



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, _____**

For Fire Marshal's Office Use:	
Permanent ID: _____	
Permit Number: _____	
Date Issued: _____	
Action: <input type="checkbox"/> OK TO ISSUE <input type="checkbox"/> DO NOT ISSUE	
By: _____	
Date: _____	
<input type="checkbox"/> INSURANCE APPROVED	
Date: _____	
<input type="checkbox"/> FEE	
Amount: _____	
\$ _____	
Date Received: _____	
Check Number: _____	

Name of Site or Show: _____			
Location of Site (Street & Number): _____			
City/Town: _____		County: _____	
Telephone: _____	Fax: _____	Other: _____	
<input type="checkbox"/> Traveling Show, see Itinerary attached.			

Type of Events:

(Check all that apply)

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Race Track | <input type="checkbox"/> Drag Racing | <input type="checkbox"/> Ice Racing |
| <input type="checkbox"/> Mud Run | <input type="checkbox"/> Demolition Derby | <input type="checkbox"/> Thrill Show |
| <input type="checkbox"/> Go-Kart Racing | <input type="checkbox"/> Other (specify): _____ | |

Owner: _____		
Mailing Address: _____		
City/Town: _____	State: _____	Zip Code: _____
Telephone: _____	Fax: _____	Other: _____

Applicant (Name, Typed or Printed): _____		
Signature: _____		
Date: _____	Telephone: _____	Fax: _____

FEE: \$300

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:

Use additional sheets as needed.
Duplicate this form as needed.

FIXED LOCATION

Opening Date:	Closing Date:
Notes (List operating dates, "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 endeavor to) mail 10 days written notice to the certificate holder named to the left. (DELETE: But failure to mail such notice shall impose no obligation 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.