

## **Finance Department; Tax and License Division**

### **Circus/Carnival/Menagerie License Instructions and Application Checklist**

- 1) The Circus, Carnival, and Menagerie license application must be completely filled out and signed, including: i) business entity name, ii) legal name, home address, and birth date of all owners, officers, members, and managers, and iii) must list the location and date(s) of the proposed licensed event. The application will be routed to Risk Management for assessment, Sales Tax for research on business license status and tax remittance history, Boulder Police for company history research, and Building Services and Boulder Fire for application comment.
- 2) A certificate of insurance naming the City of Boulder as an additional insured and listing worker's compensation coverage and minimum limits of \$150,000 for any one person and \$600,000 for any one accident, with a public property damage insurance minimum of \$100,000 for any one accident.
- 3) A sales tax deposit in the amount of \$500 (cash or certified funds only) must be submitted. For questions, contact Sales Tax at 303-441-3050.
- 4) If mechanical rides or attractions are a part of the business, then the applicant must submit a letter certifying that no operator is under the age of 18 years old.
- 5) A diagram of the event including ride locations and power source locations
- 5) A fee of \$425.00/day must accompany the completed application.
- 6) The applicant must provide proof of applying for/obtaining a city business sales and use tax license.
- 7) An application must be received at least 30 days prior to the event.
- 8) License must be posted at the approved location for the event duration.

For more information please call 303-441-4192 or email:  
[licensing@bouldercolorado.gov](mailto:licensing@bouldercolorado.gov) .





**If LLC or corporation, provide the following information:**

President/Manager: \_\_\_\_\_  
Name Home Address (City-State-Zip) Date of Birth

Vice-Pres/ Member: \_\_\_\_\_  
Name Home Address (City-State-Zip) Date of Birth

Secretary/ Member: \_\_\_\_\_  
Name Home Address (City-State-Zip) Date of Birth

Treasurer/ Member: \_\_\_\_\_  
Name Home Address (City-State-Zip) Date of Birth

Location of Event(s): \_\_\_\_\_  
(Business Name – Address – Phone Number)

Date of Event(s) \_\_\_\_\_

**Insurance Information:** The applicant must file a certificate of insurance naming the City of Boulder as an additional insured and evidencing the existence of valid and effective policies of workers compensation, public liability insurance with minimum limits of \$150,000.00 for any one person and \$600,000.00 for any one accident and public property damage insurance with a minimum limit of \$100,000.00 for any one accident.

**Mechanical Rides or Attractions:** If these are to be used as part of the business, then the applicant must submit a letter certifying that no operator is under the age of 18 years old.

**Have you applied for a City of Boulder Sales and Use Tax for Business License?**  Yes  No

**If you answered "yes," when did you file your Business license application?** \_\_\_\_\_  
(month-year)

**Have you included your \$500 sales tax deposit or provided it directly to Sales Tax?**  Yes  No

**If you answered "no" please contact the Sales Tax staff at: 303-441-3050. Please note that a circus/carnival license will not be issued until proof of applying for and/or receiving a city sales tax for business license is provided.**

**OATH OF APPLICANT**

I hereby certify under penalty of perjury in the second degree, that the above statements and all attachments are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name, Title & Date

**FOR OFFICE USE ONLY**

---

---

Risk Management Recommendation:         Approve     Deny

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

Remarks: \_\_\_\_\_

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

**Sales Tax Department Recommendation:**     Approve     Deny

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

Remarks: \_\_\_\_\_

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

**Police Department Recommendation:**     Approve     Deny

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

Remarks: \_\_\_\_\_

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

**Inspection Services Department Recommendation:**     Approve     Deny

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

Remarks: \_\_\_\_\_

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

**Fire Department Recommendation:**     Approve     Deny

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

Remarks: \_\_\_\_\_

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

