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| --- |
| For Fire Marshal’s Office Use: |
| Permit Number: |
| Date Issued: |
| Action:**□** OK TO ISSUE**□** DO NOT ISSUEBy:Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **□** INSURANCE APPROVEDDate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **□**  Fee |
| Amount: | Date: | Check No.: |
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MAINE DEPARTMENT OF PUBLIC SAFETY

**STATE FIRE MARSHAL’S OFFICE**

52 STATE HOUSE STATION

AUGUSTA, ME 04333-0052

TEL. (207) 626-3880 FAX. (207) 287-6251

|  |
| --- |
| APPLICATION FOR AMUSEMENT SHOW LICENSE |
| APPLICANT MUST FILL OUT ALL REQUIRED INFORMATION |

**□ TRAVELING AMUSEMENT SHOW**

**□ AMUSEMENT SHOW, FIXED LOCATION**

FOR CALENDER YEAR ENDING: **DECEMBER 31, \_\_\_\_\_\_\_\_\_\_**

NAME OF SHOW OR PARK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OWNER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY/TOWN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_\_

TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FEES:** AMUSEMENT SHOW APPLICATION FEE $300.00

 AMUSEMENT RIDE INSPECTION FEE $100.00 PER RIDE / PER INSPECTION

**ATTACH TO THIS APPLICATION:**

**Itinerary** of where the show will perform. (Submit updates to this office when the itinerary changes.)

**Certificate of General Liability Insurance.** The Certificate of Insurance MUST show coverage no less than $1,000,000 General Liability, and must indicate the nature of the coverage (Traveling Amusement Show, Amusement Park, 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**

**INSPECTIONS:** Inspections are required prior to opening. **Call** *at least* **two (2) weeks** prior to your scheduled opening date to schedule an inspection.

Name of Show or Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**□ Traveling Amusement Show Itinerary:**

|  |  |
| --- | --- |
| **Opening Date:**  | **Closing Date:** |
| From:  | To: | Site Name: | Site Address: | City/Town: | County: |
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Use additional sheets as necessary.

Duplicate this form as necessary.

**□ Fixed Location:**

Location of Park: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Opening Date:** | **Closing Date:** |
| Notes (List operating date, “Weekends Only,” etc.): |

Name of Show or Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AMUSEMENT RIDES AND AMUSEMENT DEVICES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Ride Name: | Manufacturer: | Manufacturer’s Serial Number: | Date of Manufacturing: | Mass. ID: | Maine Decal (Last Year): | **(Dept. Use Only)**Maine Decal: |
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Use additional sheets as necessary.

Duplicate this form as necessary.