



APPLICATION FOR ANNUAL PERMIT TO OPERATE AMUSEMENT DEVICE

State Form 323 (R6 / 5-16)

Approved by State Board of Accounts, 2016

DEPARTMENT OF HOMELAND SECURITY
 DIVISION OF FIRE AND BUILDING SAFETY
 DIVISION OF AMUSEMENT RIDE SAFETY
 302 West Washington Street, Room E241
 Indianapolis, IN 46204
 Telephone: (317) 232-2670
 Fax: (317) 232-6609
 E-mail: amusements@dhs.in.gov
 Website: http://www.in.gov/dhs

- INSTRUCTIONS:**
1. Application and affidavit must be submitted **thirty (30) days prior to opening date.**
 2. Enclose check and valid certificate of insurance. Make checks payable to: Division of Fire and Building Safety. If paying by Visa or Master Card, complete the credit card payment information section on page 2.
 3. Notify this office by fax, mail, or e-mail **two (2) weeks in advance** to schedule annual inspection or changes in itinerary.
 4. Manuals, maintenance reports, and NDT reports (if required) for **EACH** device must accompany the device at **ALL** times.
 5. Reinspection fees shall be one-half (1/2) of the annual inspection fee.
 6. Subsequent inspection fee shall be one hundred dollars (\$100) per device.

Doing business as (DBA)		Name of owner	
Address (number and street, city, state, and ZIP code)			
Telephone number ()	Fax number ()	E-mail address	

NAME OF DEVICE	IDENTIFICATION NUMBER	INSPECTION DUE (month, day, year)	NAME OF DEVICE	IDENTIFICATION NUMBER	INSPECTION DUE (month, day, year)
1.			16.		
2.			17.		
3.			18.		
4.			19.		
5.			20.		
6.			21.		
7.			22.		
8.			23.		
9.			24.		
10.			25.		
11.			26.		
12.			27.		
13.			28.		
14.			29.		
15.			30.		

Submit the current and updated itinerary using the application form as a second page to this form.

LOCATION ADDRESS (number and street, city, state, and ZIP code)	NAME OF SITE CONTACT PERSON AND TELEPHONE NUMBER	OPENING DATE (month, day, year)	CLOSING DATE (month, day, year)	ANNUAL INSPECTION (month, day, year)
1.				
2.				
3.				
4.				
5.				
6.				

FEE SCHEDULE

675 IAC 23-1-63 Annual inspection fees Authority: IC 22-12-6-6; IC 22-13-2-9; IC 22-15-2-6; IC 22-15-7 Affected: IC 22-13-2-3; IC 22-15-2-7; IC 36-7-2-9
 Kiddie - \$144.00 Major - \$144.00 Spectacular - \$144.00 Ski Lift - \$288.00 Rope Tow - \$144.00

Check here if paying by credit card. Please be sure the credit card payment information section has been completed in its entirety.

Signature of owner / representative	Date (month, day, year)
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FOR OFFICE USE ONLY

Application fee	Date fee paid (month, day, year)	Receipt number
Permit number	Date issued (month, day, year)	

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CREDIT CARD PAYMENT INFORMATION**

Part of State Form 323 (R6 / 5-16)

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This application must include payment of the permit fee of \$ _____. If paying by Visa or Master Card, please complete the following information: <i>(amount)</i>		
PLEASE NOTE: There will be a convenience fee of 2.25% for all credit card transactions.		
Full name on credit card		
Billing address <i>(number and street, city, state, and ZIP code)</i>		Telephone number ()
Type of credit card <i>(check one)</i> <input type="checkbox"/> Visa <input type="checkbox"/> Master Card	Account number	Date of expiration <i>(month, year)</i>
CVV2 number <i>(last three (3) digits of the number in the signature block on the back of the card)</i>	Amount to be charged	
By signing this form, Cardmember agrees to the obligations set forth by the Cardmember's Agreement with the card issuer.		
Signature		Date <i>(month, day, year)</i>