



DANIEL HORRIGAN, MAYOR

CITY OF AKRON
Treasury/License Division
166 S High St., Room 505
Akron, OH 44308
(330) 375-2484

CARNIVAL LICENSE APPLICATION

(Please Print)

Business Name, Business Location, Name of Applicant, Address of Applicant, Birthdate of Applicant, Location of Carnival, City of Akron Income Tax #, Phone #, Title, Soc Sec #

Sponsor

Form of Ownership: Sole Proprietorship Partnership Corporation

If Partnership or Corporation, List Officers/Partners:

Name Address Phone # Title

Name Address Phone # Title

Has any person associated with the business ever been arrested? Yes No

If "yes", list all arrests, dates, place & disposition of each arrest:

Blank lines for listing arrests.

The undersigned states that all the above information is true. The undersigned acknowledges receipt of the licensing ordinance and understands the provisions therein. Falsification of information is grounds for denial of the license.

Signature of Applicant

Date

CARVINAL LICENSE

SIGN-OFF REQUIREMENTS

Before issuance of a City of Akron Carnival License, you must first obtain **ALL** signatures below verifying approval from each department required to do an inspection. This form must accompany your application for a license.

Fire Department
330-375-2211

Date

Police Department
330-375-2677

Date

Health Department/Food Services
330-923-4891

Date

Health Department/Petting Zoo
330-923-4891

Date

Should you have questions regarding a Carnival License, please call 330-375-2484.

Please return this completed form along with your application, certificate of insurance naming the City of Akron as additional insured, application fee and copy of approved State of Ohio Agriculture Department Inspection forms.

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