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

|  |
| --- |
| Fire Marshals Use |
| Permit Number: |
| Date Issued: |
| [ ] Do Not Issue[ ] OK to IssueDate:By: |
| [ ] Insurance Approved |
| Fees Received |
| Check Number | Amount | Date |
|  |  |  |
|  |  |  |
| Payer: |
|  |



|  |
| --- |
| Application for License for Amusement Show |

**Fees:**

 **APPLICATION FEE $300.00**

 **INSPECTION FEE $100.00 PER DEVICE OR RIDE INSPECTION**

**For the Calendar Year 20**

**[ ]  Fixed Amusement Park**

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

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:                                    | E-mail:                                         |

Fill in top or bottom section completely

|  |
| --- |
| Traveling Show Itinerary |
| Operating DatesFrom To | Site Name | Site Address | City | Planned Inspection Date & Time\*\* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| **Fixed Park Operations** |
|  **Opening Date:** | **Closing Date:** | **Planned Inspection Date & Time \*\***  |
|  **Operating Schedule:** |
|  |
|  |
|  |
|  |

**\*\*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.

Please Do Not Set Up Wisdom Gravitron/Starship Rides and do not install seats on Eli Bridge Ferris Wheels until inspectors are present.

List of Amusement Devices and Rides (must be updated)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Ride Name | Manufacturer | Serial Number | ManufactureDate: | Last YearDecal # | FMO USE:DECAL # |
| 1 |                 |                 |                 |       |       |  |
| 2 |                 |            |            |  |  |  |
| 3 |                 |            |            |  |  |  |
| 4 |                 |            |            |  |  |  |
| 5 |                 |            |            |  |  |  |
| 6 |                 |            |            |  |  |  |
| 7 |                 |            |            |  |  |  |
| 8 |                 |            |            |  |  |  |
| 9 |                 |            |            |  |  |  |
| 10 |                 |            |            |  |  |  |
| 11 |                 |            |            |  |  |  |
| 12 |                 |            |            |  |  |  |
| 13 |                 |            |            |  |  |  |
| 14 |                 |            |            |  |  |  |
| 15 |                 |            |            |  |  |  |
| 16 |                 |            |            |  |  |  |
| 17 |                 |            |            |  |  |  |
| 18 |                 |            |            |  |  |  |
| 19 |                 |            |            |  |  |  |
| 20 |                 |            |            |  |  |  |
| 21 |                 |            |            |  |  |  |
| 22 |                 |            |            |  |  |  |
| 23 |                 |            |            |  |  |  |
| 24 |                 |            |            |  |  |  |
| 25 |                 |            |            |  |  |  |
| 26 |                 |            |            |  |  |  |
| 27 |                 |            |            |  |  |  |
| 28 |                 |            |            |  |  |  |
| 29 |                 |            |            |  |  |  |
| 30 |                 |            |            |  |  |  |
| 31 |                 |                 |                 |       |       |  |
| 32 |                 |                 |                 |       |       |  |
| 33 |                 |                 |                 |       |       |  |
| 34 |                 |                 |                 |       |       |  |
| 35 |                 |                 |                 |       |       |  |

List of Amusement Devices and Rides (must be updated)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Ride Name | Manufacturer | Serial Number | ManufactureDate: | Last YearDecal # | FMO USE:DECAL # |
| 36 |                 |                 |                 |       |       |  |
| 37 |                 |            |            |  |  |  |
| 38 |                 |            |            |  |  |  |
| 39 |                 |            |            |  |  |  |
| 40 |                 |            |            |  |  |  |
| 41 |                 |            |            |  |  |  |
| 42 |                 |            |            |  |  |  |
| 43 |                 |            |            |  |  |  |
| 44 |                 |            |            |  |  |  |
| 45 |                 |            |            |  |  |  |
| 46 |                 |            |            |  |  |  |
| 47 |                 |            |            |  |  |  |
| 48 |                 |            |            |  |  |  |
| 49 |                 |            |            |  |  |  |
| 50 |                 |            |            |  |  |  |
| 51 |                 |            |            |  |  |  |
| 52 |                 |            |            |  |  |  |
| 53 |                 |            |            |  |  |  |
| 54 |                 |            |            |  |  |  |
| 55 |                 |            |            |  |  |  |
| 56 |                 |            |            |  |  |  |
| 57 |                 |            |            |  |  |  |
| 58 |                 |            |            |  |  |  |
| 59 |                 |            |            |  |  |  |
| 60 |                 |            |            |  |  |  |
| 61 |                 |            |            |  |  |  |
| 62 |                 |            |            |  |  |  |
| 63 |                 |            |            |  |  |  |
| 64 |                 |            |            |  |  |  |
| 65 |                 |            |            |  |  |  |
| 66 |                 |                 |                 |       |       |  |
| 67 |                 |                 |                 |       |       |  |
| 68 |                 |                 |                 |       |       |  |
| 69 |                 |                 |                 |       |       |  |
| 70 |                 |                 |                 |       |       |  |