

CITY OF WISCONSIN DELLS
APPLICATION FOR:
CARNIVALS, CIRCUSES & THEATRICAL PERFORMANCES

Date Submitted: _____ Fee \$100.00 per Day or \$1500 per Month Receipt No. _____

Name of Applicant: _____

Address of Applicant: _____

Daytime Telephone Number: (____) _____

Driver's License Number: _____ State: _____

Date(s) of Performance: _____

Location(s) of Performance: _____

Nature of Performance: _____

Signature of Applicant

Subject to compliance with Wisconsin Dells Code Section 16.07.

Date Approved: _____ day of _____ 20__

Date Denied: _____ Reason(s): _____

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license. Rev. 4/10