



# TOWN OF PARADISE

5555 Skyway, Paradise, CA 95969 (530)872-6291 Fax (530)877-5059

## INSTRUCTIONS TO APPLICANT

### Fairs, Carnivals and Circuses

In order to obtain your local permit for Fairs, Carnivals and Circuses in the Town of Paradise please complete the following items and return them to Paradise Town Hall Attn: Planning Director. Applications shall be filed no less than fifteen (15) days or more than sixty (60) days before the date(s) during which the proposed activity is to be conducted. **By applying for a Fair, Carnival, Circus permit, you are also registering for the Town's Business license. (Business License Fee Waived)**

- Completed and Signed Business License Application
- Fairs, Carnivals and Circuses License fee
  - Initial Fee made payable to the Town of Paradise (See current Master Fee Schedule)

When the net proceeds raised by the Fair, Carnival and/or Circus are to be used for charitable, religious, patriotic, educational, civic or other community purposes, the Town Manager may authorize Town issuance of the business license without payment of the Town fee.

- Approval by Planning Director  
*and/or*
- Approval by Town Manager

You will be notified when your application has been approved. At that time an appointment will be scheduled to receive your Fairs, Carnivals and Circuses license.

Fairs, Carnivals and Circuses Licenses are valid for the period of the event. Not to exceed ten (10) consecutive days of cumulative total of twenty (20) days per calendar year.

It is the responsibility of the applicant to know and understand the relevant Town municipal code section and any other state or federal codes which may apply.

**The Town of Paradise Municipal Codes and current Master Fee Schedule can be found at [www.townofparadise.com](http://www.townofparadise.com).**

• It is unlawful for any person or entity to violate or fail to comply with the provisions of chapter 5.06 of the Paradise Municipal Code. Such violation shall be punishable as an infraction. • Under Federal and State law, a fee may be collected in addition to any other fees for compliance with disability access laws.



# Town of Paradise

## Business License Application

5555 Skyway  
Paradise, CA 95969  
Tel: 530-872-6291  
[www.townofparadise.com](http://www.townofparadise.com)

New Business (\$40)  Renewal (\$25)  Commercial  Home Based Business  Bank  Located outside Paradise

### BUSINESS INFORMATION

Information in this section is available to the public if requested

Business Name:

Business Phone:

Business Website:

Business Address:

Would you like your Business Name and Website included in an online directory?  
 Yes  No

City:

State:

ZIP Code:

Business Mailing Address (if different) (Address, City, State and ZIP):

NAICS Code: \_\_\_\_\_

If you do not know your NAICS code, visit  
<https://www.census.gov/eos/www/naics/>

Business Category (circle one):

Retail / Construction & Development / Technology & Communication / Food Services & Ag  
Production / Government & Non-Profit / Healthcare / Manufacturing / Tourism / Utilities /  
Real Estate / Other

Number of Employees:

State of California Seller's Permit Number:

Hours/Days of Operation:

Tax Exempt  
 Yes  No

Religious Organization  
 Yes  No

Please describe in detail your business activity to be conducted within the Town of Paradise:

### EMERGENCY CONTACT INFORMATION (PLEASE LIST 3 UNIQUE CONTACTS)

Personal Contact information will be kept private

Contact 1 – Business Owner Name:

Phone 1:

Phone 2:

Email:

Contact 2 – Name and Relationship/Title:

Phone 1:

Phone 2:

Email:

Contact 3 – Name and Relationship/Title:

Phone 1:

Phone 2:

Email:

Property Owner Name (if different from business owner)

Phone 1:

Phone 2:

Email:

Alarm Permit Number: \_\_\_\_\_

Alarm Type (circle all that apply):

Alarm Company: \_\_\_\_\_

Water Flow / Smoke Detector / Heat Detector / Manual Pull Box / motion – intruder /  
Other \_\_\_\_\_

Responsible Contact:

Janitorial Service:

Phone:

Hours at Location:

### BUILDING INFORMATION (NOT REQUIRED IF LOCATED OUTSIDE PARADISE)

Information in this section is available to the public if requested

Structure Type (circle one): Commercial / Residential Single Family / Residential Multi-Family / Assembly /  
Manufacturing / Other \_\_\_\_\_

**Floor plan diagram (Optional FD Use)**

Animals Located on Business Premise?

Yes  No

Fire Suppression System (Sprinklers)?

Yes  No

Knox Box?

Yes  No

Utility Shutoff Locations : Gas:

Hazardous Materials on site?  Yes  No

Electric:

Hazardous Materials Location: \_\_\_\_\_

For information on reporting requirements, visit

<http://www.buttecounty.net/publichealth/EnvironmentalHealth/Hazmat-CUPA.aspx>

**TOWN OF PARADISE**

Administrative Services Department, 5555 Skyway, Paradise, CA 95969 -- (530) 872-6291  
Paradise Police Department, 5595 Black Olive Dr. Paradise, CA 95969 -- (530) 872-6241 or (530) 872-6161

**Specialty Permit Information**

**Initial**

**Renewal**

**TO BE COMPLETED BY APPLICANT**

Applicant Name: \_\_\_\_\_ Event Location: \_\_\_\_\_

Home Address: \_\_\_\_\_ Event Dates: \_\_\_\_\_ to \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_ Event Times: \_\_\_\_\_ to \_\_\_\_\_

Home Phone: \_\_\_\_\_ Event Dates: \_\_\_\_\_ to \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Event Times: \_\_\_\_\_ to \_\_\_\_\_

CDL: \_\_\_\_\_ State \_\_\_\_\_ Expires: \_\_\_\_\_  Event Located in Downtown Paradise Area

Mobile \_\_\_\_\_ E-Mail \_\_\_\_\_ Type of Merchandise being sold? \_\_\_\_\_

Additional Information: \_\_\_\_\_

Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Have you ever been convicted of a felony, as defined by California law?  YES  NO

If YES, Date of conviction: \_\_\_\_\_ Offense \_\_\_\_\_

Have you ever been required to register with a law enforcement agency pursuant to Section 290 of the Penal Code?  
 YES  NO If YES, Date \_\_\_\_\_ Law Enforcement Agency \_\_\_\_\_

It shall be unlawful for any person knowingly to falsify or conceal any fact or make any false or fraudulent statement or misrepresentation in any matter or proceeding within the jurisdiction of any department or agency of the Town (Ordinance 16, Section 15-11).

*I declare under the penalty of perjury that the foregoing is true and complete to the best of my knowledge and belief.*

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