



Application for Carnival License

Finance Department • PO Box 128 • Longview, WA 98632 • 360.442.5040

License Type CARNIVAL	Number of Concessions X \$2 X	Number of Days +	License Fee \$150	+	Refundable Deposit \$500	=	Total Amount Due \$
---------------------------------	---	----------------------------	-----------------------------	----------	------------------------------------	----------	-------------------------------

Non-profit organization sponsoring carnival

Name of individual in charge	Daytime Phone
------------------------------	---------------

Mailing Address	City	State	Zip
-----------------	------	-------	-----

Name and Address of Carnival Administrative Offices

Dates on which carnival will be held	Location of carnival
--------------------------------------	----------------------

Promotional signs may not be placed in the public right-of-way.

The \$500 deposit will be refunded after all applicable taxes have been paid.

Date	Title	Signature
------	-------	-----------

For Office Use Only

Community and Economic Development approval	Date
Fire Marshall approval	Date
City Manager approval	Date
Police Department approval	Date

Amount Paid	Receipt No.	Comments
License Mailed	Date Deposit Refunded	