



Date: _____ Permit #: _____

Temporary Amusement Ride Permit Application

SITE ADDRESS: _____

Applicant Information

Owner _____ Device Supplier _____

SUPPLIER

Company: _____ Phone: _____

Contact Person (print): _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip code: _____

PROPERTY OWNER

Name/Company: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip code: _____

Permit Type

Mechanical Device Number of Devices: _____

Inflatable Device Number of Devices: _____

Description of Event: _____

Fees

The permit fee is based on the number of devices and days of operation. A permit is good for up to five days of operation. If planning to operate beyond five days, a second permit would be necessary.

Total Number of Devices: _____ x \$50 = \$ _____

The undersigned hereby represents upon all of the penalties of the law, for the purpose of including the City of Shakopee to take the action herein requested, that all statements are true, and that all work herein will be done in accordance with the ordinances of the City of Shakopee and the State of Minnesota.

Applicant's Signature

Date

Notes to Applicant

- Separate permits are required for electrical.
- Must comply with regulations listed under City Code 110.080.
- Plan review normally requires 10 working days from receipt of the **COMPLETE** application **AND** required information. You will be contacted with the permit fee once our review is complete. Upon receipt of the payment, the permit will be issued.
- **PLEASE ARRANGE FOR INSPECTIONS 24 HRS IN ADVANCE**

