



APPLICATION FOR AMUSEMENT ENTERTAINMENT PERMIT

State Form 42235 (R6 / 2-10)

Approved by State Board of Accounts, 2010

Return this completed form to:

**DEPARTMENT OF HOMELAND SECURITY
DIVISION OF FIRE SAFETY - PERMIT DIVISION**
302 West Washington Street, Room E241
Indianapolis, Indiana 46204

FOR OFFICE USE ONLY

Permit number

Receipt number

- INSTRUCTIONS:**
1. Include an updated floor plan with this application.
 2. If claiming exempt status, include a valid 501c letter with this application.

FACILITY INFORMATION						
Type of facility	<input type="checkbox"/> Theater	<input type="checkbox"/> Dance Hall	<input type="checkbox"/> Night Club	<input type="checkbox"/> Cabaret	<input type="checkbox"/> Special Event	<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> Assembly Hall	<input type="checkbox"/> Roller Rink	<input type="checkbox"/> Lodge Hall	<input type="checkbox"/> Carnival Fair	<input type="checkbox"/> Gymnasium	
Name of facility	City			County		
Address of facility (number and street, city, state, and ZIP code)						
Specific room or floor number		Description of facility				
Closest intersecting street or road			Direction from intersection			
			<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West			

APPLICANT INFORMATION		
Type of applicant	Name of applicant	Telephone number
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Lessee		()
Address of applicant (number and street, city, state, and ZIP code)		
If incorporated, name of principal officer of corporation		
Name of person to contact for inspection		E-mail address
Address of contact person (number and street, city, state, and ZIP code)		Telephone number
		()
Responding fire department		
Address of fire department (number and street, city, state, and ZIP code)		

PERMIT REQUEST INFORMATION		
Type of permit request	Name of event	
<input type="checkbox"/> Special Event Endorsement <input type="checkbox"/> Annual Event		
Date of event (month, day, year)	Hours of event	Intended occupant load
If Special Event Endorsement, existing operating permit number		

APPLICATION CERTIFICATION	
I, or we, _____, hereby certify, under penalty of perjury, that the information contained in this application is true and accurate to the best of my knowledge and belief and that the operation of the place of amusement or entertainment or events described above will conform in every respect and at all times with the laws, rules, and regulations of the Fire Prevention and Building Safety Commission and will not be used for other purposes except as herein stated.	
Signature	Date (month, day, year)

PERMIT FEES	
Fees are based on occupancy load, effective September 30, 2006.	
1 - 99 persons	\$99.00
100 - 499 persons	\$134.00
500 - 999 persons	\$168.00
1,000 - 4,999 persons	\$203.00
5,000 - 9,999 persons	\$237.00
10,000 persons or more	\$272.00
Special Event Endorsement	\$99.00

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Date permit issued (month, day, year)	Date of reinspection (month, day, year)	Date of inspection (month, day, year)	Type of permit	Fee amount / year of permit
				\$ 20 _____