

**AMUSEMENT RIDE  
OPERATING PERMIT APPLICATION**  
ELEVATOR, BOILER AND AMUSEMENT RIDE BUREAU

DIVISION OF LABOR SERVICES  
1000 EAST GRAND AVENUE  
DES MOINES, IOWA 50319-0209  
PHONE 515-281-5415  
or 515-281-3647

PERMIT NO: \_\_\_\_\_  
PERMIT YEAR 2010  
FAX 515-242-5076  
Web Site: [www.iowaworkforce.org](http://www.iowaworkforce.org)

**IMPORTANT: THE OWNER OR OPERATOR OF ANY COVERED AMUSEMENT DEVICE IN THE STATE OF IOWA SHALL NOTIFY THE DIVISION IMMEDIATELY OF ANY ACCIDENT CAUSING A FATALITY OR INJURY RESULTING IN MEDICAL CARE [875 IAC 61.2(6)]. ANY MAJOR MECHANICAL BREAKDOWN SHALL BE REPORTED IN WRITING WITHIN 48 HOURS [IAC 61.2(7)].**

In the event of a change in the owner's information or itinerary, the owner or operator shall submit the updated information to the Division of Labor Services.

SHOW NAME	BUSINESS PHONE ( ) -
OWNER'S NAME & ADDRESS (Include City, State & ZIP Code)	CELLULAR PHONE ( ) -
	FAX # ( ) -
	Contact Person _____
IS THE BUSINESS INCORPORATED? ____ YES ____ NO IF YES, IN WHICH STATE? _____	
Insurance Provider _____ Insurance Phone # and Fax# _____/_____	

**OPERATING AN AMUSEMENT DEVICE WITHOUT A PERMIT IS ILLEGAL**

- The fee for a **permit to operate** one through ten rides or concessions is **\$30.00**
- The fee for a **permit to operate** eleven or more rides or concessions is **\$40.00**
- A Certificate of Insurance meeting the following requirements shall be submitted to the Division of Labor Services:
  - The Division of Labor - Amusements shall be listed as a certificate holder.
  - A listing of rides included and excluded in the policy with the ride serial number shall be included.
  - The effective dates of the insurance coverage shall be indicated.
  - The limits of general liability and property damage shall be stated on the certificate.
- Permission to operate an amusement device in the State of Iowa (sticker) will not be granted until payment of all fees has been received by the Division. Payment shall be in the form of a check, money order, or cashiers check made out to the Division of Labor Services – Amusements. Individual ride **inspection fees** are as follows.
 

<b>Major rides</b>	<b>\$ 250.00</b>
<b>Adult rides</b>	<b>\$ 110.00</b>
<b>Kiddie rides</b>	<b>\$ 75.00</b>
<b>Concession booths</b>	<b>\$ 40.00</b>
<b>Amusement devices (includes inflatables)</b>	<b>\$ 40.00</b>
- At time of inspection operator shall provide to the inspector the following required information:
  - Maintenance logs for each ride
  - Daily operational logs
  - Operator training logs
  - All applicable NDT testing documents for each ride.
- All rider safety signage shall be in place prior to inspection.

## ITINERARY

SHOW NAME \_\_\_\_\_

PERMIT NO: \_\_\_\_\_

- 1) **List all events that you have booked this year (note “tentative” on all others). If you don’t have any events scheduled please note “no scheduled events” on this form and submit. Submit any updates as they become available to you.**
- 2) **Set up date/time is defined as the date/time you begin unloading equipment.**
- 3) **List approximate times if you have no exact set up time (do not just check a.m. p.m. – list times)**

Event Name				
City		Location (list name and address)		
Set Up Date	Set Up Time AM ____ PM ____	Event Start Date	Event Start Time AM ____ PM ____	Event End Date
Number of Rides _____		Number of Concessions _____		Number of Inflatables _____

Event Name				
City		Location		
Set Up Date	Set Up Time AM ____ PM ____	Event Start Date	Event Start Time AM ____ PM ____	Event End Date
Number of Rides _____		Number of Concessions _____		Number of Inflatables _____

Event Name				
City		Location		
Set Up Date	Set Up Time AM ____ PM ____	Event Start Date	Event Start Time AM ____ PM ____	Event End Date
Number of Rides _____		Number of Concessions _____		Number of Inflatables _____

Event Name				
City		Location		
Set Up Date	Set Up Time AM ____ PM ____	Event Start Date	Event Start Time AM ____ PM ____	Event End Date
Number of Rides _____		Number of Concessions _____		Number of Inflatables _____

Use additional pages if necessary

## Ride Detail

SHOW NAME \_\_\_\_\_

PERMIT NO: \_\_\_\_\_

Ride Name	Trade Name	Mfgr.
Serial Number	USAID #	1 <sup>st</sup> Setup location

Ride Name	Trade Name	Mfgr.
Serial Number	USAID #	1 <sup>st</sup> Setup location

Ride Name	Trade Name	Mfgr.
Serial Number	USAID #	1 <sup>st</sup> Setup location

Ride Name	Trade Name	Mfgr.
Serial Number	USAID #	1 <sup>st</sup> Setup location

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Use additional pages if necessary

**Signature of Authorized Representative**

**Title**

**Date**