



Office Use Only:  PERMIT# _____
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## Amusement Device/Ride Permit Application

### PART I

Amusement Company: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Property Address:  
 \_\_\_\_\_  
 \_\_\_\_\_

Representative(s) authorized to accept service of legal process on behalf of owner or lessee:  
 \_\_\_\_\_  
 (Name, Title, Address and Telephone Number)

Representative(s) of owner or lessee to be contacted concerning inspection:  
 \_\_\_\_\_  
 (Name, Title, Address and Telephone Number)

### PART II

I hereby apply for a permit to operate amusement rides as prescribed by the provisions adopted under authority granted the Board of Housing and Community Development by the Uniform Statewide Building Code Law, Chapter 6, (subsections 36-97 et. seq.) of the Code of Virginia, and the Virginia Amusement Device Regulations.

Names of rides/devices are listed as an attachment to this application. The listed rides/devices are subject to inspection fees as prescribed by the Virginia Amusement Device Regulations. All payments shall be made to the City of Hampton.

### PART III

Insurance - The owner shall provide proof of financial liability in the minimum amount of \$100,000 per person and \$300,000 per occurrence as prescribed by the Virginia Amusement Device Regulations. Such proof shall be demonstrated by a bond or cash reserve, or a "Certificate of Insurance" issued by an insurance company authorized to do business in the Commonwealth of Virginia.

The following information must be included on the certificate: (1) Time period of coverage; (2) Limits of the policy; (3) A 30-day cancellation notice; (4) Name of ride(s) insured. If the certificate covers all rides/devices operated by the insured, regardless of the number, the certificate must contain such statement.

**PART IV**

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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**DESCRIPTION OF AMUSEMENT DEVICE(S)**

**Please list Name, Serial Number and Type (Kiddie, Major, or Spectacular )**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_
- 11. \_\_\_\_\_
- 12. \_\_\_\_\_
- 13. \_\_\_\_\_
- 14. \_\_\_\_\_
- 15. \_\_\_\_\_
- 16. \_\_\_\_\_
- 17. \_\_\_\_\_
- 18. \_\_\_\_\_
- 19. \_\_\_\_\_
- 20. \_\_\_\_\_

List name of owner(s) by number, if ride/device is sub-contracted or "book-in"

\_\_\_\_\_  
\_\_\_\_\_

Location of Event: \_\_\_\_\_

Address: \_\_\_\_\_

Opening Date: \_\_\_\_\_ Closing Date: \_\_\_\_\_

Date Arrive on Lot: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

A separate form must be prepared for each location of operation. When the rides/devices are ready for assessment, the owner or operator shall notify the inspector by calling (757) 727-8311 to set up the inspection.

**Development Services Center**  
22 Lincoln St., 3<sup>rd</sup> Floor, Hampton, VA 23669  
DSCPermits@hampton.gov  
Tele: (757) 728-2444 – Fax: (757) 728-2445