CITY OF GRAND RAPIDS
IT'S IN MINNESOTA'S NATURE

APPLICATION FOR SPECIAL PERMIT FOR AN AMUSEMENT

DATE OF APPLICATION _____

NAME OF LICENSEE _____

ADDRESS _____

PHONE NUMBER _____

CONTACT PERSON _____

LOCATION OF EVENT _____

DATE(s) OF EVENT _____

SPONSORING ORGANIZATION _____

ADDITIONAL INFORMATION:

I hereby apply for a special permit to hold a Circus as allowed by Ordinance Chapter 14.2 AMUSEMENTS. I declare that I have read and understand the requirements of Section 14.2.

_____
Name of Licensee

_____
Signature of Authorize Office

FOR OFFICE USE ONLY

Approved by the City Council on _____