



APPLICATION FOR A CARNIVAL/CIRCUS PERMIT

BALTIMORE COUNTY, MARYLAND
DEPARTMENT OF PERMITS, APPROVALS AND INSPECTIONS
111 W. CHESAPEAKE AVENUE, ROOM 114
TOWSON, MD 21204
410-887-3616

APPLICATION FEE: \$177.00 PER EVENT (CHECKS PAYABLE TO: BALTIMORE COUNTY, MD) CHECK ONE: CARNIVAL CIRCUS

APPLICATION SHALL BE FILED AT LEAST 60 CALENDAR DAYS BEFORE THE DATE OF THE PROPOSED EVENT

REQUIREMENTS – THE DEPARTMENT MAY ISSUE A PERMIT TO A VOLUNTEER FIRE COMPANY, BONA FIDE FRATERNAL, CIVIC, WAR VETERANS, RELIGIOUS, OR CHARITABLE ORGANIZATION, OR ANY ENTITY MEETING THE SPECIFICATIONS OF § 13-603(b) OF THE CRIMINAL LAW ARTICLE OF THE ANNOTATED CODE OF MARYLAND TO SPONSOR CIRCUSES, CARNIVALS, LAWN FETES, AND OTHER TYPES OF OUTDOOR ENTERTAINMENT IF THE ORGANIZATION: (1) COMPLIES WITH THE PROVISIONS OF THIS SUBTITLE, COUNTY AND STATE LAW AND REGULATIONS, INCLUDING THE COUNTY BUILDING CODE AND THE ANIMAL CONTROL LAW; AND (2) MANAGES THE CARNIVALS, LAWN FETES, CIRCUSES, AND OTHER FORMS OF ENTERTAINMENT WITH ITS OWN MEMBERS.

CERTIFICATE OF INSURANCE COVERAGE – THE SPONSOR MUST OBTAIN AND PROVIDE **CERTIFICATE OF INSURANCE** COVERAGE TO DO BUSINESS IN THE STATE OF MARYLAND AND REMAIN IN EFFECT UNTIL TERMINATION OF THE EVENT. **COMMERCIAL LIABILITY COVERAGE** – THE REQUIRED INSURANCE SHALL: (1) NAME THE COUNTY, ITS EMPLOYEES, OFFICERS, AND AGENTS AS AN ADDITIONAL INSURED; AND (2) BE IN AN AMOUNT THAT THE ADMINISTRATIVE AUTHORITY DETERMINES IS NECESSARY TO PROTECT THE PUBLIC INTEREST BUT NOT LESS THAN \$1,000,000 GENERAL LIABILITY INSURANCE AND \$1,000,000 PROPERTY DAMAGE INSURANCE.

7-DAY LIMITATION. A CIRCUS MAY NOT BE AUTHORIZED AT ANY ONE SITE FOR MORE THAN 7 CONSECUTIVE DAYS UNLESS EXTENDED BY THE DIRECTOR.

THE CHIEF OF POLICE MAY ADOPT A **DETAIL PAY POLICY** UNDER WHICH APPLICANTS FOR PERMITS UNDER SECTION 21-9-103 MAY BE REQUIRED TO PAY FOR SERVICES PROVIDED BY ON-DUTY OFFICERS. THE DETAIL PAY POLICY MAY REQUIRE PRE-PAYMENT OF REQUIRED FEES OR THE POSTING OF SECURITY SATISFACTORY TO THE COUNTY.

A **DETAIL PAY POLICY** DOES NOT APPLY TO AN APPLICANT FOR PERMITS UNDER § 21-9-103 IF THE APPLICANT MEETS THE FOLLOWING REQUIREMENTS:

- (I) THE APPLICANT IS A NON-PROFIT ORGANIZATION WITH ITS PRINCIPAL LOCATION IN THE COUNTY;
- (II) THE APPLICANT HAS SPONSORED A CARNIVAL IN THE COUNTY AT THE SAME LOCATION AND SCALE FOR AT LEAST THE PAST TEN CONSECUTIVE YEARS THROUGH THE CURRENT YEAR, EXCLUDING FORCE MAJEURE RELATED CANCELLATIONS; AND
- (III) THE APPLICANT HAS SUCCESSFULLY PROVIDED AND COORDINATED THE SECURITY FOR SUCH A CARNIVAL WITH THE POLICE DEPARTMENT IN EACH OF THOSE YEARS.

