

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

RIDE PERMIT APPLICATION AND INSPECTION FEE PRE-PAYMENT

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

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 and inspection fee for each ride.
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 a Michigan amusement park.

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 <input type="checkbox"/> Name of Ride Manufacturer		Carnival I.D. Number, if applicable 20-01-
Name of Ride Owner	E-Mail Address	Federal I.D. or Social Security Number
Complete Mailing Address (Address, City, State, ZIP Code)		
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 Permits : _____ x \$10 = \$ _____ (20-05-45) Number of Inspection Fees (does not apply for manufacturer applicant) _____ x \$40 Kiddie Rides = \$ _____ (20-05-34) _____ x \$90 Fixed Coasters = \$ _____ (20-05-34) _____ x \$115 Aerial Lifts = \$ _____ (20-05-34) _____ x \$50 Misc. Rides = \$ _____ (20-05-34) Total Remittance for Permit(s) & Inspection(s) = \$ _____	
Make your check or money order U.S. Currency payable to: <p style="text-align: center;">STATE OF MICHIGAN</p>	
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 licensed before	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 #						