

VILLAGE OF NEW LENOX  
1 VETERANS PARKWAY  
NEW LENOX, ILLINOIS 60451

APPLICATION FOR CARNIVAL  
PUBLIC PLACE OF AMUSEMENT LICENSE

APPLICANT'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_ PHONE # \_\_\_\_\_

CARNIVAL OPERATOR/MANAGER NAME \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_ PHONE # \_\_\_\_\_

LOCATION OF CARNIVAL SITE: \_\_\_\_\_

PLEASE SUPPLY NAME, ADDRESS AND PHONE NO. OF PROPERTY OWNER:

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE # \_\_\_\_\_

DATES AND HOURS OF OPERATION OF CARNIVAL: \_\_\_\_\_

LIST NUMBER AND TYPE OF SANITARY FACILITIES TO BE PROVIDED: \_\_\_\_\_

DESCRIPTION OF THE GARBAGE AND REFUSE COLLECTION AND DISPOSAL PROCEDURES TO BE USED: \_\_\_\_\_

DESCRIPTION OF PARKING FACILITIES AVAILABLE FOR USE BY CARNIVAL PATRONS: \_\_\_\_\_

LIST NAME, ADDRESS AND TELEPHONE NUMBER OF ANY SUBCONTRACTOR OR INDEPENDENT CONTRACTOR OPERATING ANY RIDE OR ATTRACTION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIPTION OF ANY SECURITY PROVIDED DURING ALL HOURS OF OPERATION. THIS SHALL CONSIST OF AT LEAST TWO (2) PERSONS, EITHER LAW ENFORCEMENT OFFICERS OR PERSONS LICENSED UNDER THE PRIVATE DETECTIVE, PRIVATE ALARMS, AND PRIVATE SECURITY ACT OF 1983, ILLINOIS REVISED STATUTES, CHAPTER 111, SECTION 2601 ET SEQ AS AMENDED.

DESCRIPTION OF THE RIDES AND ATTRACTIONS TO BE PART OF CARNIVAL:

APPLICANT MUST SUBMIT PROPERLY FILLED OUT APPLICATION, PAY \$50.00 FEE AND SUBMIT A CERTIFICATE OF INSURANCE PROVIDING MINIMUM COVERAGE IN THE AMOUNT OF ONE MILLION DOLLARS SINGLE LIMIT COVERAGE SHALL BE IN THE FORM OF A CERTIFICATE OF INSURANCE NAMING THE VILLAGE OF NEW LENOX AS AN ADDITIONAL INSURED UNDER SAID POLICY.

DATE OF APPLICATION \_\_\_\_\_

APPLICANT'S SIGNATURE

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