



42 First ST. NW, Pulaski, VA 24301  
Phone: 540-994-8606 Fax: 540-994-8699

## AMUSEMENT DEVICE PERMIT

Permit # AD-\_\_\_\_\_

Date: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Applicant: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ Til \_\_\_\_\_

Owner of Device(s) and License number; if more than one owner/company used, list all:

**Owner & Address:**

\_\_\_\_\_  
\_\_\_\_\_

**Owner License Number:** \_\_\_\_\_

**Device/ Ride Name**

**Model #**

**Serial #**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Permit received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved/Issued by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title (Official)** \_\_\_\_\_