

**APPLICATION FOR AMUSEMENT RIDES AND DEVICES
COUNTY OF AMELIA
P.O. BOX A
AMELIA, VA 23002**

Date of Application: _____ Permit Number: _____

Applicant: _____

Address: _____ Owner/Operator: _____

Tax Map – Section _____ Lot _____ Acreage _____ State Route _____

Please Provide the Following:

Name and Brief Description of Amusement Device

Serial or Identification Number

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Proof of Liability Insurance

Length of time that amusement device(s) will be in operation.

I the applicant certify that I am legally authorized to make this application and that all operations will be executed in accordance with the applicable provisions of the Virginia Amusement Device Regulations as enforced by the Uniform Statewide Building Code and the Ordinances of Amelia County.

Applicant

Date: _____