



**MAYOR AND CITY COUNCIL OF LAUREL
OFFICE OF THE FIRE MARSHAL AND PERMIT SERVICES**

8103 Sandy Spring Road Laurel, Maryland 20707-2502
Phone: (301) 725-5300 FAX (301) 490-5068
Web: <http://www.cityoflaurel.org> Email: fmps@laurel.md.us



CARNIVAL LICENSE

DATE OF APPLICATION: _____

DATE(S) OF EVENT: _____

ALL ITEMS BELOW MUST BE COMPLETED. FAILURE TO PROVIDE FULL AND ACCURATE INFORMATION CAN RESULT IN APPLICATION REJECTION AND/OR DENIAL. ATTACH THE FOLLOWING TO THIS APPLICATION: (1) PROOF OF IDENTITY, ISSUED BY THE STATE OF MARYLAND OR OTHER RECOGNIZED GOVERNMENT (2) A COMPLETE LISTING OF ANY OTHER LICENSES OR PERMITS ISSUED TO THE APPLICANT BY THE CITY WITHIN THE FIVE (5) YEARS PRECEDING THE DATE OF THIS APPLICATION.

PLEASE **PRINT** CLEARLY

APPLICANT INFORMATION

APPLICANTS NAME: _____

APPLICANTS ADDRESS: _____

MD STATE DRIVERS LICENSE/ID NUMBER: _____

APPLICANTS TELEPHONE NUMBER: () _____ - _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? YES OR NO
(CIRCLE ONE)

LICENSEE INFORMATION

LICENSEE COMPANY NAME/LICENSEE NAME: _____

LICENSEE ADDRESS: _____

I DO SOLEMNLY DECLARE AND AFFIRM, UNDER THE PENALTIES OF PERJURY, THAT I, THE OWNER, OR AGENT OF THE OWNER AUTHORIZED TO APPLY FOR THIS LICENSE, HEREBY CERTIFY THAT THE APPLICATION AND CONTENTS ARE TRUE AND CORRECT, THAT ALL ACTIVITIES PERFORMED UNDER THIS LICENSE WILL BE IN ACCORDANCE WITH CHAPTER 8, ARTICLE V, SECTIONS 8-51 THROUGH 8-55 OF THE CODE OF THE CITY OF LAUREL MARYLAND.

SIGNATURE OF APPLICANT: _____

Office Use Only:

LICENSE FEE DUE: \$100.00 per Day X _____ = \$ _____

REPLACEMENT OF LOST OR MUTILATED LICENSE (CIRCLE ONE): \$25.00 EA. \$ _____

PROHIBITED ACTS AND OTHER CONDITIONS:

1. ONLY PERMITTED FOR A TEMPORARY PERIOD NOT TO EXCEED FIFTEEN (15) DAYS PER CITY OF LAUREL UNIFIED LAND DEVELOPMENT CODE ARTICLE V, SECTION 20-27.03
2. FAILURE TO ABIDE BY THE LAUREL CITY CODE MAY RESULT IN SUSPENSION OR DENIAL OF THIS LICENSE.
3. LICENSEE IS REQUIRED TO NOTIFY THIS DEPARTMENT WITHIN 15 DAYS OF LICENSE/LICENSEE CHANGES TO INCLUDE NAME, ADDRESS, TELEPHONE NUMBER, ETC
4. PRINCE GEORGE'S COUNTY AND MARYLAND STATE HEALTH DEPARTMENT APPROVAL IS REQUIRED.

APPROVED By Office of the Fire Marshal and Permit Services:

Date:

APPROVED by the Director of Budget and Personnel Services:

Date:

*****THIS LICENSE IS ONLY VALID FOR THE DATES SPECIFIED ABOVE*****

OFFICE USE ONLY: LICENSE NO.: _____