Amusement Device Application

PERMIT NUMBER:

300 N Main St. Hopewell Virginia 23860 (804) 541-2226 Fax: (804) 541-2318

Email: permits@hopewellva.gov

Will this event be private? If yes, a permit application is not necessary.

Amusement Device Permit Application Instructions:

1) This form shall be submitted at least five days before the event date. All items must be filled out completely.
2) Attach proof of financial responsibility for the minimum amount of $1,000,000 for each occurrence or proof of equivalent financial responsibility.
3) Submit all required forms and fees for processing at time of application.
4) Inspections will be conducted on the date of setup, unless otherwise notified.

OWNER/OPERATOR: PERSON ASSUMING RESPONSBILITY	**COMPANY NAME:**	
	ADDRESS:	
	CITY/STATE/ZIP:	
	PHONE #:	**EMERGENCY PHONE #:**
	SIGNATURE:	**PRINT NAME:**
	CONTACT NAME:	**CONTACT PHONE #:**
	CONTACT EMAIL:	
	OWNER NAME:	**OWNER PHONE #:**
	OWNER EMAIL:	
LOCATION AND OPERATION TIMES OF DEVICE(S):	**JOB LOCATION:**	
	DATE AND TIME OF SET UP:	
	DATE AND TIME OF SHUTDOWN:	
AMUSEMENT DEVICE TYPES:	1. **SMALL MECHANICAL RIDE OR INFLATABLE.** **NO FEE DUE IF VALID INSPECTION VERIFICATION PROVIDED :** • **SMALL MECHANICAL – AN INSPECTION WITHIN THE PAST SIX MONTHS** • **INFLATABLE – AN INSPECTION WITHIN THE PAST ONE YEAR** 2. **CIRCULAR OR FLAT RIDES LESS THAN 20' IN HEIGHT – ALSO INCLUDES ARTIFICAL CLIMBING WALLS LESS THAN 20' IN HEIGHT** 3. **SPECTACULAR RIDE – ALSO INCLUDES GRAVITY RIDES, ZIP LINES, GO CARTS, BUMPER BOATS, BUNGEE JUMPING AND ARTIFICIAL CLIMBING WALLS 20' OR GREATER IN HEIGHT** 4. **COASTERS THAT EXCEED 30' IN HEIGHT.**	

PLEASE LIST THE NAME(S) AND IDENTIFICATION SERIAL NUMBER(S) FOR ALL AMUSEMENT DEVICES COVERED UNDER THIS PERMIT.		
DEVICE NAME OR DESCRIPTION	**TYPE (AS INDICATED ABOVE 1, 2, 3 OR 4)**	**SERIAL NUMBER**

PLEASE ATTACH ADDITIONAL SHEETS/PAGES AS NEEDED.

FEE SCHEDULE:	**NUMBER OF RIDES:**
SMALL MECHANICAL OR INFLATABLE	**$35.00 X ____**
CIRCULAR/FLAT	**$55.00 X ____**
SPECTACULAR	**$75.00 X ____**
COASTERS	**$200.00 X ____**

PERMIT FEE: $ _____

***MINUS 75% FOR PRIVATE INSPECTOR - $ _____**

*Private Inspector Name as it appears on the DHCD Certification

PERMIT FEE : $ _____

If an after-hours or weekend inspection is required, there will be a 50% increase in the fee.

STATE LEVY (2%) $ _____

NAME OF PRIVATE INSPECTOR :

_____

LEVEL OF CERTIFICATION: _____

CERTIFICATE NUMBER: _____

EXPIRATION DATE: _____

TOTAL PERMIT FEE:	
CASHIER:	**DATE:**
TENDER:	