



Office of Elevators and Amusement Rides

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ITINERARY FOR MOBILE OR TEMPORARY (Form 102)
AMUSEMENT RIDE OWNER/LESSEE/OPERATOR

List all rides to be used at this location on this form. One (1) itinerary must be completed for each location or setup. Use for SCLD/LIC102A, if more space is needed. ALL INFORMATION MUST BE COMPLETED OR FORM WILL BE RETURNED.

SHOW NAME: _____ SHOW HOME TELEPHONE: _____

SET-UP LOCATION: _____ SITE TELEPHONE #: _____

ADDRESS: _____
Enter complete address

EMAIL ADDRESS: _____
(MANDATORY FOR AMUSEMENT PORTAL REGISTRATION)

REQUESTED INSPECTION DATE: _____ AM / PM

DATES OF OPERATION: FROM: _____ TO: _____

OPERATING HOURS: FROM: _____ TO: _____

NAME OF SPONSOR: _____ TELEPHONE #: _____

ADDRESS: _____
Enter complete address

NAME OF LAND OWNER: _____ TELEPHONE #: _____

ADDRESS: _____
Enter complete address

- 1. Was a FORM LIC103 issued to the sponsor/landowner? (Mandatory) Yes No
2. Are there any other amusement device owners that will be booked and/or operated at this location? Yes No
a) If yes, give name of other owner: _____
b) Telephone #: _____
c) Will booked in rides be on your insurer? Yes No

NOTE: All owners of amusement devices operated within South Carolina must complete all necessary forms whether booked in or not.

SIGNATURE OF OWNER/LESSEE

DATE

