

AMUSEMENT RIDE OPERATING PERMIT INSTRUCTIONS

NOTE: Permits expire on December 31st of the year issued

Permit

It is illegal to operate an amusement ride or device without a permit. The waiver section of the application form must be completed for a permit application submitted after May 1.

Submit the following with your completed permit application form:

- Fee as described below.
- A Certificate of Insurance listing the "Division of Labor – Amusements, 1000 E. Grand Ave., Des Moines, IA 50319" as a certificate holder. A list of rides included and excluded in the policy with the ride serial numbers shall be included. The effective dates of the insurance coverage shall be indicated. The insurance must cover bodily injury, death and property damage and carry a limit of \$1,000,000 per occurrence. The limits shall be stated on the certificate.

We encourage you to keep a copy of the completed application package for future reference.

INSPECTION

Your equipment must be inspected by an inspector from the State of Iowa before operating in Iowa. Call 515-281-5415 to schedule an inspection as far in advance as possible. Inflatable inspections will be scheduled only Monday through Friday during regular business hours.

At time of inspection you must show the inspector:

- A) Maintenance logs for each ride
- B) Daily operational logs
- C) Operator training logs
- D) All applicable NDT documents for each ride.

All rider safety signs shall be in place prior to inspection.

FEES

Fees can be paid when the application is turned in or at the time of the inspection. It is preferable to wait until inspection time if there is any doubt of what the total fee will be. Rides will not receive stickers and shall not operate until the permit and inspection fees are paid. Cash will not be accepted. Payment must be made by check, cashier's check, or money order payable to Division of Labor Services – Amusements.

Permit fees:

\$30.00 one through ten rides or concessions
\$40.00 eleven or more rides or concessions

Inspection fees:

Major rides (requiring more than 40 work hours to assemble)	\$ 250.00
Adult rides (designed for passengers weighing 75 lbs or more & less than 40 work hours assembly)	\$ 110.00
Kiddie rides (designed for passengers weighing 75 lbs or less)	\$ 75.00
Concession booths	\$ 40.00
Inflatables	\$ 40.00
Generators	\$ 40.00

REPORTING REQUIREMENTS

You must notify the Division of Labor

- immediately of an accident causing a death or injury that resulted in medical care.
- in writing within 48 hours of a major mechanical breakdown.
- of any change in the owner's contact information.
- of any change in your itinerary.

Visit our website for incident report forms: www.iowadivisionoflabor.gov

**AMUSEMENT RIDE
 OPERATING PERMIT APPLICATION**

DIVISION OF LABOR SERVICES
 1000 EAST GRAND AVENUE
 DES MOINES, IOWA 50319-0209
 PHONE 515-281-3418
 or 515-281-5415

PERMIT NO: _____
 PERMIT YEAR 2016
 FAX 515-242-5076
 Web Site: www.iowadivisionoflabor.gov

**INSPECTIONS WILL NOT BE SCHEDULED UNTIL THIS FORM IS COMPLETED
 AND SIGNED AND DATED BELOW**

YOUR SHOW NAME (EX: XYZ AMUSEMENTS)	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# _____/_____	

COMPLETE THIS SECTION ONLY IF YOU APPLY AFTER THE MAY 1, 2016 DEADLINE

1) **The date I first knew an Iowa amusement permit would be needed for this calendar year:**

2) **I am applying for a waiver from the May 1 application deadline because:**

I have read and understand the operating manuals for my equipment and the requirements of Iowa law governing amusement rides and devices. I certify that everyone who works for me in Iowa will be trained to maintain and operate the equipment according to applicable manuals and Iowa law. I certify that the information on this application form and the attachments is true and accurate.

Signature of Authorized Representative **Title** **Date**

ITINERARY

SHOW NAME _____

PERMIT NO: _____

- 1) **List all events that you have booked this year in the state of Iowa and all events you expect to book. Write “tentative” on an event that has not been finalized. If you don’t have any events scheduled please write “no scheduled events” on this form and submit. Submit any updates as they become available to you.**
- 2) **Set up date/time is the date/time you begin unloading equipment.**
- 3) **List approximate times if you have no exact set up time. Place a time not a checkmark in the a.m. or p.m. box.**

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 st Setup location

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Serial Number	USAID #	1 st Setup location

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