



**STATE OF WISCONSIN**

**Green County**

**CITY OF MONROE**

1110 18th Avenue, Monroe, WI 53566  
Phone (608) 329-2524 FAX (608) 329-2561

To the City of Monroe:

The undersigned most respectfully makes application for a license to:

**operate a circus**

subject to the limitations of the Statutes and Ordinances covering

**same as above**

in the City of Monroe, Wisconsin on \_\_\_\_\_.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Fee: **\$25.00**

Date Paid \_\_\_\_\_ (Acct # 5/534)

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

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