



AUG/2022

REGULATORY BUSINESS LICENSE APPLICATION CARNIVALS, CIRCUSES & SHOWS

Email application to: businesslicenses@auburnwa.gov

PLEASE RETURN TO:
Department of Community
Development
25 West Main Street
Auburn, WA 98001
Phone: (253) 804-5011

APPLICATION FOR CARNIVALS, CIRCUSES & SHOWS regulatory LICENSE

City of Auburn regulatory license requirements can be found at Auburn City Code ACC 5.20.

| CHECKLIST/REQUIREMENTS: | TEMPORARY USE PERMIT: |
|---|---|
| Temporary Use Permit Yes <input type="checkbox"/> No <input type="checkbox"/> | If required, must be issued prior to operation of business. |
| Site Plan Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Admission Tax Form Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | |

| CARNIVALS, CIRCUSES & SHOWS BUSINESS INFORMATION: | | | |
|--|--------|------|------------|
| Name: | | | |
| Address: | | | |
| City: | State: | Zip: | Telephone: |

| APPLICANT'S INFORMATION: | | | |
|---|----------------------|-----------------|------------|
| Name: | | | |
| Address: | | | |
| City: | State: | Zip: | Telephone: |
| Maiden Name: | Alias/Previous Name: | | |
| Drivers License No.: | Eye Color: | Hair Color: | |
| Sex: M <input type="checkbox"/> F <input type="checkbox"/> | HT: | WT: | |
| Social Security No.: | Date of Birth: | Place of Birth: | |
| U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please indicate status: | | | |
| Previous Home Address Past (5) years: | | | |
| 1. | 2. | | |
| Previous Employment Past (5) years: | | | |
| 1. | 2. | | |

STATE OF WASHINGTON
COUNTY OF KING

I, _____, being first duly sworn, on oath deposes and says: I am the above named applicant and make this affidavit for the purpose of obtaining from the City of Auburn CARNIVALS, CIRCUSES & SHOWS individual license. I have personal knowledge of the matters stated in the individual license application, and the statements therein contained are true. I have read the individual license regulation in Auburn City Code 8.24 and the legal requirements contained therein.

I, _____, hereby give permission to the City of Auburn to conduct an investigation into my background. I waive any and all claims against any company, corporation or individual pertaining to information received from such company, corporation or individual by the city as a result of such investigation.

Signature of Applicant

Subscribed and sworn before me this ____ date of _____,
20____, Notary Public in and for the State of Washington, residing
at _____. My Commission Expires: ____/____/____
Signature: _____

FEE:

The annual adopted Auburn business license and permit/application fees can be found here: [Auburn fee schedule](#)