



# Amusement Ride - New Ride Registration

[esla.wi.gov](http://esla.wi.gov)

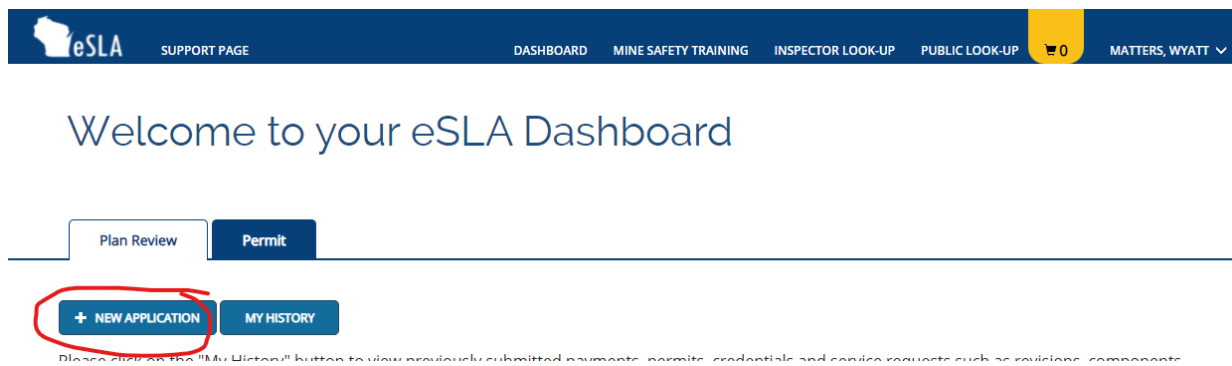
Department of Safety and Professional Services  
Amusement Ride Program  
(608)266-2112, press #4  
[DSPSSBInspectionSupport@wi.gov](mailto:DSPSSBInspectionSupport@wi.gov)

- If the ride is new to you but was previously registered in Wisconsin, contact DPS— we can move that ride into your Account, saving you time and hassle.
- If the ride is new to the State of Wisconsin, please proceed with the new registration.

Log into eSLA at [esla.wi.gov/PortalCommunityLogin](http://esla.wi.gov/PortalCommunityLogin) using Google Chrome

- Have your proof of insurance, ride information and form of payment ready

From the Dashboard, click the NEW APPLICATION button



Make the following selections from the drop-downs, selecting your Business Account

- A new, portable amusement ride is registered as a Permit (Permit = Permit to Operate or PTO)

### Application Selection

Select the Area. Next, based on the area, select either the Program Area, Permit/Plan Review, and Application Type or the Application Type, Credential and Credential Type as applicable.

To add an account, select the account name from the drop down. If you do not see an account, please add the business via the [Manage Business](#) page.

Select Area  
Permits

Select Program Area  
Amusement Rides PTO

Select Permit Type/Plan Review  
Amusement Ride PTO

Select Application Type  
Permit to Operate

Please select an Account ~~(Create new account)~~  
AMUSEMENT MATTERS

### Application Instructions

Provide the information necessary for the application. Once finished, click which type of Save option desired.

SPS 334.04(1) and SPS 302.20 of the Wisconsin Administrative Code require that amusement rides be registered with the Department of Safety and Professional Services each calendar year

CANCEL SAVE AND CONTINUE

Click "SAVE AND CONTINUE"

## If you need personal information changes, contact DSPS



# New Application

Amusement Ride PTO



## Personal Information

Provide the necessary information in the fields to the right. All fields with (\*) are required and must be completed to continue the application process.

First Name  
Wyatt

MiddleName

LastName  
Matters

## CNext, check a Mailing address and a Public address

### Mailing Address

Select a mailing address by clicking the appropriate checkbox to the right (this is the address used for all postal communications from the Department). To add a new address, click Add Address, complete the required fields, and click Save.

Mailing	Address	
<input type="checkbox"/>	427 MATTERS LN ALWAYS WI 53533 Rock United States	
<a href="#">+ ADD ADDRESS</a>		

### Public Address

Select a public address by clicking the appropriate checkbox to the right (this is the address that will be viewable by the public). To add a new address, click Add Address, complete the required fields, and click Save.

