CRVL Rev 1/17

STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION

License Services Division 450 Columbus Blvd, Ste 801 Hartford, CT 06103

Email: dcp.licenseservices@ct.gov

To apply online visit: www.ct.gov/dcp/apply



For Official Use Only					

Date

Application to Conduct a Carnival

Instructions

Signature of Applicant

- Print or type all information.
- A fee of \$200.00 for each application must accompany this form and be made payable to "Treasurer, State of Connecticut."
- The completed **Proof of Financial Responsibility Form from the Department of Insurance** must be included with this application or on file with the Department of Consumer Protection for the year.
- Applications must be submitted to the Department of Consumer Protection at least ten (10) days
 prior to the event. Return the completed application(s) with the applicable fee(s) and documentation to
 the above address.
- All inspections will be conducted by the Department of Emergency Services & Public Protection (DESPP).

d to Conduct Event					
Street Address		City		Zip Code	
Email Address	dress			Telephone Number	
ion					
Street Address		City		Zip Code	
Name of Sponsor's Representative				Telephone Number	
	City		State	Zip Code	
	Number of Rides	Requested Inspection Date	Requested Inspection Time		
	tion ation	Email Address tion ation City City	Email Address City City City	Email Address Telepho tion ation City State Telepho Telepho State Telepho State	

Title