

**Please gather the following before beginning your application to avoid delays in the processing and permitting of your application form.**

- If you are submitting this application less than 30 days prior to your first scheduled event in Illinois, you may be assessed a one-time expedited inspection fee of \$250.
- Your valid Certificate of Liability Insurance with a policy or policies that are of \$1,000,000 (One Million Dollars) per occurrence and \$2,000,000 (Two Million Dollars) general aggregate, with the Department of Labor listed as a Certificate Holder with the address as follows:  

524 S 2nd Street, Suite 400  
Springfield, IL 62701
- Applicable appropriate documentation for your Non-Destructive Testing performed by a Level II or Level III technician.

**Please gather the following information and have on-site for the inspector.**

- A completed "Worker and/or Volunteer Staff Roster" form listing all staff (operators, attendants, assistants and/or volunteers) that will be operating amusement rides or amusement attractions.
- A substance abuse policy, in writing, which includes random drug testing. (This requirement does not apply to volunteers.)
- A completed National Sex Offender Registry Check for all employees operating or assisting in the operation of amusement ride or attraction. The website to perform these checks is [www.nsopw.gov](http://www.nsopw.gov).
- Criminal history records for all employees operating or assisting in the operation of amusement ride or attraction.
- Manuals for each ride or attraction in operation.
- Written documentation of ride-specific training to all operators.

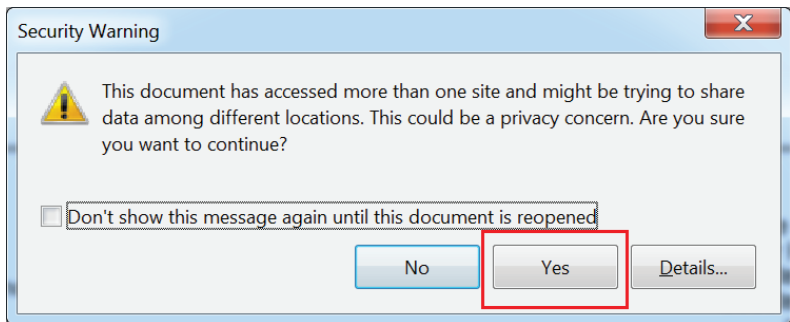
Before filling out information in the pdf document you must save this document to your local hard drive and re-open before continuing.

Once you have saved the document to a local hard drive, re-opened and filled out all of the application data return to page 1 of the application. Click verify sum.

Digitally sign the application. This will prompt you to attach the document to an email to submit to idol. The email address to send completed documents is [dol.rides@illinois.gov](mailto:dol.rides@illinois.gov)

**Digitally Sign**

Click Pay Now, below, to pay fees online with credit card or e-check with epay.



Click "Yes" if this warning appears

**Illinois Department of Labor**

524 S 2nd Street, Suite 400 Springfield, Illinois 62701

Tel # (217) 782-9347 Fax # (217) 782-0596

**2025 Application for Permit to Operate Amusement Ride and Attraction Safety**Web Site: <http://labor.illinois.gov/rides.html>**Ride Operator Information**

Name under which Business operates: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Office Telephone: \_\_\_\_\_ Cell# \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Business Contact (if other than owner): \_\_\_\_\_ Office Telephone: \_\_\_\_\_ Cell# \_\_\_\_\_

Email Address: \_\_\_\_\_

**MUST BE COMPLETED:**\_\_\_\_\_  
(First Date of Operation in IL) (Last Date of Operation in IL)

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

**Enter Additional Information Here:****Ride Owner Information****This Section must be filled out completely.**

The Owner/Operator is (check one):

- An individual and conducts the business as a sole proprietorship.
- A Limited Liability Company (LLC).
- A corporation. Incorporate under the laws of the State of \_\_\_\_\_ on \_\_\_\_\_

If incorporated outside of Illinois, is the corporation authorized to do business in Illinois?  Yes  No

Corporate, LLC or Company Name: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Chief Operating Officer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Email Address: \_\_\_\_\_

By signing below, I affirm and certify that I have read and understand this permit application, and I have read and agree to comply with the provisions of the Carnival and Amusement Ride Safety Act ("Act", 430 ILCS 85/1 et. seq., including but not limited to Sec. 2-10 that requires me to notify in writing, the Department after inspection of any additions or alterations, which are contemplated which change a structure, mechanism, classification or capacity, and Section 2-20 which requires me to perform a criminal history records check and perform a check of the National Sex Offender Public Registry for carnival workers at the time they are hired and for any persons who may be hired for positions other than carnival workers, if such persons during the course of their employment either temporarily or permanently manage, physically operate, or assist in the operation of an amusement ride or amusement attraction when it is open to the public, and to have in place a substance abuse policy as provided by Sec. 2-20 of the Act and the Department's Administrative Rules. I further understand and agree that I will promptly notify the Department if there are any changes in the information provided in this application, including but not limited any additional locations, amusement rides or attractions, after this application has been submitted and which occur during the term of the permit or for the period in which the permit is sought. I certify that all the statements made in this application are true, correct and complete, and further understand that failure to comply with the Act and the Department's Administrative Rules shall subject me to the penalties provided for in the Act. By signing below, I also understand that if this application is submitted less than 30 days prior to the first date of operation in Illinois, and/or I am requesting an inspection outside of normal business hours, I shall be subject to an expedited site inspection fee of \$250. Furthermore, if I am requesting an inspection on a weekend, I shall be subject to a site inspection fee of \$500. [Title 56: Ch 13, Part 6000.50 d),e)]

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Total to Pay: \$ \_\_\_\_\_

**Pay Now**

\*Enter Total to Pay in payment portal





**Itinerary Route Sheet for**

Initial Permits Needed?	Illinois City Name	Event/Show Name	Location (Physical Address) (Do not just list park, but Postal address)	Dates	Times
<input type="checkbox"/> Yes				Arrive: <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
				Open: <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
				Close: <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Yes				Arrive: <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
				Open: <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
				Close: <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Yes				Arrive: <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
				Open: <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
				Close: <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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