



CITY CLERK'S OFFICE
CITY OF ENGLEWOOD
2-10 North Van Brunt Street
Englewood, NJ 07631
Phone: (201) 510 - 8212
Fax: (201) 567- 4395
Email: ywazirmas@cityofenglewood.org

LICENSE NO: _____
DATE: _____
PAID: _____
FEE: \$150.00 PER DAY (191-6)

**APPLICATION FOR CIRCUSES, THEATRICAL PERFORMANCES, ETC.
City Code Chapter 100 Article I**

1. Name of Applicant: _____
2. Address: _____
3. Telephone Number: _____ Date of Birth: _____
4. Driver's License No: _____ Expiration Date: _____
5. Location where circuses, theatrical performances will be held: _____

6. Purpose of event: _____

7. Name and Address of Insurance Co: _____

8. A Certificate of Insurance form and Policy Number: _____
9. Has the applicant ever been convicted of a crime: _____

Seating and usage diagrams for all tents must be filed at least 30 days prior to the first event.

Signature of Applicant

Date

DO NOT WRITE BELOW THIS LINE

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APPROVE () DISAPPROVE () DATE: _____ POLICE: _____

APPROVE () DISAPPROVE () DATE: _____ ZONING/: _____
BUILDING

APPROVE () DISAPPROVE () DATE: _____ FIRE: _____