MISSOURI DIVISION OF FIRE SAFETY
AMUSEMENT RIDE SAFETY
ITINERARY REPORT

PLEASE TYPE OR PRINT

GENERAL INFORMATION

OWNER / BUSINESS NAME

PAGE

1 OF _____

ADDRESS

PHONE

CITY, STATE, ZIP

E-MAIL ADDRESS

Amusement ride/ attraction owners or operators must file with the Department this itinerary of scheduled operation dates and locations no less than 15 days prior to operation of ride or attraction for use by the public in Missouri. Failure to do so will subject such owner or operator to the penalty as provided by law. **RETURN FORM TO ADDRESS LISTED ABOVE.**

TRAVELING SHOW ITINERARY

EVENT SPONSOR	EVENT SPONSOR
SITE OF EVENT (STREET)	SITE OF EVENT (STREET)
CITY / COUNTY / ZIP	CITY / COUNTY / ZIP
CONTACT PERSON	CONTACT PERSON
PHONE	PHONE
SET-UP DATE	SET-UP DATE
DATES OPEN TO PUBLIC	DATES OPEN TO PUBLIC

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CITY / COUNTY / ZIP	CITY / COUNTY / ZIP
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PHONE	PHONE
SET-UP DATE	SET-UP DATE
DATES OPEN TO PUBLIC	DATES OPEN TO PUBLIC

ATTACH ADDITIONAL PAGES IF NECESSARY

MISSOURI DIVISION OF FIRE SAFETY

AMUSEMENT RIDE SAFETY

ITINERARY REPORT

(CONTINUED)

Missouri Division of Fire Safety
Amusement Ride Safety Unit
P.O. Box 844
Jefferson City, MO 65102
800-877-5688

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TRAVELING SHOW ITINERARY

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