



**CITY OF SAULT STE. MARIE, MICHIGAN
CARNIVAL, CIRCUS, AND SIMILAR EXHIBITIONS
LICENSE APPLICATION**

1. Person(s) in charge and responsible for conduct of sale:

First Name: _____ Phone: _____
Address: _____
City/State/Zip: _____

2. Place of incorporation: _____

3. Name of Local Sponsor: _____

4. Location of exhibition: _____

5. Date(s) of exhibition: _____

6. Hours exhibition will operate: _____

7. Insurance Furnished: _____ **Bond Furnished:** _____

I hereby declare the foregoing information to be true and correct to the best of my knowledge and agree that the license which may be issued as herein applied for is not assignable and to the powers of revocation and suspension as contained in the Code of the City of Sault Ste. Marie, Michigan.

Signature of applicant: _____ **Date:** _____

Approved by:

Fire Chief **Date**

City Commission **Date**

Police Chief **Date**

City Clerk **Date**

License Fees:

Circus | \$150 per day

Carnival | \$300 per week

Amount Paid: _____ Receipt Number: _____ License # _____

Check List:

Application
License Fee
\$1000 Surety Bond
Certificate of Insurance