



# APPLICATION FOR CIRCUS

City of Steubenville  
Planning and Zoning Commission  
115 South Third Street, Suite 108  
Steubenville OH 43952  
(740) 283-6000 extension 1700

\*\*\*\*\*

No: \_\_\_\_\_  
Expires: \_\_\_\_\_

## APPLICATION FOR LICENSE FOR CIRCUS CITY OF STEUBENVILLE - CODIFIED ORDINANCES - CHAPTER 705

DATE \_\_\_\_\_

NAME OF CIRCUS \_\_\_\_\_

NAME OF OWNER \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street Address City State Zip Code

\*\*\*If food is to be served, contact Steubenville Board of Health (740) 283-6050\*\*\*

LOCATION \_\_\_\_\_  
Steubenville Street Address Contact Name & Phone Number

DATE(S) AND TIME(S) OF CIRCUS \_\_\_\_\_

SCHEDULE OF FEES AND CHARGES (include tax, if applicable) \_\_\_\_\_

CIRCUS FEES: \$250.00 (two hundred fifty dollars) for each day or any part thereof;  
\$300.00 (three hundred dollars) bond, refundable upon notice by facility where circus appears that no damage was incurred, and that clean-up was satisfactory;  
\$75.00 (seventy five dollars) water fee (may be waived by facility where circus appears, if that facility will guarantee payment).

SIGNATURE OF APPLICANT \_\_\_\_\_

County of \_\_\_\_\_ )  
State of \_\_\_\_\_ )

\_\_\_\_\_, being duly sworn, states that he/she is the individual making application for license; that the answers to the foregoing questions are true of his/her own knowledge and belief; and that he/she signed the foregoing application for and on behalf of said \_\_\_\_\_.

Sworn to and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

SEAL

My commission expires \_\_\_\_\_

Return signed/notarized application with applicable fees to **Planning & Zoning Office, 308 Market St., Steubenville, OH 43952**