



Event Information:

Name of Event: _____

Event Date: _____ From: ____ : ____ AM/PM To: ____ : ____ AM/PM

Rain Date: _____

Set-up Date: _____ Start: ____ : ____ AM/PM

Tear Down Date: _____ Start: ____ : ____ AM/PM Complete by: ____ : ____ AM/PM

Event Location:

Seating Capacity: _____ Price of Admission to be Charged: _____

Applicant Information:

Name: _____

Applicant Email: _____ Applicant Phone: _____

Birthdate: _____ State ID/Driver's License #: _____

Carnival Operator:

Name: _____

Contact Name: _____ Contact Email: _____

Contact Phone: _____

Mailing Address:

City: _____ State: _____ Zip: _____



Additional Information:

If the Carnival Operator is a proprietorship or partnership, list the information for all owners. For a corporation, list the information for each officer, director, manager, also any stockholder owning 20% or more shares of the stock of the corporation. Add additional sheets if necessary.

Name: _____

Contact Email: _____ Contact Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Birthdate: _____ State ID or Driver's License Number: _____

Name: _____

Contact Email: _____ Contact Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Birthdate: _____ State ID or Driver's License Number: _____

Has anyone listed ever been convicted of a criminal offense or ordinance violation (other than a traffic or parking offense) in any jurisdiction? YES NO

If Yes, List the name of the person, offense, date of conviction, and location convicted.

Has anyone listed ever held a license or had an interest in a license pursuant to this license application type that was revoked for cause? YES NO

Has the applicant or their employer had an application submitted pursuant to this license application type that was denied within the last three (3) years? YES NO

Copy of Valid Permit from the State of Illinois? YES NO

All mechanical rides, games, devices, etc. will submit to an inspection. Call the Peoria Fire Department, Division of Fire Prevention 309-494-8700, after the carnival has been erected, but prior to occupation, for an inspection. To receive a carnival permit, the operator must pass the required inspection.

Date ready for inspection: _____ Time: _____: _____ AM / PM



CARNIVAL LICENSE APPLICATION

Vendor List:

Attach additional sheets if needed.

Name of Vendor: _____

Vendor Type: Food Retail/Craft Amusement

Contact Email: _____ Contact Phone: _____

Mailing Address: _____

Name of Vendor: _____

Vendor Type: Food Retail/Craft Amusement

Contact Email: _____ Contact Phone: _____

Mailing Address: _____

Name of Vendor: _____

Vendor Type: Food Retail/Craft Amusement

Contact Email: _____ Contact Phone: _____

Mailing Address: _____

Name of Vendor: _____

Vendor Type: Food Retail/Craft Amusement

Contact Email: _____ Contact Phone: _____

Mailing Address: _____

Name of Vendor: _____

Vendor Type: Food Retail/Craft Amusement

Contact Email: _____ Contact Phone: _____

Mailing Address: _____

It is the responsibility of the event coordinator to ensure that the business selling goods is in compliance with the City's license and municipal and local tax requirements. Failure to do so could result in the vendor not taking part in the event.



CARNIVAL LICENSE APPLICATION

Terms & Conditions:

- License Fee must be paid in full prior to issuance of the license.
• Inspection must be scheduled and passed.
• The operation of the carnival as proposed must comply with all applicable laws, including, but not limited to, building, health, zoning, and fire codes of the city.
• Applicant or any principal officer has not had a license or held an interest in a license that was revoked for cause.
• Applicant or their employer has not had an application submitted prior to this submission that has been denied in the last 3 years.
• The issued license must be posted in a conspicuous place at or near the principal entrance to the premises for which the license is issued.
• Carnival licenses may not be transferred, sold, or assigned to any other party, nor such license be transferred to any location other than what is listed on this application.

I agree to the Terms and Conditions listed above.

I hereby agree to operate the above-described Carnival in accordance with all regulations, and conditions imposed by the laws of the State of Illinois and the laws, ordinances, and regulations of the City of Peoria. I understand that any false statements will result in the revocation or denial of the license. I understand I cannot operate prior to receiving the license.