SPONSOR INFORMATION

DATE(S) OF EVENT:

FROM _____ TO _____ START TIME _____ AM/PM END TIME _____ AM/PM
(If multiple consecutive dates)

SPONSOR NAME _____ PHONE NO. _____

SPONSOR'S ADDRESS _____
Street City State Zip Code

MAILING NAME _____ PHONE NO. _____

MAILING ADDRESS _____
Street City State Zip Code

LOCATION INFORMATION

ESTIMATED ATTENDANCE PER DAY _____

LOCATION NAME _____ PHONE NO. _____

LOCATION ADDRESS _____
Street City State Zip Code

***PERMISSION MUST BE GRANTED BY THE PROPERTY OWNER**

PROPERTY OWNER NAME _____ OWNER PHONE NO. _____

PROPERTY ADDRESS _____
Street City State Zip Code

PREVIOUSLY HELD EVENTS

IF THIS ORGANIZATION HAS PREVIOUSLY SPONSORED EVENTS IN BALTIMORE COUNTY, LIST THE MOST RECENT EVENTS SPONSORED DURING THE LAST THREE YEARS:

DATE _____ LOCATION OF EVENT _____
DATE _____ LOCATION OF EVENT _____
DATE _____ LOCATION OF EVENT _____

SECURITY DETAIL INFORMATION

IS A SECURITY PLAN INCLUDED WITH THIS APPLICATION? NO YES
PRIVATE SECURITY NO YES - IF PRIVATE SECURITY IS TO BE USED, HOW MANY SECURITY STAFF? _____
SECURITY COMPANY NAME _____ PHONE NO. _____
ADDRESS _____
Street City State Zip Code

DETAILED INFORMATION

APPLICATION MUST INCLUDE THE FOLLOWING:

- 1. DETAILED SITE PLAN SHOWING SET-UP OF EVENT, DIAGRAMS, MAPS, LAYOUT, ETC.
- 2. DETAILED DESCRIPTION OF ACTIVITIES (ATTACH FLYER).
- 3. DETAILED SITE PLAN SHOWING WHERE ONSITE PARKING FOR THE EVENT WILL BE LOCATED, INCLUDING NUMBER OF SPACES NEEDED AND HOW OVERFLOW PARKING WILL AFFECT THE SURROUNDING COMMUNITY. INCLUDE A PERMISSION LETTER GRANTED FROM PARKING LOT OWNER(S) FOR USE.

APPLICANT INFORMATION

APPLICANT NAME (print) _____ CONTACT PHONE NO. _____
APPLICANT ADDRESS _____
Street City State Zip Code

I have carefully read this application, attest under the penalty of perjury the same is correct and true, and that in doing this work all provisions of the Baltimore County Code, Zoning Regulations and applicable state laws and regulations will be complied with, whether specified herein or not, and will request all required inspections.

APPLICANT'S SIGNATURE* _____ DATE _____
*(Return application with original signature)

ADDITIONAL INFORMATION FOR THIS EVENT

AGENCY CONTACT INFORMATION

FIRE MARSHALL (Safety Inspections)	410-887-4880	HEALTH DEPARTMENT – FOOD SERVICES (Food Permits, Food Inspections, Etc.)	410-887-3663
PERMIT PROCESSING (Temporary Structures, Tents, Stages, Etc.)	410-887-3900	POLICE DEPARTMENT – TRAFFIC MANAGEMENT (Police Services)	410-887-7361
PUBLIC WORKS – TRAFFIC ENGINEERING (Road Closures)	410-887-3554	STATE HIGHWAY ADMINISTRATION (Special Event Permit) If using State Roads Visit: https://www.roads.maryland.gov/pages/home.aspx	410-545-0300

*****OFFICE USE ONLY*****

MISCELLANEOUS PERMITS & LICENSES DIVISION

APPLICATION NO. _____ DATE RECEIVED _____ FEE PAID _____
DATE PAID _____ CASH RECEIPT NO. _____ DATE ISSUED _____ LOGGED _____ BY _____