

COLLIER COUNTY GOVERNMENT
GROWTH MANAGEMENT
COMMUNITY DEVELOPMENT
www.colliergov.net

2800 NORTH HORSESHOE DRIVE
NAPLES, FLORIDA 34104
(239) 252-2400 FAX: (239) 252-6358

CARNIVAL OPERATION PETITION

Code of Laws section 10-26 to 10-33, 10-46 to 10-51 & sections 66-89 to 66-91
Chapter 4 J.3 of the Administrative Code

The Carnival Operation Application must be submitted 30 calendar days before occupying the carnival or exhibition site.

APPLICANT CONTACT INFORMATION

Name of Applicant(s): _____

Address: _____ City: _____ State: _____ ZIP: _____

Telephone: _____ Cell: _____ Fax: _____

E-Mail Address: _____

Name of Owner: _____

Address: _____ City: _____ State: _____ ZIP: _____

Telephone: _____ Cell: _____ Fax: _____

E-Mail Address: _____

PROPERTY INFORMATION

Provide a detailed legal description of the property covered by the application: (If space is inadequate, attach on separate page)

Property ID #: _____ Current Zoning: _____

Address of Subject Property and General Location: _____

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EVENT INFORMATION

On a separate sheet attached to the application, provide a narrative describing the nature of the application.

Has this event occurred in Collier County in the past? Yes No

If yes, was the event previously held in the same location? Yes No; and

Indicate when the event was held: _____

FEE REQUIREMENTS

Circus and Carnival Permits: \$275.00

Fire Fee : \$150.00

Please submit the completed application online via the [GMD Public Portal](#).

If you need assistance submitting your application online, please review the [E-Permitting Guide](#).

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SUBMITTAL REQUIREMENTS CHECKLIST

See Chapter 4 J.3 of the Administrative Code for submittal requirements. The following items are to be submitted with the completed application packet: **Incomplete submittals will not be accepted.**

REQUIREMENTS FOR REVIEW	# OF COPIES	REQUIRED	NOT REQUIRED
Completed Application (download current form from County website)	1	<input type="checkbox"/>	<input type="checkbox"/>
A current valid Business Tax Receipt, if required	2	<input type="checkbox"/>	<input type="checkbox"/>
Description of the nature of the application	2	<input type="checkbox"/>	<input type="checkbox"/>
Complete Addressing Checklist	1	<input type="checkbox"/>	<input type="checkbox"/>
Affidavit of Authorization, signed and notarized	1	<input type="checkbox"/>	<input type="checkbox"/>
Pursuant to Code of Laws section 10-47 and Ch. 4 J.3 of the Administrative Code, the following must accompany the completed application:			
Surety Bond in the penal sum of \$2,500.00	2	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of current Public Liability Insurance Coverage	2	<input type="checkbox"/>	<input type="checkbox"/>
Current Occupational License issued by the Collier County Tax Collector	2	<input type="checkbox"/>	<input type="checkbox"/>
The name and headquarters address of the carnival or exhibition company with a financial interest	2	<input type="checkbox"/>	<input type="checkbox"/>
Names and addresses of the sponsoring organizations	2	<input type="checkbox"/>	<input type="checkbox"/>
Name and local address of the applicant representing the event company	2	<input type="checkbox"/>	<input type="checkbox"/>
Description of every activity to be conducted	2	<input type="checkbox"/>	<input type="checkbox"/>
Name and identification of each person accountable for the operation of each activity	2	<input type="checkbox"/>	<input type="checkbox"/>
Description and sketch of site	2	<input type="checkbox"/>	<input type="checkbox"/>
Application for food establishment operation permit, as required by the Code of Laws	2	<input type="checkbox"/>	<input type="checkbox"/>
Plan for refuse, garbage, debris, and sewage disposal during and after event	2	<input type="checkbox"/>	<input type="checkbox"/>
Provisions for traffic control, fire safety and security precautions	2	<input type="checkbox"/>	<input type="checkbox"/>
Date and time each activity is to be conducted and concluded	2	<input type="checkbox"/>	<input type="checkbox"/>
Written approval from property owner, authorizing the use of premises	2	<input type="checkbox"/>	<input type="checkbox"/>

The above submittal requirements are included within this petition.

Applicant Signature/ Printed Name

Date

Approved

Denied

Approved with Conditions

Signature of County Manager or Designee

Date

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INDIVIDUAL BOOTH NOTIFICATION FORM FOR TEMPORARY EVENTS

Name of Event: _____

Name of Booth: _____

Person in Charge of Booth: _____

Types of Food or Beverage to be Served: _____

Florida Administrative Code, Chapter 10D-13 requires all food to come from an approved source. All food storage, preparation and utensil cleaning for this event shall not be done in private homes.