Signature of Applicant

Date

Email:

Submit Completed Application to:

City of Peoria
Office of Accounts Receivable
419 Fulton St. Rm. 111
Peoria, IL 61602

Or via email: specialevents@peoriagov.org

Office Use Only

License # License Fee Due (\$60 / Week): \$

Payment Received: Cash Check Check # Credit Card

Inspection completed: Date:



Application Checklist:

Have you?

- ✓ Signed and dated your application?
- ✓ Provided a Site Map?
- ✓ Paid your non-refundable license fee?
- ✓ Provided a copy of your State of Illinois permit?
- ✓ Distributed the Transient Vendor/Special Event Vendor Municipal Tax Returns to your vendors?

Municipal Tax Requirements:

Amusement Tax:

All Carnivals (unless the operator is tax-exempt - proof of status MUST be provided) are required to remit the 3% Municipal Amusement Tax. This tax should be charged in addition to the admission and amusement ticket fees to the carnival and be remitted directly to the City of Peoria at the conclusion of the event.

Vendors who are providing amusement, arcade games, and charging a fee separate of the carnival fee must also remit the 3% amusement tax directly to the city at the conclusion of the event.

Food & Beverage Tax:

All mobile food vendors preparing and selling food and drinks are required to remit the 2% Municipal Food & Beverage Tax. This tax should be charged and remitted directly to the City of Peoria at the conclusion of the event.

Note: Mobile Food vendors that are existing City of Peoria taxpayers will remit the tax with their normal monthly, quarterly, or annual tax remittance to the City.

Tax Return Forms are included with this Application. Additional forms can be found on the City's website: <https://www.peoriagov.org/270/Municipal-Sales-Tax>

Questions? Contact Us:

City of Peoria – Office of Accounts Receivable

Phone: 309-494-8588

Email: specialevents@peoriagov.org or ar@peoriagov.org

Website:

Address: 419 Fulton St. Rm. 111 Peoria, IL 61602



**CITY OF PEORIA, IL
TRANSIENT VENDOR/PUBLIC EVENT VENDOR
MUNICIPAL TAX RETURN**

EVENT & LOCATION:			
DATE(S) OF EVENT:			
BUSINESS NAME:			
MAILING ADDRESS:			
TAXPAYER NAME:			
EMAIL ADDRESS:			
PHONE NUMBER:			
TAXPAYER SIGNATURE:			
DATE:			
Are you currently registered with the City of Peoria for payment of Municipal Taxes?			
<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
		City of Peoria Taxpayer #:	
<i>If Yes, provide your taxpayer #</i>			
List items sold (or attach a menu) and/or Amusements fees are charged for:			

MUNICIPAL FOOD & BEVERAGE TAX:			
TOTAL GROSS RECEIPTS (Taxable Receipts)*:	1		
Gross receipts from the sale of food & beverages			
AMOUNT OF TAX	2		
Total Gross Receipts (Line 1) multiplied by 2.0%			
LATE PENALTY	3		
Amount of Tax (Line 2) multiplied by 3.0% per month			
TOTAL FOOD & BEVERAGE TAX DUE:	4		
Line 2 + 3			
MUNICIPAL AMUSEMENT TAX:			
TOTAL GROSS RECEIPTS (Taxable Receipts)*:	1		
Gross receipts from the fee charged to witness or participate in the amusement			
AMOUNT OF TAX	2		
Total Gross Receipts (Line 1) multiplied by 3.0%			
LATE PENALTY	3		
Amount of Tax (Line 2) multiplied by 3.0% per month			
TOTAL FOOD & BEVERAGE TAX DUE:	4		
Line 2 + 3			
*Total Gross Receipts are the total receipts for the event date(s) excluding tax			

Make Checks Payable to: CITY OF PEORIA

Mail to: City of Peoria
419 Fulton St. Rm. 111
Peoria, IL 61602

Due Date: 30 days after the event close date
*A 3% per month penalty fee applies per month
if not remitted within 30 days*

For additional forms visit our website: <https://www.peoriagov.org/270/Municipal-Sales-Tax>
Questions? Contact us: 309-494-8588 or ar@peoriagov.org 419 Fulton St. Rm. 111 Peoria, IL 61602