## STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION

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

Email: <u>dcp.licenseservices@ct.gov</u>

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



For Official Use Only

Date

## **Application to Conduct a Carnival**

## **Instructions**

Signature of Applicant

- A fee of \$200.00 for each event must accompany this form. Checks or money orders should be made payable to "Treasurer, State of Connecticut."
- All **rides** in active use by a carnival must be listed with the Connecticut Department of Consumer Protection for the purposes of inspection. All ride listing and engineering report submissions must be completed online each year and submitted prior to the first inspection of each ride. Information and instructions are available on our website at <a href="https://www.ct.gov/dcp">www.ct.gov/dcp</a>. Questions can be emailed to <a href="https://dcp.rideinspection@ct.gov">dcp.rideinspection@ct.gov</a>.
- A completed and signed Proof of Financial Responsibility Form from the Connecticut Department of Insurance must accompany this application. Questions regarding financial responsibility can be emailed to <a href="mailto:cid.pc@ct.gov">cid.pc@ct.gov</a>.
- Applications must be submitted to the Department of Consumer Protection at least ten (10) days
  prior to the event. Return the completed application along with the Proof of Financial Responsibility Form
  and the applicable fee(s) to the above address.
- All inspections will be scheduled and conducted by the Connecticut Department of Emergency Services & Public Protection (DESPP). Questions regarding ride inspections can be emailed to <a href="mailto:despp.feiu@ct.gov">despp.feiu@ct.gov</a>.

Company Information Name of Company Contracted to Conduct Carnival Event Street Address City State Zip Code Email Address **FEIN** Telephone Number **Sponsoring Organization** Name of Sponsoring Organization Street Address City State Zip Code Name of Sponsor's Representative Telephone Number Event Location of Event Street Address City Zip Code State Dates of Event Number of Rides Requested Inspection Date Requested Inspection Time Signature

Title