



Department of Building Safety & Inspections  
153 Washington Street, P.O. Box 390  
Amherst, Virginia 24521 • (434) 946-9302  
FAX • (434) 946-9370

### **Amusement Device/Rides Permit Application**

Amusement Company Name: \_\_\_\_\_

Owner Applicant: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone(s): \_\_\_\_\_

E-mail address: \_\_\_\_\_

I hereby apply for a permit to operate amusement rides as prescribed by the provisions adopted under authority granted the DHCD by the 2012 Uniform Statewide Building code, the Virginia Amusement device Regulations and in accordance with Sections 36-98.3 and 36-105 of the Code of Virginia.

Names of rides/devices are listed as an attachment to this application. The listed rides/devices are subjected to inspection fees as prescribed by Part II, Section A of the Virginia Amusement Device Regulations. All payments shall be made to the Treasurer of Amherst County.

**INSURANCE:** The owner shall provide proof of financial liability in the minimum amount of \$100,000 per person and \$1,000,000 in aggregate for each amusement device insuring the owner or operator against liability for injury suffered by persons riding the amusement device or by persons in, on, under or near the amusement device; or proof of equivalent financial responsibility as prescribed by Part II, Section C of the Virginia Amusement Device Regulations. Such proof shall be demonstrated by a bond or cash reserve, or a "Certificate of Insurance" issued by the 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)/device(s) insured.

If the certificate covers all rides/devices operated by the insured, regardless of the number, the certificate must contain such a statement.

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

\_\_\_\_\_  
Date



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Event Name: \_\_\_\_\_

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

Itinerary:

Date arrive on lot: \_\_\_\_\_

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

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

Description of Amusement Devices/Rides:

NAME OF DEVICE	SERIAL NUMBER
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Please line up inspections at least two (2) days in advance. When the ride(s)/device(s) are ready for inspection, the owner operator shall notify the Amherst County Department of Building Safety and Inspections by calling (434) 946 9302