



# Carnival Application

City of Modesto, Business Licensing Division  
PO Box 3442, Modesto, CA 95353

Name of Event: \_\_\_\_\_

Date(s) and Hours of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Name of Organization Sponsoring Event: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

Name of Carnival Company \_\_\_\_\_

Address of Carnival Company \_\_\_\_\_

Name of Responsible Person who will be on Site: \_\_\_\_\_

Address of Responsible Person \_\_\_\_\_ Phone Number: \_\_\_\_\_

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Please answer the following questions:

1. Are you a non-profit organization? YES/NO (circle one)

**Note: A license fee is required, unless all money collected from the event goes directly to the non-profit organization**

2. Number of days for the event: \_\_\_\_\_

3. Number of Rides: \_\_\_\_\_

4. Number of Games: \_\_\_\_\_

5. Number of Food Booths: \_\_\_\_\_

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### To Calculate the License Fee Due:

\$3.00 x # of rides = \$ \_\_\_\_\_ x # of days = \$ \_\_\_\_\_

\$3.00 x # of games = \$ \_\_\_\_\_ x # of days = \$ \_\_\_\_\_

\$10.00 x # of food booths >>>>>>>>>> = \$ \_\_\_\_\_

AB1379 State Fee = \$ 4.00

**Total Payment Due \$ \_\_\_\_\_**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\* For Office Use Only \*\*\*\*\*

Account Number: \_\_\_\_\_