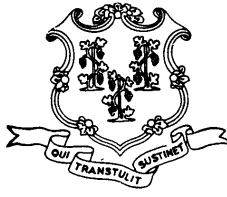


**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
 License Services Division  
 450 Columbus Blvd, Ste 801  
 Hartford, CT 06103  
 Email: [dcp.licenseservices@ct.gov](mailto:dcp.licenseservices@ct.gov)  
 Website: [www.ct.gov/dcp](http://www.ct.gov/dcp)



For Official Use Only

## Application for an Amusement Park Ride License

### Instructions

- A fee of **\$100.00 for each ride** must accompany this form. Checks or money orders should be made payable to "Treasurer, State of Connecticut." All licenses expire annually on December 31<sup>st</sup>.
- Include the completed Proof of Financial Responsibility Form from the Connecticut Department of Insurance.
- 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.

### Amusement Park

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

### Amusement Ride

Name of Amusement Ride		
Manufacturer Name		
Serial Number of Ride	Year Manufactured	Last Year of Inspection
Location of Amusement Ride in Park	Description of Building	

### Owner

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

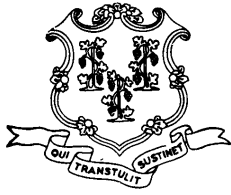
### Certification

*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



# STATE OF CONNECTICUT

## DEPARTMENT OF INSURANCE

### Proof of Financial Responsibility for Amusements

#### Instructions

- It is the responsibility of the applicant to complete this form and submit to the State of Connecticut, Department of Insurance at the address, email or fax number below. Any questions regarding this requirement should be directed to the Department of Insurance.

→ Property Casualty Division  
 Department of Insurance  
 PO Box 816  
 Hartford, CT 06142-0816  
 Telephone: (860) 297-3841 ♦ Fax: (860) 297-3941  
 Email: [cid.pc@ct.gov](mailto:cid.pc@ct.gov)

- Once the Proof of Financial Responsibility form is completed by the Department of Insurance, return with the completed application for Amusement Park Ride license to the Department of Consumer Protection at least ten (10) days prior to the opening of your rides for the current year.

→ 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)

#### Amusement Park

Name			
Street Address	City	State	Zip Code
Telephone Number	Email Address		

#### Insurance Information

Name of Insurance Company		
Policy Number	Effective Date	Expiration Date

#### Certification

*The above named Amusement Company has complied with Section 29-139 of the Connecticut General Statutes relating to financial responsibility for the operation of amusements.*

\_\_\_\_\_  
 Signature of State Insurance Commissioner

\_\_\_\_\_  
 Date