Location of advanced food preparation: _____

How will food be transported to event location? _____

Method of keeping food hot and/or cold at event site: _____

Method of cooking food at the location: _____

Food must be protected from dust, insects, flies, coughs, sneezes. How will you provide this protection? Describe type of structure: _____

Adequate facilities and supplies shall be provided for employee handwashing. How will you provide this? _____

For Information and Assistance contact:
Environmental Health & Engineering Department - (239) 252-2499

Failure to comply with applicable food service requirements in accordance with Chapter 10D-13, Florida Administrative Code, may result in enforcement action. Do you understand this completely? YES NO

I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith. I understand that these regulations include food intended for service to the public regardless of whether there is a charge for the food. I agree to assume responsibility for this establishment and I certify that said business will be conducted in compliance with the Florida Administrative Code, Chapter 10D-13.

Signature of Applicant

Date



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SPONSOR NOTIFICATION FORM FOR TEMPORARY EVENTS

Name of Event: _____

Address of Event: _____

Date(s) of Event: _____ Hours of Operation: _____

Sponsor of Event: _____

Address of Sponsor: _____

Person in Charge of Food Service: _____ Phone: _____

Number of Food and Beverage Booths: _____

Estimated number of attendees expected at the event at one time? _____

Number of toilets to be provided: Portable: Male _____ Female _____
 Permanent: Male _____ Female _____

Method of toilet waste disposal: _____

Describe method of liquid kitchen waste disposal: _____

Describe containers and method of solid waste disposal (garbage): _____

Number of solid waste disposal containers provided: _____

Describe facilities and method of hand-washing: _____

Describe facilities and method of utensil washing, rinsing and sanitizing: _____

Source of potable water: _____

For Information and Assistance, contact:
Environmental Health & Engineering Department – (239) 252-2499

As the sponsor of this event you are responsible to notify all food vendors of the temporary food service requirements. Failure to comply may subject the booths to be closed for public health reasons. Do you understand this completely? YES NO

I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith. I understand that these regulations include food intended for service to the public regardless of whether there is a charge for the food. I agree to assume responsibility for this establishment and I certify that said business will be conducted in compliance with the Florida Administrative Code, Chapter 10D-13.

Signature of Applicant

Date

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AFFIDAVIT OF AUTHORIZATION

FOR PETITION NUMBERS(S) _____

I, _____ (print name), as _____ (title, if applicable) of _____ (company, If applicable), swear or affirm under oath, that I am the (choose one) owner ___ applicant ___ contract purchaser ___ and that:

1. I have full authority to secure the approval(s) requested and to impose covenants and restrictions on the referenced property as a result of any action approved by the County in accordance with this application and the Land Development Code;
2. All answers to the questions in this application and any sketches, data or other supplementary matter attached hereto and made a part of this application are honest and true;
3. I have authorized the staff of Collier County to enter upon the property during normal working hours for the purpose of investigating and evaluating the request made through this application; and that
4. The property will be transferred, conveyed, sold or subdivided unencumbered by the conditions and restrictions imposed by the approved action.
5. We/I authorize _____ to act as our/my representative in any matters regarding this petition including 1 through 2 above.

***Notes:**

- *If the applicant is a corporation, then it is usually executed by the corp. pres. or v. pres.*
- *If the applicant is a Limited Liability Company (L.L.C.) or Limited Company (L.C.), then the documents should typically be signed by the Company's "Managing Member."*
- *If the applicant is a partnership, then typically a partner can sign on behalf of the partnership.*
- *If the applicant is a limited partnership, then the general partner must sign and be identified as the "general partner" of the named partnership.*
- *If the applicant is a trust, then they must include the trustee's name and the words "as trustee".*
- *In each instance, first determine the applicant's status, e.g., individual, corporate, trust, partnership, estate, etc., and then use the appropriate format for that ownership.*

Under penalties of perjury, I declare that I have read the foregoing Affidavit of Authorization and that the facts stated in it are true.

Signature

Date

**STATE OF FLORIDA
COUNTY OF COLLIER**

The foregoing instrument was sworn to (or affirmed) and subscribed before me on _____ (date) by _____ (name of person providing oath or affirmation), as _____ who is personally known to me or who has produced _____ (type of identification) as identification.

STAMP/SEAL

Signature of Notary Public