



South Carolina Department of Labor, Licensing and Regulation

Office of Elevators and Amusement Rides

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www.llr.sc.gov/elevators/



AMUSEMENT DEVICE LISTING (Form 101)

SHOW NAME: _____

DATE: _____

OWNER NAME: _____

LESSEE NAME: _____

NOTE: List all amusement devices you expect to operate within South Carolina this year. If more space is needed, use next sheet or another Amusement Device Listing form. *Number each item consecutively. When continuing from another page, be sure not to skip or leave out a number.

Item #	State ID #	Check if ride has been used this year in SC	Amusement Device Name	Serial Number	Model Number	Manufacturer Name	Manufacturer Address
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Signature of Owner of Lessee

Title

Date

ADDENDUM TO FORM 101

Item #	State ID #	Check if ride has been used this year in SC	Amusement Device Name	Serial Number	Model Number	Manufacturer Name	Manufacturer Address