



MAINE DEPARTMENT OF PUBLIC SAFETY  
**STATE FIRE MARSHAL'S OFFICE**  
 52 STATE HOUSE STATION  
 AUGUSTA, ME 04333-0052  
 TEL. (207) 626-3880 FAX. (207) 287-6251

**APPLICATION FOR TRAVELING CIRCUS LICENSE**  
 APPLICANT MUST FILL OUT ALL REQUIRED INFORMATION

- INDOOR TRAVELING CIRCUS**  
 **OUTDOOR TRAVELING CIRCUS**

FOR CALENDER YEAR ENDING: **DECEMBER 31,** \_\_\_\_\_

NAME OF SHOW: \_\_\_\_\_

OWNER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**FEES:** INDOOR TRAVELING CIRCUS FEE \$300.00  
 OUTDOOR TRAVELING CIRCUS FEE \$500.00

**ATTACH TO THIS APPLICATION:**

**Itinerary** of where the circus will perform. (Submit updates to this office when the itinerary changes.)  
**Certificate of General Liability Insurance.** The Certificate of Insurance **MUST** show coverage no less than \$1,000,000 General Liability, and must indicate the nature of the coverage. The Certificate of Insurance **MUST** show the following:

**CERTIFICATE HOLDER:**  
 Maine Department of Public Safety  
 State Fire Marshal's Office  
 52 State House Station  
 Augusta, ME 04333-0052

**INSPECTIONS:** Inspections are required prior to opening. **Call at least two (2) weeks** prior to your scheduled opening date to schedule an inspection.

For Fire Marshal's Office Use:		
Permit Number: _____		
Date Issued: _____		
Action: <input type="checkbox"/> OK TO ISSUE <input type="checkbox"/> DO NOT ISSUE		
By: _____		
Date: _____		
<input type="checkbox"/> INSURANCE APPROVED Date: _____		
<input type="checkbox"/> Fee		
Amount:	Date:	Check No.:

