



**KENTUCKY DEPARTMENT OF AGRICULTURE  
OFFICE FOR CONSUMER AND PUBLIC SERVICE  
DIVISION OF REGULATION AND INSPECTION  
AMUSEMENT RIDES AND ATTRACTIONS INSPECTION SECTION**  
107 Corporate Dr. --- Frankfort, Kentucky 40601  
Office - 502/573-0282 FAX - 502/573-0303

**AMUSEMENT RIDE & ATTRACTION BUSINESS IDENTIFICATION NUMBER APPLICATION**

Part 1

**BUSINESS INFORMATION:**

**PHYSICAL ADDRESS (911 ADDRESS, STREET OR HIGHWAY)**

**(NOTE: Any application listing a P.O. Box in this section will be returned to the applicant.)**

COMPANY NAME: \_\_\_\_\_

ADDRESS 1: \_\_\_\_\_

ADDRESS 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FED TAX ID NO: \_\_\_\_\_

FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

EMERGENCY PHONE: \_\_\_\_\_

NAME OF OWNER/LESSEE/OPERATOR: \_\_\_\_\_

ADDRESS 1: \_\_\_\_\_

ADDRESS 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FED TAX ID NO: \_\_\_\_\_

FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

EMERGENCY PHONE: \_\_\_\_\_

**Mailing Address (List address specific for business physical location.)**

Indicate (x) if the mailing/billing address is same as the physical address. If different, complete the following:

**MAILING ADDRESS:**

ATTENTION LINE: \_\_\_\_\_

ADDRESS 1: \_\_\_\_\_

ADDRESS 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**BILLING/LICENSE RENEWAL ADDRESS:**

ATTENTION LINE: \_\_\_\_\_

ADDRESS 1: \_\_\_\_\_

ADDRESS 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

Part 2

I hereby apply for a permit to operate amusement rides/attractions as prescribed by the provisions of KRS 247.232 through KRS 247.236 and the rules and regulations of the Kentucky Department of Agriculture. Amusement ride means any mechanized device which carries passengers over a fixed or restricted course for amusement, pleasure or excitement. Attraction means any building or structure over or through which people may walk, climb, slide, jump, or move that provides amusement, pleasure or excitement. This does not include shows, games or concessions.

Please complete Attachment 1, List of Amusement Rides and Attractions, and submit with this application. There is an annual fee for **each** ride or attraction listed. **(Please see fee schedule.)** Make check or money order payable to the **Kentucky State Treasurer**, in care of the address listed at the top of this form.

Kentucky law requires an operator of an amusement ride or attraction to maintain pre-opening daily checklists and maintenance records.

Part 3

INSURANCE - The applicant must provide either a Certificate of Insurance issued by the insurance company or a copy of the actual insurance policy for the minimum amount of \$500,000, as prescribed by KRS 247.234. In either case, the following information must be contained on the certificate or within the policy: (1) Time period of coverage; (2) Limits of the policy; (3) A 30-day cancellation notice; and (4) Name of ride(s) insured. If the policy covers all rides operated by the insured, regardless of the number, the policy or certificate must contain this statement.

**INSURANCE COMPANY:**

COMPANY NAME: \_\_\_\_\_

TIME PERIOD OF COVERAGE: \_\_\_\_\_

POLICY LIMIT: \_\_\_\_\_

PAGE OF THE POLICY SHOWING THE 30 DAY CANCELLATION POLICY: Page \_\_\_\_\_

IS THE POLICY FOR ALL RIDES OPERATED OR SPECIFIC RIDES? ALL RIDES \_\_\_ LIST \_\_\_

Part 4

Please check the following to confirm your acknowledgement of the following duties:

- I understand that I must maintain a copy of this application on site for KDA inspectors.
- I understand that I must maintain a copy of the insurance policy on site for KDA inspectors.
- I understand that I must maintain a copy of maintenance records for each ride or attraction on site for KDA inspectors.
- I understand that I must maintain a copy of daily pre-opening checklists on site for KDA inspectors.
- I understand that I must maintain a copy of the most current manufacturer's manual and bulletins for each ride or attraction on site for KDA inspectors, and that operators must be familiar with these manuals and bulletins.
- I understand that I must maintain and submit an up to date itinerary of operation to the KDA prior to the operation of rides or attractions. I understand that the itinerary form is on the KDA website and may be submitted electronically.
- I have read and understand all statutes and regulations pertaining to amusement rides and attractions.
- I understand that this application will be returned to me if all fields are not properly completed.

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

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DATE                      SIGNATURE OF APPLICANT                      TITLE

**Attachment # 1**

	<b>RIDE/ATTRACTION NAME</b>	<b>MANUFACTURER</b>	<b>SERIAL NUMBER</b>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
15	_____	_____	_____
16	_____	_____	_____
17	_____	_____	_____
18	_____	_____	_____
19	_____	_____	_____
20	_____	_____	_____
21	_____	_____	_____
22	_____	_____	_____
23	_____	_____	_____
24	_____	_____	_____
25	_____	_____	_____
26	_____	_____	_____
27	_____	_____	_____
28	_____	_____	_____
29	_____	_____	_____
30	_____	_____	_____

Total Amount Permit Fees: \$ \_\_\_\_\_

DATE: \_\_\_\_\_

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_