



**City Code 210.700 Carnivals—Location restriction: It is unlawful for any carnival, circus, dog and pony show, skating rink, or exhibition of any kind showing under a tent or canvas to set up and show within three hundred feet of any church, school house, residence, store or store building.**

Please attach a certificate of insurance showing the City of Sikeston as a named insured covering any damage or liability to the City, which may be caused by the operation of the amusement.

Bodily Injury	\$300,000 Each Occurrence \$100,000 Each Person
Property Damage	\$ 50,000 Each Occurrence \$100,000 Aggregate

**The operator and/or sponsor agree to the following:**

1. Letter of permission from property owner before beginning process.
2. To purchase an occupational license at a cost of \$100.00 per week.
3. Hours of operation will be limited to 9:00 a.m. to 12:00 midnight Monday through Friday and 9:00 a.m. to 1:30 a.m. on Saturday, Sunday and holidays.
4. Adequate restroom facilities will be provided on the premises of the carnival or circus. Such facilities may be of a temporary nature.
5. Adequate facilities for the disposal of trash and debris will be provided on the premises.
6. The Department of Public Work's inspectors and Director of Public Works must approve all electrical, wiring and structures prior to issuance of the occupational license and operation.
7. The Public Safety Director will inspect the premises prior to operation to determine compliance with all other City ordinances, i.e. gambling, fire, health, traffic and parking.
8. The area will be cleaned up after the completion of the daily amusement activities and that all trash and debris must be removed from the property.

**The operator understands and hereby agrees to comply with the provisions of the City of Sikeston Carnival and Circus Ordinance, and the occupational license may be revoked by the City Manager for failure to comply with the provision of the ordinance.**

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Signature

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Title of Operator

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Signature and Title of Sponsor (if any)

**For City Use Only**

**City Collector**

Payment of License fee:  
Date: \_\_\_\_\_  
  
Time: \_\_\_\_\_

License Number: \_\_\_\_\_  
Amount: \_\_\_\_\_  
  
Date Issued: \_\_\_\_\_

**Public Works Department**

Electrical/Building Inspector: \_\_\_\_\_ Signature: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_  
Comments: \_\_\_\_\_

**Humane Officer:** \_\_\_\_\_ Signature: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_  
Comments: \_\_\_\_\_

**Director of Public Works:** \_\_\_\_\_ Signature: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_  
Comments: \_\_\_\_\_

**Public Safety Department Inspector:** \_\_\_\_\_ Signature: \_\_\_\_\_  
Title: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_  
Comments: \_\_\_\_\_

**County Health Department Inspector:** \_\_\_\_\_ Signature: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_  
Comments: \_\_\_\_\_