



# Consumer Affairs and Licensing

Acting Mayor Kim Janey

## APPLICATION FOR A ONE-TIME CARNIVAL LICENSE

(Updated April 1, 2021)

Name of venue (ex. Cyclorama, City Hall Plaza): \_\_\_\_\_

Venue location (full address with zip code): \_\_\_\_\_

Description of event (ex. Jimmy Fund Scooper Bowl): \_\_\_\_\_

Event will take place: inside on the \_\_\_\_\_ floor(s) outside other \_\_\_\_\_

If outside, did you fill out a "special/public event application"? Y / N

### **Carnival will consist of the following: (please select and list quantity)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Adult ride(s) _____  | <input type="checkbox"/> Carnival game(s) _____      | <input type="checkbox"/> <b>Other (please describe):</b> _____ |
| <input type="checkbox"/> Kiddie ride(s) _____ | <input type="checkbox"/> Inflatable(s) or moon _____ |  |
| <input type="checkbox"/> Pony ride(s) _____   | <input type="checkbox"/> bounces _____               |  |
| <input type="checkbox"/> Petting zoo _____    | <input type="checkbox"/> Arcade game(s) _____        |  |

**Please list the names or describe the type of ride(s)/ game(s) selected:** \_\_\_\_\_

### **Said carnival will take place during the following date(s) and time(s):**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

- ❖ **Add't Documents:** If you have selected adult rides, kiddie rides, carnival games, and/or inflatables, please provide a "License to Operate Amusement Devices" certificate. By law, your amusement rides and inflatables **MUST** be licensed by the MA Dep't of Public Safety, Division of Engineering or you may be fined or prosecuted. Other permits may be required. Ex. Parks permit or street occupancy permit.
- ❖ **Inflatables:** A licensed mechanic from the MA Dep't of Public Safety must set up the inflatables. Inflatables must be supervised at all times and anchored to the ground by weights or sand bags. Inflatable motor must have a check valve.
- ❖ **Petting zoo/ pony rides:** Please provide a copy of the vaccination certificate(s) for the animals and a written approval from Animal Care & Control (617-961-3497).
- ❖ **Insurance:** Please provide a copy of your insurance policy co-insuring the City of Boston.
- ❖ **Deadline:** Applications must be submitted at least **2 weeks prior** to the event date(s) for approval.
- ❖ **Payment:** You may pay by certified/business check, money order (payable to the "City of Boston"), or debit/ credit card. Please note that a 2.5% service fee is assessed for all card transactions.

**Please sign below if you have read the above statements and agree to the One Time Carnival License policies and procedures.**

**Carnival Operator Name:** \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Carnival Renter Name:** \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **(For Office Use Only)**

**DISTRICT POLICE CAPTAIN APPROVAL:**  Approved  Denied Captain Signature: \_\_\_\_\_

BPD Area: \_\_\_\_\_ Date: \_\_\_\_\_ Detail recommended?  Yes, how many? \_\_\_\_\_  No

**DIVISION APPROVAL:**  Approved  Denied Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_