



Application for Amusement Device, Viewing Stand or Tent Operating Permit

You must provide personal information to complete this form. The authority to collect this information is found in the New York State Labor Law. This information will be maintained and used to process the application you are filing with the License and Certificate Unit. Failure to provide this information may result in our inability to process your application.

For all permit applications, new and renewal, complete applicant's information and 1 through 5b, and **sign number 8**. In addition:

- If your application is for a viewing stand or tent permit renewal also complete number 6
- If your application is for an amusement device permit, also complete number 7

Return the signed form to the address above. See page 2 for more information and required documentation.

If you received this form preprinted, it is for your convenience to renew your permit. You must return it **10 days prior** to the permit issue date:

If you do not want to renew your permit, check the appropriate box:

I no longer own the amusement device, viewing stand or tent

I do not need to renew my permit at this time because the amusement device, viewing stand or tent is not in use

Then return the signed form to the address above. (You do not need to complete the applicant's information and numbers 1 through 7)

Applicant's Information (Legal name and mailing address of operator) (Must match Department of State filing)

1. Business name: _____
Mailing address: _____ City: _____ State: _____ Zip: _____
Phone number: _____ Email: _____
FEIN: _____ Doing business as (DBA, if any submit documentation): _____

Questions

2. This application is for (check one): An amusement device A viewing stand A tent

3. The permit type needed is a (check one): New Permit Renewal

4. Manufacturer information:

Name: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Phone number: _____ Model number, if any: _____ Capacity, number of persons: _____

Is the amusement device, viewing stand or tent permanently installed? Yes No

5a: Has the amusement device, viewing stand or tent been rebuilt or modified since the last inspection? Yes No

5b. If 'Yes', describe any changes or modifications since the last inspection in New York State or any other comments relevant to your application.

6. For viewing stand or tent permit renewal only: State registration number: _____

7. For amusement devices only:

Type of device: _____ Identification number: _____

Name device is known by (example: Roller coaster – "Wild Mouse"): _____

Maximum speed: _____ Capacity, weight _____ (not applicable for zip lines or rock walls)

8. Applicant's Signature: _____

Date: _____

Print name: _____ Title: _____

Permit Application Information

You must have a valid New York State (NYS) issued operating permit for each amusement device, viewing stand or tent before it is used in New York State. They are good for one year.

However, even if you have a permit, you must NOT use any amusement device, viewing stand or tent, if it is not properly assembled, is defective, is unsafe in any of its parts, components, controls or safety equipment.

Required inspections of a temporary or permanent amusement device, viewing stand or tent in NYS:

- An inspection by the New York State Department of Labor (DOL) is mandatory before the first time use in NYS.
- An annual inspection is mandatory every year
- An amusement device, viewing stand or tent must be inspected by the DOL

For each Amusement Device Permit Application:

- Submit a completed and signed application for each device to the:
 - New York State Department of Labor
 - Division of Safety and Health
 - License and Certificate Unit
 - Harriman State Office Campus
 - Building 12, Room 161A
 - Albany, NY 12240
- With each amusement device permit application include the following:
 - **Forms:**
 - a) Certificate of Liability Insurance
 - b) Certificate of Workers' Compensation (see list of acceptable forms below)
 - c) Disability Insurance Coverage (see list of acceptable forms below)
 - d) Location Notice, and Equipment Inventory
 - e) Certificate of Flammability Test
 - f) For a **permit renewal** also include the affidavit of annual inspection if it was done by a licensed architect, professional engineer, or inspector for an insurance underwriter
 - **Fee:**

Include a non-refundable one hundred dollars, **\$100.00**, fee with each application. Please make your check or money order payable to the Commissioner of Labor
- **Note for renewals:**

You must submit your application, fee, and all required accompanying information **10 days prior** to the permit issue date.

For each Viewing Stand or Tent Permit Application:

- Submit a completed and signed application for each viewing stand or tent to the:
 - NYS Department of Labor
 - Division of Safety and Health
 - Engineering Services Unit
 - Harriman State Office Campus
 - Building 12, Room 154
 - Albany, NY 12240.
- With each viewing stand or tent permit application include the following:
 - **Forms:**
 - a – f) All the forms listed in the amusement device section (a - f), plus:
 - g) Design plans
 - h) Application for Examination of Plans
 - i) For a **permit renewal**, see (f) in the amusement device section
 - **Fee:**

None, there is no required fee for viewing stand or tent permits
- **Note for renewals:**

You must submit your application, and all required accompanying information **10 days prior** to the permit issue date.

Proof of Workers' Compensation Insurance forms

(only one is needed):

S-105.2	Certificate of Workers' Compensation Insurance
CE-200	Certificate of Attestation of Exemption
U-26.3	State Insurance Fund's version of C-105.2
SI-12	Certificate of Group Workers' Compensation Self-Insurance
GSI-12	Certificate of Group Workers' Compensation Self-Insurance
GSI-105.2	Certificate of Participation in Workers' Compensation Group Self-Insurance

Proof of Disability Insurance forms

(only one is needed):

CE-200	Certificate of Attestation of Exemption
DB-120.1	Certificate of Disability Insurance
DB-155	Certificate of Disability Benefit Self-Insurance