
Haunted House/Maze Supplemental Application

Name and Address of Applicant

Location of Haunted House or Maze

Building Information

Original Occupancy of Building? Yes No

If no, describe the prior occupancy _____

Construction Type: _____ Age of Building: _____

Number of Stories: _____ Sprinklered? _____

Date last inspected by Fire Department _____ Number of Exits: _____

Are they lighted? Yes No Are stairways lighted or marked? _____

Are stores not used barricaded or marked? Yes No

Number of Acres of Maze?

Special Effects/Layout/Operations

Are there any slides? _____ Number of slides? _____

Are slides adequately lighted at top? _____ At the bottom? _____

Are there any ramps? _____ If yes, please describe below.

Are there removable/dropping floors? _____ Live actors? _____

Is the touching of customers by actors permitted? _____ Are the guides used? _____

What is the minimum age of any guide? _____ Ratio of guides to customers? _____

How many customers allowed in each group? _____

Are guides stationed at beginning and at the end of each group? _____

What is the minimum age of supervisors?

Is a security service utilized? _____ If yes, armed or unarmed?

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Describe in detail special effects (such as, mechanical devices, swords, knives, hangman ropes, strobe lights, open fire, ect.

Is parking provided by the applicant?	Yes	No
Are all personnel trained in First Aid?	Yes	No

Days of Operation

What was the first day of operation? _____

What is the last day of operation? _____

What is the total number of days open to the public? _____

What days of the week is the risk open for customers?

Check all that apply.

Sunday	Monday	Tuesday	Wednesday
Thursday	Friday	Saturday	

Is coverage needed for any days not open to public? Yes No

When? _____ Cost per person for entry? _____

IMPORTANT! Estimated total attendance _____

Estimated Receipts \$ _____

Applicant's Signature

Date