



STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION

Dear Carnival, Circus or Amusement Organizer:

As of July 1, 2011, the licensing process for amusement operators, including carnivals and circuses, will be under the jurisdiction of the Department of Consumer Protection.

All applicants requesting a license to conduct a carnival, circus or other amusement after July 1st must submit the completed Application to Conduct a Carnival or Circus and applicable fee to the Department of Consumer Protection. All applications received at the Department of Public Safety, whether by mail or in person, will be directed to the Department of Consumer Protection.

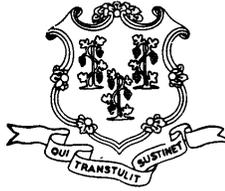
It is the responsibility of the applicant to complete the Proof of Responsibility for Amusements and submit to the State of Connecticut, Department of Insurance for approval prior to the event. This completed form must be submitted with your application ten (10) days prior to the event. Not submitting the applications to the appropriate agencies could delay and jeopardize the approval of your license application and the event itself.

This Department asks for your cooperation in making this transition as smooth as possible. It starts with the application process, using the correct application and submitting it to the correct Department. If you have any questions regarding this new process, contact the License Services Division at (860) 713-6000 or email license.services@ct.gov.

Thank you for your anticipated cooperation.

**STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION**

License Services Division
165 Capitol Avenue
Hartford, CT 06106
Email: license.services@ct.gov
Web site: www.ct.gov/dcp



Application to Conduct a Carnival or Circus

Instructions

- Print or type all information.
- A fee of **\$200.00 for each application** must accompany this form and be made payable to "Treasurer, State of Connecticut."
- Include the completed Proof of Financial Responsibility Form from the Department of Insurance.
- Circus applications require a certificate of flame resistance.
- **Applications must be submitted to the Department of Consumer Protection at least ten (10) days prior to the event.** Return completed application(s) with the applicable fee(s) to the above address.

Check (✓) Type of Event: Carnival Circus

Company Information

| | | | |
|--|---|------|-------------------|
| Name of Company Contracted to Conduct Event | | | |
| Street Address | | City | State Zip Code |
| Company Owner's Social Security Number (SSN) | Federal Employer Identification Number (FEIN) | | Telephone Number |

Sponsoring Organization

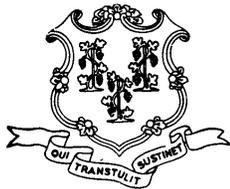
| | | | |
|----------------------------------|--|------|-------------------|
| Name of Sponsoring Organization | | | |
| Street Address | | City | State Zip Code |
| Name of Sponsor's Representative | | | Telephone Number |

Event

| | | | |
|-------------------|------------------|---------------------------|---------------------------|
| Location of Event | | | |
| Street Address | | City | State Zip Code |
| Dates of Event | | Requested Inspection Date | Requested Inspection Time |
| Number of Rides | Circus Tent Size | Seating Capacity | Circus Show Times |

Signature

| | | |
|------------------------------|-------------|------------|
| <hr/> Signature of Applicant | <hr/> Title | <hr/> Date |
|------------------------------|-------------|------------|



STATE OF CONNECTICUT

DEPARTMENT OF INSURANCE

Proof of Financial Responsibility for Amusements

Instructions

- It is the responsibility of the applicant to complete this form and submit to the State of Connecticut, Department of Insurance at the address below. Any questions regarding this requirement should be directed to the Department of Insurance.

→ Property Casualty Division
Department of Insurance
PO Box 816

Hartford, CT 06142-0816

Telephone: (860) 297-3867 ♦ Fax: (860) 297-3941

- Once this form is completed and signed by the Department of Insurance, include with the Application to Conduct a Carnival or Circus. The completed Application to Conduct a Carnival or Circus must be returned to the Department of Consumer Protection at least ten (10) days prior to the event.

Amusement Company Name and Address

| | | | |
|----------------|------|-------|----------|
| Name | | | |
| Street Address | City | State | Zip Code |

Event

| | | | |
|------------------------|------|-------|----------|
| Event Location Address | City | State | Zip Code |
| Date(s) of Event | | | |
| From | To | | |

Certification

The above named Amusement Company has complied with Section 29-139 of the Connecticut General Statutes relating to financial responsibility for the operation of amusements.

Signature of State Insurance Commissioner

Date