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nyc.gov/consumers

WEEKLY UPDATE OF INFLATABLE AMUSEMENT DEVICE OPERATION

Inflatable amusement device operators must fax or mail this form to the DCA Special Applications Unit on a weekly basis. Contact information is provided on the left.

Legal Name of Business:			
Business's Trade or Doing- Business-As (DBA) Name, if applicable:			
Business Address:			
Business Contact Name:			
Telephone:			
Please list where and when you pamusement device(s). Attach add			
Device Name	License Number	Location	Date and Time
I understand that falsification of any statement made herein is an offense punishable by a fine or imprisonment or both.			
Signature		 Date	