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| --- |
| For Fire Marshal’s Office Use: |
| Permit Number: |
| Date Issued: |
| Action:**□** OK TO ISSUE**□** DO NOT ISSUEBy:Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **□** INSURANCE APPROVEDDate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **□**  Fee |
| Amount: | Date: | Check No.: |
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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

|  |
| --- |
| 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** *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:** |
| From:  | To: | Site Name: | Site Address: | City/Town: | County: |
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Use additional sheets as necessary.

Duplicate this form as necessary.