



City of Streator

204 South Bloomington Street
Streator, Illinois 61364
Phone: (815) 672-2517
Fax: (815) 672-7566

Permit #: _____

Permit Fee: \$100.00 per day

CARNIVAL, CIRCUS OR SPECIAL EVENT PERMIT APPLICATION

Reference: Streator Municipal Code Chapters 5.16 & 12.04

Applicant's Printed Name: _____ Phone: _____

Applicant's Address: _____

Location of event: _____

Circus, Carnival, or Special Event Name: _____

Address/City/State/zip: _____

Phone: _____

Start Date: _____ & Time _____ End Date: _____ & Time _____

In consideration of such permit the undersigned applicant assumes all responsibility for the activity stated herein and agrees to indemnify and save harmless the City of Streator against all liability in connection therewith, including any and all damages, costs and expenses for which the City of Streator may at any time become liable.

APPLICANT'S SIGNATURE AND INFORMATION
Date: _____
Signature of Applicant
Local Contact (if not the applicant):
Address:
Phone:

PERMIT APPROVAL
Date: _____
Signature of Chief of Police
Comments:

For Carnivals and Circuses sighted, an insurance policy of at least \$1,000,000

Paid on: _____ Received by: _____

