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Maine Department of Public Safety
Office of the State Fire Marshal
52 State House Station
Augusta, Maine 04333-0052
Tel. (207) 626-3880 Fax (207) 287-6251
MRI.FMO@Maine.gov

## Application for License for Amusement Show

## Fees:

## APPLICATION FEE $\$ 300.00$

INSPECTION FEE $\$ 100.00$ PER DEVICE OR RIDE INSPECTION
Please make checks payable to: Treasurer State of Maine

## For the Calendar Year 20

$\qquad$


## Fixed Amusement Park

Traveling Amusement Show (includes but is not limited to a carnival, thrill show, ice show and rodeo)

| Fire Marshals Use |  |  |
| :---: | :---: | :---: |
| Permit Number: |  |  |
| Date Issued: |  |  |
| Do Not Issue $\square$ OK to Issue Date: By: |  |  |
| $\square$ Insurance Approved |  |  |
| Fees Received |  |  |
| Check Numbe | Amount | Date |
|  |  |  |
| Payer: |  |  |

## ATTACH TO THIS APPLICATION:

- Certificate of General Liability Insurance

The Certificate of Insurance MUST show coverage no less than \$1,000,000 General Liability coverage.
The Certificate of Insurance MUST show the following:
CERTIFICATE HOLDER:
Maine Department of Public Safety
State Fire Marshal's Office
52 State House Station
Augusta, ME 04333-0052

- Reports of Non-Destructive Testing (NDT)

| Name of Park or Show: |  |  |  |
| :---: | :---: | :---: | :---: |
| Address (Fixed Locations only): |  | City: |  |
| On Site Contact: Name: | Cell Phone \# Email: |  |  |
| 1. |  |  |  |
| 2. |  |  |  |
| Owner: |  |  |  |
| Owner Mailing Address: |  |  |  |
| City: | State: |  | Postal Code: |
| Telephone and Extension: |  |  |  |

Fill in top or bottom section completely

| Traveling Show Itinerary |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
| Operating Dates <br> From <br> To | Site Name | Site Address | City | Planned Inspection <br> Date \& Time |  |
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| Fixed Park Operations |  |  |  |
| :--- | :--- | :--- | :---: |
| Opening Date: | Closing Date: | Planned Inspection Date \& Time ** |  |
| Operating Schedule: |  |  |  |
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**INSPECTIONS: Inspections are required prior to opening. Call AT LEAST two (2) weeks prior to your scheduled opening date to schedule an inspection. Inspections will NOT be scheduled until payment for License and Inspection fees are received. Inspection must be scheduled based on when amusement devices or rides will be ready for inspection. Report which rides will be inspected so we can schedule an appropriate number of inspectors to do the inspection and so the inspectors can have the appropriate paperwork when they do the inspections. Amusement rides or devices must display a valid inspection decal when they are being operated.

Report Accidents with injuries to the local emergency services, then to the Maine State Police Regional Communications Center at (207) 624-7076.

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List of Amusement Devices and Rides (must be updated)

|  | Ride Name | Manufacturer | Serial Number | Manufacture Date: | Last Year Decal \# | FMO USE: DECAL \# |
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List of Amusement Devices and Rides (must be updated)

|  | Ride Name | Manufacturer | Serial Number | Manufacture Date: | Last Year Decal \# | FMO USE: DECAL \# |
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[^0]:    Please Do Not Set Up Wisdom Gravitron/Starship Rides and do not install seats on Eli Bridge Ferris Wheels until inspectors are present.

