



APPLICATION FEE: **\$100.00**
 DATE RECEIVED _____
 DATE PAID _____
 DATE APPROVED _____
 RESOLUTION NO. _____

**CITY OF AURORA, ILLINOIS
CARNIVAL LICENSE APPLICATION**

Name of carnival operator _____

Address where carnival is to be held _____
(Written letter of permission from property owner must accompany this application.)

Zoning classification of proposed location _____

Date(s) of carnival operation (may not exceed five (5) days) _____

Hours proposed to be open to the public _____

NOT-FOR-PROFIT SPONSOR INFORMATION:

Not-for-profit sponsor name _____

Date of Incorporation as a not-for-sponsor - 501 (c)(3) _____

Business address of sponsor _____

Representative for sponsor _____ Contact telephone no. _____

LOCATION / CARNIVAL OPERATION:

Business address of carnival operator _____

Description of each kind of entertainment to be offered / number of each kind of entertainment*:

| | |
|-------|---------------|
| _____ | Number: _____ |
| _____ | Number: _____ |
| _____ | Number: _____ |
| _____ | Number: _____ |

Name of owner(s), lessee(s) or proprietor(s) of carnival:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Name, address and telephone no. (cellular, if appropriate) of manager or operator of carnival:

| | | |
|-------|---------|-------|
| _____ | _____ | _____ |
| Name | Address | Phone |

Name and telephone number (cellular, if appropriate) of the site supervisor, if other than above listed manager or operator:

| | |
|-------|-------|
| _____ | _____ |
| Name | Phone |

Names of operator of each entertainment*:

Legal relationship to proprietor:

*If additional space is required, please attach a separate sheet.

Name, address, and phone number of any / all independent ride or game owners that will be participating in this carnival:

| Name | Address | Phone |
|------|---------|-------|
| | | |

Number of off-street parking spaces available:

1-15 _____ 15-30 _____ 30-50 _____ 50 or more _____

Number of toilet facilities available for use by patrons of carnival: _____

Diagram required:

Please attach a diagram which indicates the following:

- The location on the proposed site of each entertainment to be offered.
- The location of each toilet facility on the proposed site.
- The location of off-street parking available for carnival patrons.

EMPLOYEE INFORMATION:

Do you maintain an accurate and comprehensive (i.e. driver's license information, social security information, etc.) list of your carnival workers? Yes___ No___
(The City of Aurora reserves the right to inspect the list of workers on the site.)

Do you conduct pre-employment or random drug screening of your employees? Yes___ No___

Do you maintain a mobile drug testing unit in order to test for controlled substances immediately prior to the day's operations? Yes___ No___

Do you check the Illinois Sex Offender Registry website prior to hiring an employee? Yes___ No___

Are any child sex offenders employed by the carnival/circus operator? Yes ___ No ___

(Pursuant to 720 ILCS 5/11-9.4(c), it is a Class 4 Felony for a child sex offender to knowingly operate, manage, or be employed by, volunteer at or knowingly be present at any facility providing programs or services exclusively directed towards children.)

Do you conduct a criminal background check of potential employees? Yes___ No ___

Are any carnival employees fugitives from Illinois or any other state's law enforcement agencies? Yes ___ No ___

EQUIPMENT INFORMATION:

Do you maintain maintenance and repair records for the past eighteen (18) months? Yes ___ No ___
(The City of Aurora reserves the right to inspect maintenance and repair records on site.)

Does each ride have with it the appropriate technical manuals and user's guide? Yes ___ No ___

OPERATOR INFORMATION:

Have you had any accidents in the last five (5) years? Yes___ No___
(The City of Aurora reserves the right to have access to the results of any investigations conducted pursuant to any accidents.)

Are your procedures in compliance with Outdoor Amusement Business Organization standards?
Yes___ No___

Are your procedures in compliance with U.S. Consumer Product Safety Commission standards?
Yes___ No___

Are you in compliance with the Illinois Carnival & Amusement Rides Safety Act? Yes___ No___

INSPECTION / POLICE OFFICER / INSURANCE REQUIREMENTS:

Inspection certificates, County Health Department requirements:
Applicant must submit copies of all ride inspection certificates, including but not limited to the Illinois Department of Labor's Amusement Ride Permit, County Health Department license, and Fire Prevention Bureau Operational Permit.

Police Officer requirement:
Applicant is required to hire two (2) Police Officers per hour for this event. In the event that Aurora Police Department Officers are not available, applicant will be required to seek either County Deputies or State Police Officers for the hours that the carnival is in operation.

Insurance / restoration of premises requirements:
Please see attached ordinance regulating carnivals.

Carnival workers residing on premises:
Pursuant to City of Aurora Ordinance No. O04-69, no employee, agent or other representative of the carnival may live, sleep or otherwise reside on the premises of the carnival.

AFFIDAVIT

I, the owner(s), lessee(s), proprietor(s) or manager(s) do hereby hold the City of Aurora harmless from all liability resulting from the operation of said carnival, and further agree to indemnify said City of Aurora from liability resulting from any injury to patrons, bystanders, passersby or any individuals as a result of the operation or maintenance of the carnival as herein defined.

Signed and dated this _____ day of _____.

Signature (Sponsor)

Signature (owner lessee proprietor manager)
Circle one

Name (Print or type)

Name (Print of type)

Signed and sworn to before me
this _____ day of _____.

Notary Public