Public	Address	
<input type="checkbox"/>	427 MATTERS LN ALWAYS WI 53533 Rock United States	
<a href="#">+ ADD ADDRESS</a>		

- Adding a new address is as easy as clicking "+ ADD ADDRESS"
- Delete an address by clicking the garbage can icon

## When both Addresses are selected and saved, click "SAVE AND CONTINUE"

### Mailing Address

Select a mailing address by clicking the appropriate checkbox to the right (this is the address used for all postal communications from the Department). To add a new address, click Add Address, complete the required fields, and click Save.

ADDRESS SAVED SUCCESSFULLY

USE DIFFERENT ADDRESS

427 MATTERS LN  
ALWAYS WI 53533  
Rock  
United States

### Public Address

Select a public address by clicking the appropriate checkbox to the right (this is the address that will be viewable by the public). To add a new address, click Add Address, complete the required fields, and click Save.

ADDRESS SAVED SUCCESSFULLY

USE DIFFERENT ADDRESS

427 MATTERS LN  
ALWAYS WI 53533  
Rock  
United States

SAVE & FINISH LATER

SAVE AND CONTINUE

DOWNLOAD APPLICATION

You now have an Application Number



## New Application

Amusement Ride PTO **DIS-012200032**

You can click "SAVE & FINISH LATER" to pause the application if you need to step away.

To find the application, scroll down to the bottom of the Permit tab.

Your application will be under "New Permit Applications."

Click "Options" and "Edit Application" to continue.

### New Permit Applications

To edit or withdraw an application, please click on the Options button.

[View and Search all Applications](#)

SORT BY ▾

	PROJECT NAME	STATUS	EXP DATE	OPTIONS ▾
	Amusement Ride PTO DIS-122247124	Pending		Edit Application Download Application

## Click "ADD INDIVIDUAL"

### Affiliation Information

Add the Owner, Installer or Designer information necessary to complete this application.

ADD INDIVIDUAL

## Click "Create an Affiliation..."

### Affiliation Information

Add the Owner, Installer or Designer information necessary to complete this application.

Create an Affiliation without searching by email

OR

Search by Email

CANCEL

## Select "Owner" – fill in fields and click SAVE when done

### Affiliation Information

Add the Owner, Installer or Designer information necessary to complete this application.

Type of Affiliation

\* --None--

\* Owner

\* Designer

\* Installer

\* HVAC Contractor/Qualifier

Company

## Affiliation is complete – move down to "Project and Site"

### Affiliation Information

Add the Owner, Installer or Designer information necessary to complete this application.

Wyatt Matters

Status : Active

Type : Owner

Company :

Phone : 0000000000

Address : Street

City Wisconsin 53533

ADD INDIVIDUAL

## Click "ADD SITE"

Project and Site Information  
Add the necessary Project and



## Enter "portable ride" into the Search field--select "PORTABLE RIDE (official)" (All portable amusement rides should use this site--it's removed after registration.)

Project and Site Information  
Add the necessary Project and Site information necessary to complete this application.

Create a New Site  
OR  
Search for Site by Id, Municipality, Name or Location (please enter a minimum of 6 characters to search)

portable ride

PORTABLE RIDE (official), PORTABLE AMUSEMENT RIDE, Madison, SIT-74244  
Portable Ride, Portable Ride, MADISON, SIT 100483

## SAVE the site selection

Project and Site Information  
Add the necessary Project and Site information necessary to complete this application.

Project/Site Name  
\* PORTABLE RIDE (official)

Location, Number and Street of Project  
\* PORTABLE AMUSEMENT RIDE

Location City \* WI      Location Zip Code \* 53705

Legal Description

County  
\* Dane

Municipality Type \* City      Municipality Name \* Madison

CANCEL      SAVE

## When you see two gray boxes, click SAVE AND CONTINUE

PORTABLE RIDE (official) 

Site Id : SIT-74244  
County : Dane  
Municipality Type : City  
Municipality : Madison

## Fill in the fields and make appropriate selections from dropdowns – click SAVE AND CONTINUE

### Questions

Answer the following questions by selecting the appropriate answer for each question. Once completed, click Save and Continue.

What is the ride name?

What is the name of the manufacturer?

What is the ride class?

The ride location type is?

Is the ride original or modified?

## Click ADD ATTACHMENT to upload COI - COI will appear - click SAVE AND CONTINUE

### Attachment

If applicable, upload the attachments for your application by clicking the Add Attachment button(s). If uploading an attachment as a submission, it is necessary that the name of the file attachment

### Certificate of Liability Insurance

Please attach the Certificate of Liability Insurance.

