



City of Annapolis
Office of the City Clerk
160 Duke of Gloucester Street
Annapolis, MD 21401-2517

CityClerk@annapolis.gov • 410-263-7942 • Fax 410-280-1853 • TDD use MD Relay or 711 • www.annapolis.gov

Carnival/Circus License

A Carnival/Circus License is required in order to consider whether the activities proposed are in conformance with applicable laws and regulations and to ensure activities are not detrimental to the public health, safety, and welfare.

Authority

Annapolis City Code and Charter, [Chapter 7.16](#)

Submittal Requirements

1. The original application and twelve copies.
2. A detailed diagram of the circus/carnival

Steps In The Application Process

1. The applicant contacts the City Clerk's Office at the address above for an application.
2. The applicant submits an original and twelve copies of the application at least **90 days prior to the event**.
3. The City Clerk's Office reviews the application for completeness. **Incomplete applications will not be processed.**
4. The City Clerk's Office distributes the information to the Aldermen and City Departments for evaluation.
5. The City Council shall conduct a public hearing with regard to a carnival or circus conducted for longer than two days, upon a written request by an Alderman submitted to the Mayor.
6. The application is forwarded to the Mayor for evaluation and approval.
7. The decision of the Mayor is filed with the Clerk and becomes final fifteen days thereafter.

Processing Time

Processing time of your application will vary. Please contact us to determine the status of your application.

Fees per [Current Fee Schedule](#)

Chapter 7.16.020	Non-refundable filing fee	\$55.00
Chapter 7.16.030	License fee	\$85.00

Enforcement and Appeals

Person(s) aggrieved by the decision may appeal to the board of appeals in writing within fifteen days following the filing of the decision with the clerk.

Contact Person

Regina C. Watkins-Eldridge
City Clerk



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Carnival/Circus Permit Application
[Chapter 7.16](#) Annapolis City Code

Applicant _____

Contact Person _____

Address _____

City _____ ST _____ Zip _____

Phone Number (Day) _____ Date(s) of Event _____

Location of Event _____

Owner of property _____

Owner address _____

City _____ ST _____ Zip _____

Detailed Description of Activities (Attach additional sheets if necessary.)

You **MUST** apply for a 1-day Alcoholic Beverage License if you intend to sell alcoholic beverages.

I will abide by all conditions and requirements set forth in this application.

Signature _____ Date _____

FOR CITY USE ONLY					
Dept.	Sent	Returned	Approved	Disapproved	Signature
Fire					
P&Z					
Police					
Public Works					
Health					
Aldermen					
Mayor					