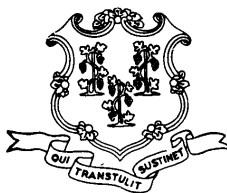


**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
 License Services Division  
 450 Columbus Blvd, Ste 801  
 Hartford, CT 06103  
 Email: [dcp.licenseservices@ct.gov](mailto:dcp.licenseservices@ct.gov)  
 Website: [www.ct.gov/dcp](http://www.ct.gov/dcp)



For Official Use Only

## Application for an Amusement Park License

### Instructions

- A **\$100.00** amusement park license fee and a **\$100.00** amusement ride inspection for each ride must accompany this form. Checks or money orders should be made payable to “*Treasurer, State of Connecticut.*”
- All **rides** in active use by an amusement park must be listed with the Connecticut Department of Consumer Protection for the purposes of inspection. All ride listing and engineering report submissions must be completed online. Information and instructions are available on our website at [www.ct.gov/dcp](http://www.ct.gov/dcp).
- A completed Proof of Financial Responsibility Form from the Connecticut Department of Insurance must accompany this application.
- **Applications must be submitted to the Department of Consumer Protection at least ten (10) days prior to the opening of your rides for the current year.** Return completed application(s) along with the Proof of Financial Responsibility Form(s) and the applicable fee(s) to the above address.
- All inspections will be scheduled and conducted by the Connecticut Department of Emergency Services & Public Protection (DESPP).

### Amusement Park

Name of Amusement Park			
Street Address of Park	City	State	Zip Code
Amusement Park Hours of Operation			
Name of Contact Person		Telephone Number of Contact Person	

### Owner

Name of Owner of Park			
Street Address	City	State	Zip Code
Telephone Number	Email Address		FEIN

### Certification

*I, the undersigned, hereby make application, under the provisions of Section 29-129 of the Connecticut General Statutes, for a license to manage a place of amusement in an amusement park. I certify, under penalty of law (Section 53a-157b, a Class A Misdemeanor) that the information provided in this application is the truth to the best of my knowledge.*

\_\_\_\_\_

Signature of Applicant Title Date