



AMUSEMENT DEVICE APPLICATION

Please provide the following:

Permit # _____

- 1. Certificate of Liability***
- 2. Site Map of location of rides**

**Please submit requests for permits at least five business days in advance of an event.

Applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Amusement Device

Location of Device: _____

Event Date(s): Set up: _____ Break Down: _____

Provide Quantity of Rides

**Spectacular # _____ **Major # _____ **Kiddie # _____ **Inflatable# _____

**Other: _____ (list type)

****A list of rides by Name, Manufacturer and Serial # must be submitted with this application.**

***Effective July 1, 2012, the State of Virginia requires that the City of Winchester be listed as additionally insured on General Liability Policies in the amount of \$1,000,000 on all Certificates of Liability.**

***A Certificate of Liability MUST be shown for ALL applications regardless of location. (Virginia Amusement Device Regulations – VAC 5-30.80 – Owner/Operator Responsibility)**

I do hereby agree to work in conformity to the ordinances and regulations of The City of Winchester and the Uniform Statewide Building Code.

Print Name: _____

Signature: _____ Date: _____