5320 Ventures COI 2022.pdf

ADD ATTACHMENT

## If “Complete,” check the “I accept” box and “sign” name exactly as it appears in the parenthesis – click SUBMIT

### Application Review

Completed

### Attestation

By attesting below, the applicant swears that all information provided on this application is true, accurate, and that the submission requirements are met.

Consent to Electronic Signature

I accept

Type your First Name and Last Name as they appear on the application to sign electronically

Wyatt Matters

Wyatt Matters

### Submit your Application

After clicking the 'Submit' button below, you will no longer be able to change this application. PLEASE DO NOT USE THE BROWSER'S BACK BUTTON AS THAT MAY OVERWRITE YOUR DATA. If you want to return to your application, simply log out and log back in.

If this application requires payment you will be prompted to begin the payment process. You must complete the payment process before the board will review your application. If this application does not require payment, you will be navigated back to the eLicense home page and the board will review your application.

SAVE & FINISH LATER

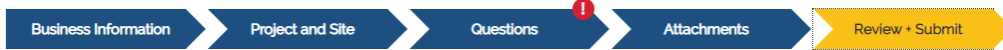
SUBMIT

If Application is **incomplete**, you'll see something like this – click the blue hyperlink to go back to the problem area and fix the issue



## New Application

Amusement Ride PTO DIS-012200032



### Application Review

We've reviewed your application and have found the following errors. Please correct these errors and review your application again.

Questions:

**!** Questions - Please answer all questions.



### Scanning the page, I see I didn't fill the "Ride Serial #" field

#### Questions

Answer the following questions by selecting the appropriate answer for each question. Once completed, click Save and Continue.

What is the ride name?

What is the name of the manufacturer?

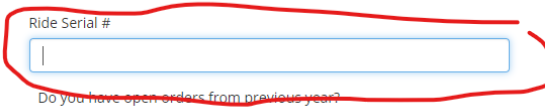
What is the ride class?

The ride location type is?

Is the ride original or modified?

Ride Serial #

Do you have open orders from previous years?



### I complete the field\* and click SAVE AND CONTINUE

Ride Serial #

**\*You may create a serial number or use "N/A" to complete the Application  
Serial numbers must match what is on the proof of insurance**

**Click SAVE AND CONTINUE one more time to return to the Review tab**

If "Complete," finish the Application (process on page 6).

After attesting, you'll be taken to the Cart – we see one Fee next to the cart icon.

Click the drop-down below "Pay For".

Wyatt Matters's Cart

DSPS only accepts payments from US entities.

PLEASE DO NOT USE THE BROWSER'S BACK BUTTON AS THAT MAY OVERWRITE YOUR DATA.  
To continue paying, select the fees you wish to pay and then press the continue button.

ITEMS >> CHECKOUT >> CONFIRMATION

Pay For:  
None

CONTINUE Total Due: \$0.00

Select a "Pay For" type from the dropdown – All Fees is best.

Pay For:  
None  
None  
Permit  
All Fees

Check the box of the Fee you wish to pay - click Continue when "Total Due" updates.

Pay For:  
Permit

Select All

Permit Fee for DIS-012200032 - STONEFIRE PIZZA CO - 6809 120TH AVE KENOSHA WI 53140 Kenosha

Type	Amount	Credential/Permit Type	Credential/Permit Number	Fee Creation Date	Due Date	Tag Number
Amusement Ride Registration	\$55.00	Amusement Ride PTO	DIS-012200032	1/21/2022		Bounce-A-Roo

Total Amount Outstanding : \$55.00

CONTINUE Total Due: \$55.00



Confirm the amount – click ‘Continue’ again – you’ll be redirected to the payment gateway.

You’ll receive a Receipt via email – Payment history can also be viewed from the Dashboard by clicking the “My History” button

The Application will appear under “New Permit Applications” until it is processed.

### New Permit Applications

To edit or withdraw an application, please click on the Options button.

[View and Search all Applications](#)

SORT BY ▾					
	Amusement Ride PTO - Bounce-A-Roo DIS-012200032	PROJECT NAME STONEFIRE PIZZA CO	STATUS Generate Fee	EXP DATE	OPTIONS ▾

Note the Status changes depending on where the application is in the application process.

