

**CITY OF CLEBURNE**  
**P.O. Box 677 - Cleburne, Texas 76031**  
**817-645-0900**  
**CHAPTER 111. PUBLIC AMUSEMENT**

**SECTION 111.01. APPLICATION FOR CARNIVALS, CIRCUSES & SIMILAR SHOWS**

Name of Carnival, circus or show: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Sponsor of show: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Person in Charge: \_\_\_\_\_

Date(s) of event: \_\_\_\_\_

Location: \_\_\_\_\_

Permission granted by: \_\_\_\_\_

Describe how parking and traffic will be handled. Attach a rough drawing showing the location:

**SECURITY:**

Name of Liability Insurance Co.: \_\_\_\_\_

Amount of Insurance: \_\_\_\_\_

Officers hired:    Yes \_\_\_\_\_                  No \_\_\_\_\_                  Number \_\_\_\_\_

**HEALTH & SANITATION:**

Briefly describe how health and sanitation will be handled in the area of restrooms, electricity, trash, etc.:

Public Works Permits needed: \_\_\_\_\_ Health Permits needed: \_\_\_\_\_

Describe booths or concessions: \_\_\_\_\_

**SECTION 111.01(C). PERMIT**

**For Official Use Only**

Cleared by the following officials signatures:

Fire Chief:

Police Chief:

Public Works Director:

Health Official:

**Final Permission    City Manager:**

**Date:**