



**CITY OF BOULDER  
CIRCUS, CARNIVAL OR MENAGERIE LICENSE APPLICATION**

Please refer to the Online CSS Application Submission Instructions for filing your application and paying of application fees

**2023 FEE: \$525.00 Per Day**

You must apply at least 30 days prior to circus/carnival and you cannot begin business in Boulder until you have your circus/carnival license and city sales tax license issued. **NO LATE APPLICATIONS WILL BE ACCEPTED.**

Please check one:             CIRCUS                       CARNIVAL                       MENAGERIE

Business Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_  
(Include Street, PO Box, City, State & Zip)

Location of Event(s): \_\_\_\_\_  
(Business Name – Address – Phone Number)

Date of Event(s) \_\_\_\_\_

Business owned by:             Individual             Partnership             Corporation             LLC

**If an individual or partnership, provide the following information:**

Name	Home Address (City-State-Zip)	Date of Birth
Name	Home Address (City-State-Zip)	Date of Birth
Name	Home Address (City-State-Zip)	Date of Birth

**If LLC or corporation, provide the following information:**

President/Manager:	_____	_____	_____
	Name	Home Address (City-State-Zip)	Date of Birth
Vice-Pres/ Member:	_____	_____	_____
	Name	Home Address (City-State-Zip)	Date of Birth
Secretary/ Member:	_____	_____	_____
	Name	Home Address (City-State-Zip)	Date of Birth
Treasurer/ Member:	_____	_____	_____
	Name	Home Address (City-State-Zip)	Date of Birth

(IF NECESSARY, SUPPLY ADDITIONAL INFORMATION ON A SEPARATE PAGE AND ATTACH)

**Mobile Food Vehicle:** If you also have mobile food set-ups as a part of your operation you must apply for a City of Boulder Mobile Food Vehicle License. Please contact staff at 303-441-4192 for application information.

**Police Protection Costs:** If your carnival or menagerie license creates any additional costs for police protection, BPD will advise of those costs (if any) and you will be obligated to pay those costs.

**Insurance Information:** The applicant must file a certificate of insurance naming the City of Boulder as an additional insured and evidencing the existence of valid and effective policies of workers compensation, public liability insurance with minimum limits of \$150,000.00 for any one person and \$600,000.00 for any one accident and public property damage insurance with a minimum limit of \$100,000.00 for any one accident.

**Mechanical Rides or Attractions:** If these are to be used as part of the business, then the applicant must submit a letter certifying that no operator is under the age of 18 years old.

**Have you applied for a City of Boulder Sales and Use Tax for Business License?**     Yes     No

**If you answered "yes," when did you file your Business license application?**    \_\_\_\_\_  
(month-year)

**Have you included your \$150 sales tax deposit or provided it directly to Sales Tax?**     Yes     No

**If you answered "no" please contact the Sales Tax staff at: 303-441-3051. Please note that a circus/carnival license will not be issued until proof of applying for and/or receiving a city sales tax for business license is provided.**

**OATH OF APPLICANT**

I hereby certify under penalty of perjury in the second degree, that the above statements and all attachments are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name, Title & Date

**FOR OFFICE USE ONLY**

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**Risk Management Recommendation:**  Approve  Deny; Date Sent: \_\_\_\_

Remarks: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Sales Tax Recommendation:**  Approve  Deny; Date Sent: \_\_\_\_

Remarks: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Police Department Recommendation:**  Approve  Deny; Date Sent: \_\_\_\_

Remarks: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Inspection Services Recommendation:**  Approve  Deny; Date Sent: \_\_\_\_

Remarks: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Fire Department Recommendation:**  Approve  Deny; Date Sent: \_\_\_\_

Remarks: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_