

BUSINESS LICENSE DIVISION

Neighborhood Resource Center
Unified Government of Wyandotte County/ Kansas City, Kansas
4953 State Avenue, Kansas City, Kansas 66102
p. (913) 573-8780 | f. (913) 573-8622 | www.wycokck.org/businesslicense

CARNIVA	L/CIRCUS/ROD	EO/AMUSEM	ENT APPI	LICATION		
For which license(s) are you a	pplying?					
[] 1. CARNIVAL	[] 3. RODEO [] 5. OTHER			THER		
[] 2. CIRCUS	[] 4. HAUNT	ED HOUSE				
PLEASE PRINT THE FOLL	OWING INFORMATI	ON. D	ate:		_	
Applicant's Name:						
Applicant's Address:		City:	St	Zip		
Phone:Date o	f Birth:Age:_	U.S. Citi	zen? YES []	NO []		
Name of Carnival/Amusemen	t Company:					
Location of Carnival/Amusem	ent Site:					
Date of Carnival/Amusement:						
Last Day Equipment will Occ	upy site?					
Name/Address of Insurance C						
List the Name and address of	owner of Property whe	ere Carnival/Amus	sement will be	held:		
Name	Addre	ss, C	ity,	St.		
Is the sponsor of the Carnival	/Amusement a non-pro	ofit organization?	,	Yes []	No []	
The ownership type is:[] Ind	lividual [] Corporati	on [] Partn	ership			
If Corporation, List the Name Officer & Spouse	and Address of the Bo		City, ST, Zip			
FEIN # or SS# Required for Bond Refund FOR O		FFICE USE ONLY	Signatur	re/Sponsor		
Rusiness License Number						
Business License Number Tax Receipt Number						
_		Expiration Date				
Disposition: Mailed:			elivered:		_	