



MAINE DEPARTMENT OF PUBLIC SAFETY
OFFICE OF STATE FIRE MARSHAL
 52 STATE HOUSE STATION
 AUGUSTA, ME 04333-0052
 TEL. (207) 626-3880 FAX. (207) 287-6251
 Email: MRLFMO@Maine.gov

APPLICATION FOR TRAVELING CIRCUS LICENSE
 APPLICANT MUST FILL OUT ALL REQUIRED INFORMATION

- INDOOR TRAVELING CIRCUS
- OUTDOOR TRAVELING CIRCUS

FOR CALENDAR YEAR ENDING: **DECEMBER 31**, _____

For Fire Marshal's Office Use:
License Number:
Date Issued:
Action:
<input type="checkbox"/> OK TO ISSUE
<input type="checkbox"/> DO NOT ISSUE
By: _____
Date:
<input type="checkbox"/> Insurance Approved
By: _____
Date:
<input type="checkbox"/> Fee
Amount:
Date Received:
Check Number:
Issued By:

Name of Show:			
Owner:			
Mailing Address (Street and Number):			
City/Town:	State:	Zip Code:	County:
Telephone:		Email:	

On Site Contact:	
Telephone:	Email:

FEES: INDOOR TRAVELING CIRCUS FEE \$300.00
 OUTDOOR TRAVELING CIRCUS FEE \$500.00
 Please make checks payable to: Treasurer State of Maine

ATTACH TO THIS APPLICATION:

Itinerary of where the circus will perform. (Submit updates to this office when the itinerary changes.)
Certificate of General Liability Insurance. See details on page 2 of this application.

INSPECTIONS: Inspections are required prior to opening. **Call or email at least two (3) weeks** prior to your scheduled opening date to schedule an inspection.

Name of Show: _____ Year: _____

Traveling Circus Itinerary:

From:	To:	Site Name:	Site Address:	City/Town:	County:

CERTIFICATE OF INSURANCE:

The Certificate of Insurance MUST show coverage **no less than \$1,000,000 General Liability**, and must indicate **the nature of the coverage, dates of the events, and physical address of events**. The Certificate of Insurance MUST show the following:

CERTIFICATE HOLDER:

**Maine Department of Public Safety
Office of State Fire Marshal
52 State House Station**