### Status

Pending	Application incomplete--edits can be made
Generate Fee	Fee unpaid
Submitted	Fee paid

### Registration Process

Only submitted applications are processed.

Applications will become permits when:

- All owed fees are paid
- Acceptable COI is submitted
- Itinerary requirement is met



OSHKOSH-01

DANDBR

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/1/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 100797667 Your Insurance Agency, Inc. Street Address City, State, Zip Code	CONTACT NAME: Alice Insurance PHONE (A/C, No, Ext): (920) ###-####	FAX (A/C, No): (920) ###-####
	E-MAIL ADDRESS: info@aliceins.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Insurance Mutual Ins Company	
INSURED	INSURER B :	
BUSINESS NAME ADDRESS CITY, STATE ZIP CODE		

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS...

**Minimum coverage of 1,000,000.**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			#####	3/1/2022	3/1/2023	<b>1,000,000</b> EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>250,000</b> MED EXP (Any one person) \$ <b>Excluded</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ <b>Employee Benef.</b> \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						\$ EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Cat Scratch 2000 - d-341196 or Cat Scratch 2000 - d-341196, Frog Log - 45-34-P, Spin-Master - KR2341  
 Frog Log - 45-34-P  
 Spin Master - KR2341

Sample of attached ride list on next page

**Complete ride list with serial numbers (where available) OR as an attached ride list with serial numbers (where available)**

**CERTIFICATE HOLDER** **Must be DSPS****CANCELLATION**

Dept of Safety and Professional Services Amusement Ride Program 4822 Madison Yards Way, Madison, WI 53705 or PO Box 7302, Madison, WI 53707-7302 email: DSPSSBInspectionSupport@wi.gov	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>Sherril Rusch-Regenwether</i>
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- The ride list **MUST** come from the insurer. If all rides do not fit in the Description of Operations / Locations / Vehicles on the first page, have your insurer send the ride list.
- The ride list can be a standard insurance form, hand-written, typed or a spreadsheet, but **MUST** come from the insurer.
- We will not accept separate ride lists from anyone other than the insurer.
- For fastest service, we may communicate directly with the insurer to confirm details or request corrections to the COI or ride list.

**Sample of Attached Ride List from Insurer:**



Named Insured THE AMUSEMENTS, INC.

Policy No. XXX XX XXXXX

Premises No. 001 VARIOUS LOCATIONS  
 VARIOUS CITIES

DESCRIPTION	SERIAL NUMBER
MOBILE EQUIPMENT LIABILITY	N/A
MOBILE EQUIPMENT OWNED OR LEASED BY NAMED INSURED	N/A
1992 RIDE WORKS WINKY THE WHALE	5003T792
2000 ZAMPERLA KITE FLYER	KF12R329US99
2001 WISDOM DIVE BOMBER	63081
1998 REVERCHON SCOOTER	1M001999
2004 FUN EQUIPMENT UNL. BLUE BEARD INFLATABLE SLIDE	007
2012 ZAMPERLA SAMBA BALLOON	860GSB08R11269US
2014 OWENS MONKEY MAZE	1C902S486E1139518
2009 VISA KIDDIE SWINGS	376021

**SPS 334.035 Insurance.**

- (1) Except as provided in sub. (2), no amusement ride owner may operate a ride unless at the time there is in existence a contract of insurance providing coverage of not less than \$1,000,000 per occurrence against liability for injury to persons for the ride.
- (2) No amusement ride owner shall operate a non-mechanical ride or a coin-operated ride unless at the time there is in existence a contract of insurance for the ride providing coverage of not less than \$500,000 per occurrence against liability for injury to persons.
- (3)
  - (a) The insurance contract to be provided under subs. (1) and (2) shall be by an insurer or surety authorized to transact business in the state.
  - (b) The amusement ride owner shall be responsible for assuring that the insuring company will notify the department at least 10 days prior to cancellation or change of insurance coverage. The certificate of insurance shall acknowledge this notification responsibility.
  - (c) The insurance contract or an attached schedule to satisfy the provisions of subs. (1) and (2) shall identify each amusement ride included in the coverage utilizing the ride serial number where such a number exists.

**History:** Emerg. cr. eff. 1-1-08; CR 07-086: cr. Register February 2008 No. 626, eff. 3-1-08.