



## ④ Route Schedule for Amusement Rides

DIVISION OF INDUSTRY SERVICES  
P.O. Box 7302  
Madison, Wisconsin 53707-7302  
TDD: Contact through Relay

[Division of Industry Services Programs](#)

**Scott Walker, Governor**  
**Dave Ross, Secretary**

### 2016 Play Date / Itinerary

Complete registration of amusement rides includes submittal of route including specific sites and dates on which the amusement ride will be operated in the state. If the route is incomplete or modified, the department shall be notified **prior** to operation on the adjusted route.

**Failure to completely register amusement rides prior to opening to the public will result in late registration fees and possibly red tag.**

*NOTE: The department has 15 business days to process the registration application and grant a registration or issue a denial.*

Ride Operation Business or Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Dates of Operations</b>  <b>Estimated Number of Rides Playing at this Site</b>  _____	<b>Location Name</b>	<b>Location Street Address</b>	<b>Location</b> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town	<b>Location County</b>	<b>Location Zip Code</b>
	<b>Sponsor Name</b>	<b>Sponsor Address</b>	<b>Sponsor City/Zip</b>	<b>Sponsor Phone Number</b>	<b>Sponsor Email</b>
<b>Dates of Operations</b>  <b>Estimated Number of Rides Playing at this Site</b>  _____	<b>Location Name</b>	<b>Location Street Address</b>	<b>Location</b> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town	<b>Location County</b>	<b>Location Zip Code</b>
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## ④ Route Schedule for Amusement Rides (continued)

Ride Operation Business or Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Dates of Operations</b>	<b>Location Name</b>	<b>Location Street Address</b>	<b>Location</b> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town	<b>Location County</b>	<b>Location Zip Code</b>
<b>Estimated Number of Rides Playing at this Site</b>  _____	<b>Sponsor Name</b>	<b>Sponsor Address</b>	<b>Sponsor City/Zip</b>	<b>Sponsor Phone Number</b>	<b>Sponsor Email</b>
<b>Dates of Operations</b>	<b>Location Name</b>	<b>Location Street Address</b>	<b>Location</b> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town	<b>Location County</b>	<b>Location Zip Code</b>
<b>Estimated Number of Rides Playing at this Site</b>  _____	<b>Sponsor Name</b>	<b>Sponsor Address</b>	<b>Sponsor City/Zip</b>	<b>Sponsor Phone Number</b>	<b>Sponsor Email</b>
<b>Dates of Operations</b>	<b>Location Name</b>	<b>Location Street Address</b>	<b>Location</b> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town	<b>Location County</b>	<b>Location Zip Code</b>
<b>Estimated Number of Rides Playing at this Site</b>  _____	<b>Sponsor Name</b>	<b>Sponsor Address</b>	<b>Sponsor City/Zip</b>	<b>Sponsor Phone Number</b>	<b>Sponsor Email</b>
<b>Dates of Operations</b>	<b>Location Name</b>	<b>Location Street Address</b>	<b>Location</b> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town	<b>Location County</b>	<b>Location Zip Code</b>
<b>Estimated Number of Rides Playing at this Site</b>  _____	<b>Sponsor Name</b>	<b>Sponsor Address</b>	<b>Sponsor City/Zip</b>	<b>Sponsor Phone Number</b>	<b>Sponsor Email</b>
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Please make copies of this form as needed.