



# Amusement Ride Permit Application Form

Elevator and Amusement Ride Division  
1313 Farnam, Rm 233  
Omaha, NE - 68102.  
(402) 595-3184 – Fax (402) 595-1360  
sfm.amusementrides@nebraska.gov

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address of **FIRST** Site Location: \_\_\_\_\_  
Date of Operation (m/d/yyyy): \_\_\_\_\_ To (m/d/yyyy): \_\_\_\_\_  
Date of Arrival on Lot (m/d/yyyy): \_\_\_\_\_ Requested Inspection Date (m/d/yyyy): \_\_\_\_\_

Use additional sheets as necessary and attach hereto.

	Ride Name	# of Passengers	Major or Kiddie	Manufacturer	Serial No.	RPM	Fees
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

**NOTE:** Reverse Bungee is not permitted in Nebraska

Permit Fee = \$50.00 per unit. Total Fee to be remitted with Permit Application: \$ \_\_\_\_\_

**Required to be submitted with this Permit Application Form:**

- a. Nebraska Route of Events with locations and Dates (81-5203);
- b. Proof of Liability Insurance (If an event provides insurance each ride must be reinspected and permitted) (81-5196, Title 228 Ch.2-005)
- c. Must attach completed Nebraska Ride Inspection Checklist from a Nebraska Approved Qualified Ride Inspector for each ride on this permit.

I certify the information provided is correct.

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please make payments to Nebraska State Fire Marshal Agency, 246 S 14th St, Lincoln NE 68508.

Equal Opportunity Program/Employer TDD: 800-833-7352  
Auxiliary aids and services are available upon request to individuals with disabilities.