|  |
| --- |
|  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: |
|  |



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

**Paperwork to be submitted at least 15 business days (3 weeks) prior to first set up**

**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 including list of insured and covered equipment**

 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

* **Non-Destructive Testing (NDT) Reports and NDT schedule of all listed equipment (Page 4 of app)**

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| --- |
| 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

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| Traveling Show Itinerary |
| Operating DatesFrom To | Site Name | Site Address | City | Planned Inspection Date |
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| --- |
| **Fixed Park Operations** |
|  **Opening Date:** | **Closing Date:** | **Planned Inspection Date** |
|  **Operating Schedule:** |
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**\*\*INSPECTIONS: Inspections are required prior to opening. Inspections will NOT be scheduled until payment and all required paperwork is received. Amusement rides or devices must display a valid inspection decal that is visible to the public 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.

Ride Incident MUST be reported in writing to the Fire Marshal’s Office within 24 hours of the occurrence.

All Gravitron/Starship, Big Wheels and Zippers will require pre-set-up inspections before removal from trailers.

Gravitron/Starship will also require a platforms down pre-set-up inspection.

Please schedule appropriately.

List of Amusement Devices and Rides (must be updated)

**Will be sent back if not accurate**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Ride Name | Manufacturer | Serial Number | ManufactureDate: | Last YearDecal # | FMO USE:DECAL # |
| 1 |                 |                 |                 |  |       |  |
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Non-Destructive Testing Schedule

Complete this schedule for all devices requiring NDT Testing AND attach a copy of most current report

See example page below

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Ride Name | Part Requiring NDT | Required NDT method | Required Frequency of NDT | Date of last NDT |
| 1 |                 |                 |                 |            |       |
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Example Non-Destructive Testing Schedule Page

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| --- | --- | --- | --- | --- | --- |
|  | Ride Name | Part Requiring NDT | Required NDT method | Required Frequency of NDT | Date of last NDT |
| 1 | Eli Scrambler (Park) | Center Pole Base | MPT | 5 Years | 7/15/23 |
| 2 | Eli Scrambler | Bell Pins | MPT | 3 Years | 7/15/23 |
| 3 | Eli Scrambler | Internal Car Inspection (35+ years) | Scope/Skinned Certified Visual | 5 Years | 5/21/22 |
| 4 | Eli Scrambler | Seat Inspection Log | Owner/Operator Visual | Daily | Log Required |
| 5 | Chance Carousel | Crank Shaft | MPT | Annual  | 10/16/24 |
| 6 | Etc. |  |  |  |  |
| 7 | Etc. |  |  |  |  |
| 8 | Etc. |  |  |  |  |
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