

MAINE DEPARTMENT OF PUBLIC SAFETY STATE FIRE MARSHAL'S OFFICE 52 STATE HOUSE STATION AUGUSTA, MAINE 04333-0052

(207) 626-3880 TEL (207) 287-6251 FAX MRI.FMO@Maine.gov

Application For:

Permit for Motor Vehicle Racing

For the calendar year ending: **December 31**, _____

	nent ID:	s Office Use:
Permit	Number:	
Date Is	renad:	
Date	ssucu.	
Action	:	
	OK TO ISSU	
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By:		
Date:		
∐ 1 Date:	NSURANC	E APPROVED
Date:		
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Amou	nt:	
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Date K	eceivea:	
Check	Number:	
Other:		
	_ ,	. D. '
		ce Racing

Name of Site or Show:							
Location of Site (Street & Number):							
City/Town:	County:						
Telephone:	Email:		Other:				
☐ Traveling Show, see Itinerary attached.							
Type of Events: (Check all that apply) Race Track Mud Run Go-Kart Racing		acing tion Derby specify):		Ice Racing Thrill Show			
Owner:							
Mailing Address:							
City/Town:	State:	2	Zip Code:				
Telephone:	Email:	(Other:				
Applicant (Name, Typed or Printed):							
Signature:							
Date:	Telephone:]	Email:				

FEE: \$300 Please make checks payable to: Treasurer State of Maine

If there are bleachers and/or grandstands at the facility, a letter from a licensed architect or professional engineer certifying that the bleachers and/or grandstands will support the expected load must be submitted with this application.

A certificate of general liability insurance must be submitted with this application. (See details on page 2 of this application).

Name of Site or Show:				Year:					
☐ TRAVELING SHOW, ITINERARY									
From:	To:	Site Name:	Site Address:	City/Town:	County:				
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		ts as needed.							
Duplicat	e this form	as needed.							
	VED LOG	ATTION							
FIXED LOCATION									
Opening D	ate:		Closing Date:						
Notes (Lis	t operating dat	res, "Weekends Only", etc.):							
TVOICS (LIS	. operating date	es, weekends only, etc.).							

CERTIFICATE OF INSURANCE

The Certificate of Insurance MUST show coverage of No Less Than \$1,000,000 General Liability, and must indicate the nature of the coverage (Motor Vehicle Racing, Demolition Derby, etc.)

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

CANCELLATION CLAUSE:

The Standard wording must be changed to:

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will (DELETE <u>endeavor to)</u> mail <u>10</u> days written notice to the certificate holder named to the left. (DELETE: <u>But failure to mail such notice shall impose no obligation</u> or liability of any kind upon the company, its agents, or representatives.)

INSPECTIONS:

Inspections are required prior to opening. **Call or email** at least **two (2) weeks** prior to your scheduled opening date to schedule an inspection. Scheduling will not occur until this application, insurance document, and fees are received.