

**APPLICATION FOR A SHOW LICENSE**

The undersigned hereby applies for a license to sponsor, operate, exhibit, perform or cause to be operated, exhibited or performed a "SHOW" within the limits of the City of Lansing, Michigan. Show means any circus, menagerie or other exhibition, entertainment, carnival or show, of any nature and name for which money or any other consideration is in any way demanded or received for admission.

Name of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

Phone Number of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_

Name of Owner(s) \_\_\_\_\_

Address of Owner(s) \_\_\_\_\_

Name of Operator(s) \_\_\_\_\_

Address of Operator(s) \_\_\_\_\_

Name of Sponsor(s) \_\_\_\_\_

Address of Sponsor(s) \_\_\_\_\_

Location of Show \_\_\_\_\_ **SITE PLAN REQUIRED**

Show Date(s) \_\_\_\_\_

Description of Show \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Expected Attendance \_\_\_\_\_ **SECURITY PLAN MAY BE REQUIRED**

Admission Charges \_\_\_\_\_

Insured By \_\_\_\_\_  
(For Public Liability in the amount of \$300,000 to \$500,000 and Property Damage in the amount of \$100,000.  
The City of Lansing must appear as an additional insured and receive a 10-day cancellation notice.)

Policy # \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration \_\_\_\_\_

Bonded by \_\_\_\_\_  
(In the Penal Sum of \$1,000)

Bond # \_\_\_\_\_ Date Issued \_\_\_\_\_ Date Expires \_\_\_\_\_

I understand that a false statement on this application may result in either a denial of this application or subsequent revocation if this license is granted.

Has the applicant, owner, or sponsor; or any person with an ownership interest in the applicant, owner, or sponsor; or any person who will manage the show had any citation or conviction for, or guilty plea to, a violation of the laws of the United States, any State or any local unit of government regulating the operation of a show?

Yes       No      If yes, disclose details:

\_\_\_\_\_  
\_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public, Ingham County, Michigan

\_\_\_\_\_  
Commission Expires

APPROVED BY:

\_\_\_\_\_  
Building Safety Division

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fire Marshal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief of Police

\_\_\_\_\_  
Date

FEE: \$250.00 Per Day/Per Location. Not to exceed \$1000.00 Per Year/Per Location/Non-refundable

(REV 2/12)