



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: Ride Type, Fee, 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 \$ _____

