Partnership	
Company N	ame:				
Address:			_ City:	State:	Zip:
Contact Person:			Telephone:		
NOTE: If a	pplicant is a	partnership, asso	ociation, or corporat	ion. List name, a	ddress, and title of
each officer	on an attacl	ned sheet.			
Circus Loca	tion:				
Hours of Cir	rcus:				
Owner of Pr	emises where	Circus will be he	ld:		
Address of I	Premises Own	ner:			
(A	Attach writte	en permission fro	m property owner, i	f different from a	pplicant)
or court ma	rshaled for a	any violation of I	orporate officers even waw? If yes, so City employee? Yes _	tate particulars a	
If yes, list th	e name(s) an	d department(s) _			
regulations may result	governing th in refusal of	ne above license a license or revoc	to abide by all land further agrees thation if one has been nises will be paid pr	nat any misstatem n granted. Appli	ent of material fact cant agrees that all
		Proof	of Insurance Requir	ed	
Authorized S	Signature		/		
Print Name			Title		

THE PROPERTY MUST BE INSPECTED

Rev. 5/09

LICENSE FEE: \$150.00 PER YEAR