



**CITY OF NAPERVILLE**  
**Transportation, Engineering, & Development (T.E.D.) Business Group**

Permit # \_\_\_\_\_

**CARNIVAL APPLICATION**

**SPONSORING ORGANIZATION:**

Name: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_

Carnival Date(s): From: \_\_\_\_\_ To: \_\_\_\_\_

Carnival hours of operation: \_\_\_\_\_

Purpose, if organizationally sponsored: \_\_\_\_\_

Location of Carnival (Address): \_\_\_\_\_

**Required Documents to be included with this application:**

- 1.) **Site Plan:** Indicating carnival layout including locations of rides, generators, stages, trailers, fencing, fire lanes, entrances and exits; including dimensions.
- 2.) **Certificate of Insurance:** Naming the City of Naperville as additionally insured in the amount of: \$2,000,000.00 with the ISO CG 20 12 Endorsement Form or equivalent. (Contact City of Naperville Legal Dept. with any questions regarding this requirement at 630-305-5559.)
- 3.) **State of Illinois Inspection Certificates for each ride.**
- 4.) **Letter from owner authorizing use. (Private Property Only)**

**Inspection Billing Information**

Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**List the last 4 towns in which your carnival has appeared:**

\_\_\_\_\_  
\_\_\_\_\_

Electrician Name: \_\_\_\_\_

City of Naperville Registration Number for Electrician: \_\_\_\_\_

Proposed locations/sizes of site generated power: \_\_\_\_\_

Security/safety for the generators & distribution cabinets: \_\_\_\_\_

Portable Toilets (number and locations):  
\_\_\_\_\_

Date of Set-up: \_\_\_\_\_ Date of Inspections: \_\_\_\_\_

Carnival Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

This application is submitted by: \_\_\_\_\_

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

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

Officer of Carnival: \_\_\_\_\_

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

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

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**This space for City of Naperville use only**

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
(DRT)

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Fire)

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Building Dept.)

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Electrical Inspector)