



MAINE DEPARTMENT OF PUBLIC SAFETY
STATE FIRE MARSHAL'S OFFICE

52 STATE HOUSE STATION
AUGUSTA, ME 04333-0052
TEL. (207) 626-3880 FAX. (207) 287-6251
Email: MRI.FMO@Maine.gov

APPLICATION FOR TRAVELING CIRCUS LICENSE

APPLICANT MUST FILL OUT ALL REQUIRED INFORMATION

- ☐ **INDOOR TRAVELING CIRCUS**
- ☐ **OUTDOOR TRAVELING CIRCUS**

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

NAME OF SHOW: _____

OWNER: _____

MAILING ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ FAX: _____

FEES: INDOOR TRAVELING CIRCUS FEE \$300.00
OUTDOOR TRAVELING CIRCUS FEE \$500.00

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

CERTIFICATE HOLDER:

Maine Department of Public Safety
State Fire Marshal's Office
52 State House Station
Augusta, ME 04333-0052

INSPECTIONS: Inspections are required prior to opening. **Call** or email *at least two (2) weeks* prior to your scheduled opening date to schedule an inspection.

For Fire Marshal's Office Use:		
Permit Number: _____		
Date Issued: _____		
Action: <input type="checkbox"/> OK TO ISSUE <input type="checkbox"/> DO NOT ISSUE		
By: _____		
Date: _____		
<input type="checkbox"/> INSURANCE APPROVED Date: _____		
<input type="checkbox"/> Fee		
Amount: _____	Date: _____	Check No.: _____

Name of Show: _____ Year: _____

☐ **Traveling Circus Itinerary:**

Opening Date:				Closing Date:	
From:	To:	Site Name:	Site Address:	City/Town:	County:

Use additional sheets as necessary.
Duplicate this form as necessary.