



Permit Application Form

Contact Information:

*Company Name _____ *Phone number () - _____

*Business Address _____ *Secondary number () - _____
(Circle Type: cell home work other)

City: _____ State: _____ Zip code: _____ E-mail _____@_____

Please check box if your contact information has been updated on this form.
*Main Contact Person's Name/Title _____
*Main Contact Person's Direct Phone Number () - _____

* Required Fields Business Website www. _____ .com

Pricing Information:

Table with 3 columns: Fee Type, Amount, and Notes. Includes Inflatable Ride, Kiddie Ride, Other Ride, Bungee/Aerial Lift, Coaster, and Go Karts fees.

Credit Card Payments May Be Accepted By Contacting The A.R.S. Office By Phone

Payment must accompany this form

Please list all rides to which your payment applies:

Table with 4 columns: Name of Ride, Plate No., Ride Type (checkboxes for Inflatable, Kidde, Other, Bungee/Aerial Lift, Coaster), and Fee.

Total \$ _____



Disclaimer:

Total Fee must accompany this application. Check, money order, etc. are to be made payable to: Treasurer – State of Ohio.
Credit/Debit card are accepted during business days/hours.
Cash is not accepted at this time.

“Expedited Inspection” means request for an inspection of an amusement ride within 10 days of submission of an application for a permit.

“Failure to cancel” means failure to cancel within 24 hours of scheduled inspection time.

“Failure to have ride ready for inspection” means failure to have ready within 2 hours of the time specified on the itinerary.

Table with 2 columns: Description and Amount. Rows include Expedited inspection per ride (\$100.00), Failure to cancel scheduled inspection per ride (\$100.00), and Failure to have amusement ride ready for inspection per ride (\$100.00).

Insurance: The applicant must provide a “Certificate of Insurance” issued to the Ohio Department of Agriculture by their insurance company. At least the following information must be contained on the certificate: (1) Name of the company/firm insured; (2) Time period of coverage; (3) Limits of bodily injury coverage – not less than \$500,000 for bodily injury to or death of one person nor less than \$1,000,000 for bodily injury or death of two or more persons in each occurrence; (4) A 30 day cancellation notice to the Ohio Department of Agriculture; (5) A statement that all rides/devices are insured or a listing of the rides/devices insured and; (6) If applicable, if the policy coverage falls below the minimum, the insurer will, within 24 hours, report this to the Ohio Department of Agriculture’s Division of Amusement Ride Safety.

I hereby acknowledge that I have read this application and affirm the statements made herein are true and correct to the best of my knowledge.

Print Name Signature Date

Submit completed application along with payment to the Ohio Department of Agriculture’s Division of Amusement Ride Safety. All office information is located at the top of this form.

Official Use Only Section: (to be completed by Ohio Department of Agriculture staff only)

Check or Money Order # Check/M.O. Amount \$

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Credit Card Approval Code: Credit Card Approval Date:

Total number of items for each ride type:

Inflatable Kiddie Other Bungee/Aerial Lift Coaster Go Karts

Additional Comments:

Authorized Personnel Signature Date

Office Personnel Only

Deposit Date:

Initials: