



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 Responsible Person who will be on Site: _____

Address of Responsible Person _____ Phone Number: _____

Please answer the following questions:

1. Are you a non-profit organization? YES NO

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: _____

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 >>>>>>>>> = \$ _____

Total Payment Due \$ _____

Signature

Date

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

Account Number: _____