

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Commercial Services
 Licensing Division
 CARNIVAL-AMUSEMENT SAFETY
 P.O. Box 30018, Lansing, MI 48909
 517-373-8376
 517-373-2162 FAX
 www.michigan.gov/amusement

PERMIT APPLICATION TO OPERATE CARNIVAL RIDE

AUTHORITY: P.A. 225 of 1966, as amended
 COMPLETION: Mandatory
 PENALTY: Failure to complete may result in denial of your application

FEE DUE \$10.00
 (For Each Ride)

Print in ink or type responses.

The following must accompany this application (carnival company 1-5 as apply; manufacturer 1 & 5):

New rides not previously operated in Michigan - Attach Items 1 through 5
 Rides previously issued a permit in Michigan - Attach items 1 through 4

1. Check or Money Order for payment of permit fees.
2. Itinerary (if mobile) or opening date (if fixed location) (Form BCS/LCR-110).
3. At least one Special Inspector Commission fee and Application Form (BCS/LCR-150).
4. Certificate of Insurance (or bond) with the Department of Licensing and Regulatory Affairs as certificate holder.
5. Plans, analyses, and manuals (for rides not previously inspected in Michigan), including a site plan and foundation if permanently erected in an a Michigan amusement park.
6. If you desire to pre-pay inspection fees with permit fees, see BCS/LCR-101.

Additional forms may be downloaded from the web site: www.michigan.gov/amusement; choose Forms & Publications under "Quick Links."

Company Information

(Check One Box) <input type="checkbox"/> Name of Carnival Amusement Company OR <input type="checkbox"/> Name of Ride Manufacturer		Carnival I.D. Number, if applicable 20-01-
Name of Ride Owner (if other than above)	E-Mail Address	Federal I.D. or Social Security Number
Complete Mailing Address (Address, City, State, ZIP)		
Complete Address at Physical Location, if applicable (No P.O. Box)		
Office Telephone Number	Telephone Number at Location	
Signature of Authorized Representative		Date

FEE PAYMENT INFORMATION

FOR OFFICE USE ONLY - VALIDATION

Number of Ride Permits Applied For:

X \$10.00 (20-05-45)

Total: \$ _____ .00

Make your check or money order in U.S. Currency payable to:

STATE OF MICHIGAN

FEES ARE NOT REFUNDED EXCEPT UNDER AUTHORITY P.A. 152 OF 1979,
 AS AMENDED AND R338.943 AND R338.944.

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 #						
11	Name of Ride					2005 -	
	Manufacturer & Model #						
	Serial #						