



APPLICATION FOR AMUSEMENT ENTERTAINMENT PERMIT

State Form 42235 (R10 / 3-18)

**DEPARTMENT OF HOMELAND SECURITY
DIVISION OF FIRE AND BUILDING SAFETY
FIRE AND BUILDING CODE ENFORCEMENT**
302 West Washington Street, Room E241
Indianapolis, Indiana 46204
Telephone: (317) 232-2222
Fax: (317) 233-0307

- INSTRUCTIONS:**
1. If non-exempt, include appropriate fee with this application. See page 2 for Permit Fees.
 2. If claiming exempt status, please submit [State Form 56400, Amusement and Entertainment Fee Exemption](#).
 3. Include an updated plan.
 4. Make all payments payable to the Indiana Department of Homeland Security.
 5. Return completed form and payment to the agency at the above address.

FACILITY INFORMATION	
Type of facility:	<input type="checkbox"/> Theater <input type="checkbox"/> Dance Hall <input type="checkbox"/> Night Club <input type="checkbox"/> Cabaret <input type="checkbox"/> Special Event <input type="checkbox"/> Haunted House <input type="checkbox"/> Assembly Hall <input type="checkbox"/> Roller Rink <input type="checkbox"/> Lodge Hall <input type="checkbox"/> Carnival / Fair <input type="checkbox"/> Gymnasium <input type="checkbox"/> Other (<i>specify</i>) _____
Name of facility	County
Address of facility (<i>number and street, city, state, and ZIP code</i>)	
Specific room floor or number	Description of facility
Closest intersecting street or road	Direction from intersection <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West

APPLICANT INFORMATION		
Type of applicant <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Lessee	Name of applicant	Telephone number ()
Address of applicant (<i>number and street, city, state, and ZIP code</i>)		
Name of person to contact for inspection	E-mail address	Telephone number ()
Address of contact person (<i>number and street, city, state, and ZIP code</i>)		

ANNUAL PERMIT INFORMATION			
Type of permit request (<i>This event will be going on all year, daily, nightly, or weekends.</i>) <input type="checkbox"/> Annual Event Endorsement	Dates (<i>month, day, year</i>) and hours of event	Occupant load	For renewal, please provide: AE # _____
Description of activities / event (<i>Please use additional sheet to list events, if needed.</i>)			

SPECIAL ENDORSEMENT INFORMATION			
Type of permit request (<i>One time event; additional to annual.</i>) <input type="checkbox"/> Special Event Endorsement	Dates (<i>month, day, year</i>) and hours of event	Occupant load	AE # _____ you are applying under (<i>Must first have an annual permit.</i>)
Name of event and description of activities. (<i>Use separate sheet, if needed. Please attach all floor and site plans as required by 675 IAC 12-9-3(a)(2).</i>)			

EVENT DETAILS	
Is there going to be (<i>check appropriate box</i>):	<input type="checkbox"/> Stage: <input type="checkbox"/> Temporary <input type="checkbox"/> Outdoor <input type="checkbox"/> Canopy <input type="checkbox"/> Tent <input type="checkbox"/> Outdoor Stage Equipment

APPLICATION CERTIFICATION	
I, or we, _____, hereby certify, under penalty of perjury, that the information contained in this application is true and accurate to the best of my(our) knowledge and belief and that the operation of the place of amusement or entertainment or events described above will conform in every respect and at all times with the laws, rules, and regulations of the Fire Prevention and Building Safety Commission and will not be used for other purposes except as herein stated.	
Signature	Date (<i>month, day, year</i>)

FOR OFFICE USE ONLY					
Permit number	Fee identification number	Type of permit	Fee amount \$	Type of payment	Year of permit

PERMIT FEES

Fees are based on the occupancy load and the number of seating configurations or arrangements covered by the application. See 675 IAC 12-3-8.

If you are a location where your occupant load is based entirely on fixed seating, and all planned amusement or entertainment activities covered by this application will utilize a single floor plan, your fee will be based on the Category A fee schedule only.

If your planned amusements or entertainments will utilize more than one seating configuration or arrangement, or your occupant load is not based entirely on fixed seating, your fee will be determined by adding your totals from the Category A and Category B fee schedules.

If you are applying for a Special Event Endorsement, disregard Category A and Category B.

Amusement and Entertainment permit and inspection fee authority: IC 22-12-6-7 Affected: IC 22-12-6; IC 22-14-3-4.

CATEGORY A

Please check the appropriate box.

- | | |
|---|--|
| <input type="checkbox"/> 1 - 99 Persons = \$99.00 | <input type="checkbox"/> 1,000 - 4,999 Persons = \$203.00 |
| <input type="checkbox"/> 100 - 499 Persons = \$134.00 | <input type="checkbox"/> 5,000 - 9,999 Persons = \$237.00 |
| <input type="checkbox"/> 500 - 999 Persons = \$168.00 | <input type="checkbox"/> 10,000 Persons or More = \$272.00 |

CATEGORY B

Please insert number of seating configurations or arrangements and multiply by \$99.00.

_____ X \$99.00 = \$ _____

SPECIAL EVENT ENDORSEMENT

Check here if you are applying for a Special Event Endorsement. Special Endorsement = \$99.00

Total payment

\$ _____