

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; Fax 517-373-2162
www.michigan.gov/amusement

CARNIVAL-AMUSEMENT SAFETY OWNER/OPERATOR NAME/ADDRESS CHANGE

Instructions:

To make a name or address change for the company/owner, complete this form and return with your renewal(s):

Current Name: _____ ID# 2001- _____

Change Name To: _____

Change Address To: _____
Street Address

City: _____ State: _____ ZIP: _____

If the company ownership has changed, do not use this form. This form is to be use ONLY for changes to the existing owner's name and/or address. New owners must fill out an Application for New Permit to Operate (BCS/LCR-100) and at least one Application for Special Inspector Commission (BCS/LCR-150). All rides that have changed owners must be inspected prior to operation in Michigan.

If you have any questions, please call 517-373-8376.