	For Fire Marshal's Office Use:				
*	Permit Numb	Permit Number:			
<u>A</u>	Date Issued:				
TO MAIN OF		Action:			
		□ OK TO ISSUE			
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		DO NOT ISSUE			
		By: Date:			
		Email: <u>MRI.FMO@Maine.gov</u>	Date Issued: Action: OK TO ISSUE Date: OD NOT ISSUE By: Date: (207) 287-6251 ne.gov NG CIRCUS LICENSE QUIRED INFORMATION Amount: Date: CUS IRCUS CEMBER 31, STATE: ZIP CODE: E \$300.00 FEE \$500.00		
APPLICATION FOR TRAVELING CI	🗆 Fee	□ Fee			
APPLICANT MUST FILL OUT ALL REQUIRED	D INFORMATION	Amount:	Date:	Check No.:	
□ INDOOR TRAVELING CIRCUS □ OUTDOOR TRAVELING CIRCUS					
FOR CALENDER YEAR ENDING: DECEMB	ER 31.				
	·				
OWNER:					
MAILING ADDRESS:					
CITY/TOWN:	STATE:	ZIP CO	DE:		
TELEPHONE:	EMAIL:				
FEES: INDOOR TRAVELING CIRCUS FEE	\$300.00				
Please make checks payable to: Treasurer Sta					
ATTACH TO THIS APPLICATION:					
Itinerary of where the circus will perform. (Submit updates to this	office when the	itinerary cha	nges.)	

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.

Name of Show: _____ Year: _____

□ Traveling Circus Itinerary:

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

Use additional sheets as necessary.

Duplicate this form as necessary.