



CIRCUSES, CARNIVALS, AND TENT SHOWS APPLICATION
CITY OF PENDLETON

500 SW DORION AVE.
PENDLETON, OR 97801
OFFICE: (541) 966-0207 **FAX:** (541) 966-0231

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: (____) _____ LOCAL TELEPHONE NUMBER: (____) _____

DRIVER'S LICENSE NUMBER: _____

STATE: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

STATE: _____

LOCAL ADDRESS OF EVENT: _____

LOCAL CONTACT PERSON: _____

I, _____, understand that this license is subject to a ten (10) day review prior to my doing business within the City of Pendleton; that this application must be reviewed by the Chief of Police, Fire Chief, City Planner, City Manager and City Council, and that if I provide false or misleading information, this license is automatically suspended or denied.

Signed: _____ Date: _____

Title: _____

\$125 Per Day

Please list all days you will be conducting business in Pendleton: _____

add the number of days and multiply by 125

Total: _____

FOR OFFICE USE ONLY

Account #: 110-43150 (BLOTH)

Date Application Received: _____

Receipt #: _____

Amount Paid: _____

Initials: _____

Approved Denied

_____ _____ Chief of Police; Comments: _____

_____ _____ City Planner; Comments: _____

_____ _____ Fire Chief; Comments: _____

_____ _____ City Manager; Comments: _____

_____ _____ City Council; Comments: _____

Date Application Approved: _____

Date Application Denied: _____

Date License Mailed: _____

Date Denial Letter Mailed: _____

License #: _____

Refund Check #: _____