



**AMUSEMENT DEVICE/
RIDE PERMIT APPLICATION**

Town of Herndon – Building Inspections
777 Lynn Street 2nd Floor, Herndon, VA 20170
Telephone (703) 435-6850 Fax (703) 318-8492
E-Mail: buildinginspections@herndon-va.gov

PERMIT NUMBER _____

LOCATION: _____

ADDRESS: _____

OPENING DATE: _____ CLOSING DATE: _____

DATE ARRIVING ON SITE: _____

NAME (FIRM OR AMUSEMENT COMPANY) _____

NAME (OWNER, LESSEE, OR AGENT): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OFFICE PHONE #: _____ SITE PHONE #: _____

FAX #: _____ EMERGENCY CONTACT #: _____

EMAIL: _____

Representative(s) authorized to accept service of legal process on behalf of owner or lessee: _____

(Name, Title, Address, and Telephone Number)

Representative(s), owner, or lessee to be contacted concerning inspections: _____

(Name, Title, Address, and Telephone Number)

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 Title 36 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 13 VAC 5-31-100 of the Virginia Amusement Device Regulations. All payments shall be made to the Town of Herndon.

Insurance- The owner shall submit proof of liability insurance of an amount not less than \$500,000 per occurrence or proof of equivalent financial responsibility status during the period of operation to be, or which is, authorized by the permit. 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 covered 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.

(Date)

(Signature)

