

CITY OF PLATTSBURGH

CIRCUS/CARNIVAL EVENT APPLICATION

	Date:
Applicant Namo	
Applicant Name:	
Address:	
Phone Number:	
License Fe	20(6)
Carnival: \$120.	
Circus: \$375.0	, ,
Circus. \$373.0	o/ day
Certification of Insurance Required:	
Furnish on ACORD form 25 or comparable	
 City of Plattsburgh named as additional insured 	
• Thirty (30) day written cancellation notice	
General Liability - Premises/Operations	
 BI/PD \$1,000,000 CSL \$2,000,000 Aggregate 	
 Worker's Compensation and Disability 	
Proposed Event Date:	
-	
Date:	
Location:	
Description:	
If Applicable:	
November of Arrell contra	
Number of Applicants:	
Rides:	
Games:	
*You may be subject to Approvals/Licenses/Inspections by New Yo	ork State, as well as Clinton County Health Department.
For animals, current health and inoculation	
De Coule 454 Code (Cit of Dloude orbital)	
Re: Section 154, Code of City of Plattsburgh penalty for violation days imprisonment each day of violation	
days imprisonment each day of violation	t constitutes separate onense.
Applicant Signature	
A	
Approvals:	L (V/N)
Insurance (Y/N) Police (Y/N) Cler	k (Y/N) 08/20