

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 OFF	FICE USE ONLY
Account #: 110-43150 (BLOTH) Date Application Received: Amount Paid:			
<u>Approved</u>	Denied		
		Chief of Police	e; Comments:
		City Planner; (Comments:
		Fire Chief; Co	mments:
		City Manager;	Comments:
		City Council;	Comments:
Date License	Mailed:	ed:	Date Denial Letter Mailed: