



APPLICATION FOR CARNIVALS AND SHOWS,
CIRCUS, AND MECHANICAL AMUSEMENT RIDES
CITY OF BATTLE CREEK CLERK'S OFFICE
10 North Division, Room 111
Battle Creek, MI 49014
Phone (269) 966-3348, Fax 269-966-3555

☐

Carnivals and Shows

☐

Circus

☐

Mechanical Amusement Rides

Applicant's Last Name First Name Middle Name Maiden/Formal Name(s)

Permanent Address City State Zip

Local Address City State Zip

Date of Birth Home Phone No. Work Phone No.

1. Has the applicant ever been convicted of any crime, misdemeanor or violation of any Municipal Ordinances? ☐ Yes ☐ No

If yes, explain fully the nature of the offense and punishment/penalty assessed:

2. State place or places where applicant has conducted business within the past six months, stating the nature thereof:

3. From what address/location do you expect to do business: _____

4. Information on the Business you are representing:

Business Name Address City State Zip

5. Applicant's relationship to business: ☐ Owner ☐ Employee

6. If a corporation, in what state are you incorporated: _____
Home Office Address City State Zip

7. State length of time during which you expect to do business: From: _____ To: _____

8. If advertising, state nature of advertising (newspaper, circulars, handbills):

The following must be filed with this completed application:

☐ **CARNIVALS AND SHOWS – Chapter 812**

No person shall promote, conduct or operate any contest, amusement or collection of amusements, shows or concessions commonly known as carnivals, or any street fair, street show or freak show where any artificial or natural curiosity is exhibited, without first obtaining a permit therefore, which permit shall be issued only on the authority of the City Manager or his/her designee, and which permit shall be required for such purposes in addition to any other permit or license required under any other provision of these Codified Ordinances or the statutes of the State. The fee for such a permit shall be as set forth in the schedule provided for in Section 802.24.

Insurance Requirement: \$500,000 CSL Comprehensive General Liability

Fee: \$50.00 for the first day, \$25 for each additional day

☐ **CIRCUSES – Chapter 816**

No person shall conduct or operate any circus without first obtaining a license therefore. The fee for such license shall be as prescribed in the schedule provided for in Section 802.24. The City Clerk shall refer each application for a circus license to the Chief of Police and the County Health Officer for investigation and recommendation.

Insurance Requirement: \$500,000 CSL Comprehensive General Liability

Fee: \$150.00 per day

☐ **MECHANICAL AMUSEMENT RIDES – CHAPTER 832**

As used in this chapter, “mechanical amusement ride” means any device or assembly propelled by motor power and designed to carry three or more persons in such a manner as to amuse, entertain, or thrill such persons occupying seats thereon in a manner similar to devices commonly associated with a carnival, fair, amusement park or the like. The term shall not be deemed to include coin-operated cars, ships, mechanical horses, airplanes, spacecraft and similar devices designed, installed and used for the purpose of providing amusement for not more than two small children or infants at a time by providing a rocking, vibrating, or oscillating ride when limited to the confines of a stationary platform or pedestal.

Insurance Requirement: \$500,000 CSL Comprehensive General Liability

Fee: \$15 for the first day per ride, \$15 for each additional day per ride

Number of Rides:_____ Number of Games_____ Number of Food Concessions_____

Will tents be used? If so, how many and state size:

*Tents larger than 100 square foot will require a building permit and approved inspection from the City of Battle Creek’s Inspections Department.

The Applicant is responsible for being sufficiently familiar with and having a working knowledge of the ordinance requirements. A copy of Chapters 812, 816 & 832 is available on the City of Battle Creek website at www.battlecreekmi.gov.

I, the undersigned, do hereby certify, under oath, that I have read the above and foregoing application and that all facts and information stated in said application are true to the best of my knowledge. The undersigned does further warrant that no misrepresentation of fact is contained in the foregoing application and hereby assumes responsibility for any damages arising out of any false or inaccurate statement.

Signature

STATE OF MICHIGAN)

) ss.

County of Calhoun)

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____,

by_____.

Notary Public – Calhoun County, Michigan

My Commission Expires: _____

Note: If issued, the license must be carried and shown on demand. The license is subject to revocation for cause.