



APPLICATION FOR AMUSEMENT RIDE OPERATING PERMIT

Missouri Division of Fire Safety
 Amusement Ride Safety Unit
 P.O. Box 844
 Jefferson City, MO 65102
 573-751-2263 FAX:
 573-526-5971
 amusement@dfs.dps.mo.gov

- 1) SUBMIT ONE APPLICATION FOR EACH RIDE TO BE PERMITTED
- 2) OPERATING PERMITS MUST BE RENEWED ANNUALLY
- 3) PERMIT EXPIRES ONE YEAR FROM DATE OF INSPECTION

DATE	RIDE TYPE (check one) FIXED <input type="checkbox"/> MOBILE <input type="checkbox"/>	OFFICE USE ONLY STATE ID	
COMPANY NAME & ADDRESS		COMPLETE THIS SECTION ONLY IF RIDE TYPE IS FIXED LOCATION NAME & ADDRESS	
OWNER/LESSEE NAME		LOCATION COUNTY	LOCATION PHONE
COMPANY/OWNER/LESSEE PHONE		COMPANY/OWNER/LESSEE FEDERAL TAX. ID	
OPERATOR NAME & ADDRESS IF OTHER THAN OWNER/LESSEE			
RIDE NAME		RIDE DESCRIPTION (EX: METAL ROLLER COASTER, CAROUSEL, ETC)	
MANUFACTURER		MANUFACTURE DATE	SERIAL NUMBER or ARCHITECT NUMBER
CAPACITY	PREVIOUS OWNER	DATE OF LAST INSPECTION	LAST DATE OF NDT

INSPECTION: The applicant must submit a copy of the latest safety inspection report for the ride described above completed and signed by a qualified inspector*.

* **QUALIFIED INSPECTOR:** An inspector who meets the requirements as identified in 11 CSR 40-6.060. The inspector must submit proof of his qualification to the Missouri Division of Fire Safety for approval.

PERMIT FEES: The applicant must submit a \$30 annual permit fee for each ride. Submit checks or money orders made payable to the Division of Fire Safety, cash will not be accepted.

INSURANCE: The applicant must provide either a Certificate of Liability Insurance issued by the insurance company **or** a copy of the actual insurance policy for the minimum amount of \$1,000,000 as prescribed by RSMo 316.210, section 2. In either case, the following information must be contained on the certificate or within the policy: (1) Time period of coverage; (2) Limits of the policy; (3) Name of ride(s) insured; and (4) Division of Fire Safety named as Certificate Holder.

I hereby acknowledge that I have read this application and affirm that the statements made herein are true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT

DATE