

Michigan Department of Licensing and Regulatory Affairs
 Corporations, Securities & Commercial Licensing Bureau
 Schools and Licensing Section
 P.O. Box 30018, Lansing, MI 48909
 517-241-9221
 517-373-2162 FAX
 www.michigan.gov/amusement

FOR OFFICE USE ONLY	
Approved By:	
Date Approved:	
License Number	

APPLICATION FOR AUTHORIZATION TO OPERATE AN AMUSEMENT RIDE AND PREPAYMENT OF ANNUAL INSPECTION FEES

AUTHORITY: 1966 PA 255, MCL 338.3434(2), and 42 USC 654
 PENALTY: FAILURE TO PROVIDE THE INFORMATION MAY RESULT IN DENIAL OF THE APPLICATION AND/OR DISCIPLINARY ACTION.

Company Information			
(Check One Box) <input type="checkbox"/> Name of Carnival Amusement Company OR <input type="checkbox"/> Name of Manufacturer			Company I.D. Number (if applicable)
Address	City	State	Zip Code
Telephone Number	E-mail Address		

Required Additional Documents

- Mobile operator routing schedule identifying the rides intended for operation and the dates and locations where they will be used, worksheet attached.
- Copy of the Certificate of Insurance or bond.
- Plans or diagrams of each new ride not type-certified in Michigan.
- List of rides including serial number, type of ride (aerial, kiddie, coaster or adult) and prior Permanent I.D. # (if applicable), worksheet attached.
- New Company Only - provide list of Special Inspector names.

I certify that the statements in this document are true and complete.

_____ Signature _____ Date

FEE PAYMENT INFORMATION

FOR OFFICE USE ONLY - VALIDATION

Required Number of Ride **Permits**: _____ x \$10 = \$ _____ (2005-45)

Inspection Pre-Payment

Number of **Inspection Fees** (does not apply for manufacturer applicant)

_____ x \$40 Kiddie Rides = \$ _____ (2005-34)

_____ x \$90 Fixed Coasters = \$ _____ (2005-34)

_____ x \$115 Aerial Lifts = \$ _____ (2005-34)

_____ x \$50 Misc. Rides = \$ _____ (2005-34)

If applicable \$5 Special Inspector = \$ _____ (2002-01)

Commission Fee (New Company Only) = \$ _____

Total Remittance for Fees = \$ _____

This fee must be paid with this application. An inspection will not be scheduled until the inspection fee is paid.

Make your check or money order in U.S. Currency payable to: **STATE OF MICHIGAN**

NON-REFUNDABLE FEES ARE AUTHORIZED BY 1966 PA 255

RIDE LIST WORKSHEET

Ride Information		Enter Type of Ride: A-Aerial E- Kiddie L-Coaster R-Adult	Fixed or Mobile	Previous Owner (if not new)	Prior Michigan Permit No. if held Michigan permit	Date of Last Michigan Inspection, if applicable
1	Name of Ride				2005 -	
	Manufacturer & Model #					
	Serial #					
2	Name of Ride				2005 -	
	Manufacturer & Model #					
	Serial #					
3	Name of Ride				2005 -	
	Manufacturer & Model #					
	Serial #					
4	Name of Ride				2005 -	
	Manufacturer & Model #					
	Serial #					
5	Name of Ride				2005 -	
	Manufacturer & Model #					
	Serial #					
6	Name of Ride				2005 -	
	Manufacturer & Model #					
	Serial #					
7	Name of Ride				2005 -	
	Manufacturer & Model #					
	Serial #					
8	Name of Ride				2005 -	
	Manufacturer & Model #					
	Serial #					
9	Name of Ride				2005 -	
	Manufacturer & Model #					
	Serial #					
10	Name of Ride				2005 -	
	Manufacturer & Model #					
	Serial #					

ROUTING SCHEDULE WORKSHEET (MOBILE COMPANIES)

Instructions Complete for the entire season and submit via mail, fax or e-mail as early as possible. E-mail address is carnivalitinerary@michigan.gov , fax number is 517 373 2162 . Complete for the entire season and submit via mail, fax or e-mail as early as possible. Allow two weeks notice for changes submitted by mail. In emergencies, changes may be telephoned.			Page No. _____ _____ of _____	
_____			_____ 2001-	
Event or Organization	Street Address	City	Operate Dates	Set-up Date(s)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				