



Annual Application for Permit to Operate Amusement Ride and Attraction Safety

500 Clinton Center Drive, Clinton, MS 39056
Telephone: 601-923-7700
Fax: 601-923-7188

Non-Refundable Application Fee \$100.00
Website: www.dor.ms.gov
Email: amusementdecals@dor.ms.gov

Processing will NOT complete until all information is present.

PLEASE PRINT CLEARLY

Section I. Applicant Information

Name under which business operates _____ FEIN/SSN _____

Owner's Name: _____ Office Telephone: _____ Cell: _____ Fax: _____

Address _____ City: _____ State: _____ Zip Code: _____

Business Contact (if other than owner): _____ Office Telephone: _____ Cell: _____

Email Address: _____
(First Date of Operation in MS) (Last Date of Operation in MS)

Check All That Apply:	<input type="checkbox"/> Fixed Site Operator	<input type="checkbox"/> Mobile Operator	<input type="checkbox"/> Rental Operator
	<input type="checkbox"/> Year Round	<input type="checkbox"/> Year Round	<input type="checkbox"/> Year Round
	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Seasonal

Section II. Maintenance Mechanic Information

Name: _____ Telephone: _____ Email: _____

Section III. First Time Registration ONLY

The owner/ operator is (check one):

- An individual and conducts the business as a sole proprietorship
- A limited liability company (LLC)
- A corporation State of incorporation _____ on _____

If incorporated outside of Mississippi, is the corporation authorized to do business in Mississippi? _____

Corporation, LLC, or Company Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Chief Operating Officer: _____ Telephone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____

Signature of Owner: _____ Date: _____