



# CITY OF ONALASKA

415 Main Street • Onalaska, WI 54650-2953 • (608) 781-9530 fax (608) 781-9534 • www.cityofonalaska.com

## APPLICATION FOR CARNIVALS AND OTHER TRAVELING EXHIBITIONS

Date: \_\_\_\_\_

Cost: \$50.00

(Please Print)

### Requestor Information

Organization/Requestor Name:		Phone: (    )	
Address of Organization:		City	State:    Zip
<b>I F  I N C O R P O R A T E D</b>	Date Incorporated	Place of Corporation	
	Corporation Mailing Address:	City	State    Zip
	President (name)	Address	City,    State,    Zip
	Vice President	Address	City,    State,    Zip
	Secretary	Address	City,    State,    Zip
Treasurer	Address	City,    State,    Zip	
Are you authorized to do business in Wisconsin? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, date such authorization was received _____	
Issuance of State Showman's License pursuant to section 440.92 Wisconsin Statutes. Date: _____ License No. _____			
Have you ever been convicted of violating any FEDERAL LAWS ? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you ever been convicted of violating any STATE LAWS in this state or any other state? <input type="checkbox"/> YES <input type="checkbox"/> NO		Have you ever been convicted of violating any Local Ordinances? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes to any of the above please specify offenses, giving dates and places of convictions:			
<b>Event Information</b>			
Location of showing:		Duration of showing:	
Type of Carnival/Exhibition:			
Signed: President		Date:	
Signed: Secretary		Date:	

**\*\* NOTE \*\* CERTIFICATE OF INSURANCE IS REQUIRED,**  
*with the City of Onalaska listed as additional Insured.*  
**Original Certificate of Insurance must accompany this application.**

**For Office use only:**

- Approved by Onalaska Police Department by (name) \_\_\_\_\_ date: \_\_\_\_\_
- Approved by Onalaska Fire Department by: (name) \_\_\_\_\_ date: \_\_\_\_\_
- Approved by City Clerk \_\_\_\_\_ date: \_\_\_\_\_