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## **MAYOR AND CITY COUNCIL OF LAUREL DEPARTMENT OF THE FIRE MARSHAL AND PERMIT SERVICES**

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8103 Sandy Spring Road • Laurel, Maryland 20707 (301) 725-5300 extension

2238 <https://www.cityoflaurel.org> • email – [fmpls@laurel.md.us](mailto:fmpls@laurel.md.us)

### **CIRCUS LICENSE**

**DATE OF APPLICATION:**

**DATE(S) OF EVENT:** \_\_\_\_\_

**ALL ITEMS BELOW MUST BE COMPLETED. FAILURE TO PROVIDE FULL AND ACCURATE INFORMATION CAN RESULT IN APPLICATION REJECTION AND/OR DENIAL. ATTACH THE FOLLOWING TO THIS APPLICATION: (1) PROOF OF IDENTITY, ISSUED BY THE STATE OF MARYLAND OR OTHER RECOGNIZED GOVERNMENT (2) A COMPLETE LISTING OF ANY OTHER LICENSES OR PERMITS ISSUED TO THE APPLICANT BY THE CITY WITHIN THE FIVE (5) YEARS PRECEDING THE DATE OF THIS APPLICATION.**

#### **APPLICANT INFORMATION**

**APPLICANTS NAME:** \_\_\_\_\_

**APPLICANTS ADDRESS:**  
\_\_\_\_\_

**MD STATE DRIVERS LICENSE/ID NUMBER:**

**APPLICANTS TELEPHONE NUMBER:** ( ) -

**HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? YES OR NO  
(CIRCLE ONE)**

#### **LICENSEE INFORMATION**

**LICENSEE COMPANY NAME/LICENSEE NAME:**  
\_\_\_\_\_

**LICENSEE ADDRESS:**  
\_\_\_\_\_

***I DO SOLEMNLY DECLARE AND AFFIRM, UNDER THE PENALTIES OF PERJURY, THAT I, THE OWNER, OR AGENT OF THE OWNER AUTHORIZED TO APPLY FOR THIS LICENSE, HEREBY CERTIFY THAT THE APPLICATION AND CONTENTS ARE TRUE AND CORRECT, THAT ALL ACTIVITIES PERFORMED UNDER THIS LICENSE WILL BE IN ACCORDANCE WITH CHAPTER 8, ARTICLE V, SECTIONS 8-51 THROUGH 8-55 OF THE CODE OF THE CITY OF LAUREL MARYLAND.***

**SIGNATURE OF APPLICANT:**

**PROHIBITED ACTS AND OTHER CONDITIONS:**

1. FAILURE TO ABIDE BY THE LAUREL CITY CODE MAY RESULT IN SUSPENSION OR DENIAL OF THIS LICENSE.
2. LICENSEE IS REQUIRED TO NOTIFY THIS DEPARTMENT WITHIN 15 DAYS OF LICENSE/LICENSEE CHANGES TO INCLUDE INCREASE IN DEVICES/TABLES, ETC. AND NAME, ADDRESS, OR TELEPHONE NUMBER, ETC.
3. LICENSE IS ONLY PERMITTED FOR A TEMPORARY PERIOD NOT TO EXCEED 15 DAYS PER CITY OF LAUREL CODE.
4. PRINCE GEORGE'S COUNTY AND MARYLAND STATE HEALTH DEPARTMENT APPROVAL REQUIRED.

APPROVED By Department of the Fire Marshal & Permit Services	Date
APPROVED By Department of Budget & Personnel Services	Date

\*\*\*THIS LICENSE IS ONLY VALID FOR THE DATE(S) SPECIFIED ABOVE\*\*\*

OFFICE USE ONLY: LICENSE No.: \_\_\_\_\_

LICENSE FEE DUE: \$100.00 Per Day X \_\_\_\_\_ = \$

**Replacement of lost or mutilated license: \$50.00.**