

## Haunted Attraction / Haunted House Application

1. Name of Applicant: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Applicant's Website Address: \_\_\_\_\_  
 Applicant's Experience: \_\_\_\_\_ Years
2. Name of Event: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Event's Website Address: \_\_\_\_\_
3. Dates of event: From: \_\_\_\_\_ to \_\_\_\_\_  
 Operating Hours: From: \_\_\_\_\_ to \_\_\_\_\_  
 Total number of operating days: \_\_\_\_\_  
 Coverage dates requested: From: \_\_\_\_\_ to \_\_\_\_\_
4. Is this event part of a larger event?  Yes  No  
 If yes, please explain: \_\_\_\_\_
5. Is security provided?  Yes  No  
 If yes, please provide full details of security measures provided on Attachment to A93  
 Security provided by:  Employees of Applicant  Local or State Police  Independent Firm or Contractor  
 Other (please explain): \_\_\_\_\_  
 Certificate of Insurance required from independent security contractor?  Yes  No  
 Are independent contractors required to name applicant as additional insured on their policy?  Yes  No  
 Limits of Liability required: \_\_\_\_\_
6. Number of employees: \_\_\_\_\_ Number of leased employees: \_\_\_\_\_  
 Number of volunteers: \_\_\_\_\_ Number of subcontractors: \_\_\_\_\_  
 Is Workers' Compensation coverage in force?  Yes  No  
 Are employees/volunteers allowed to use weapons?  Yes  No  
*(Knives, guns, chainsaws, etc., other than rubber or plastic?)*  
 Are employees/volunteers allowed to chase and/or touch patrons?  Yes  No
7. Is admission:  General Admission  By Invitation Only  
 Maximum capacity of the location holding this event: \_\_\_\_\_  
 Are there admission fees?  Yes  No  
 If yes, what is the admission price: \$ \_\_\_\_\_ Attendee Average Age: \_\_\_\_\_  
 Estimated gross sales: \$ \_\_\_\_\_ Prior year's gross sales: \$ \_\_\_\_\_  
 Total estimated attendees for event: \_\_\_\_\_ Total estimated attendees per day: \_\_\_\_\_  
 Total estimated attendees prior year: \_\_\_\_\_
8. Is the Haunted House indoors?  Yes  No  
 How many stories in the structure: \_\_\_\_\_ Which stories does the applicant occupy: \_\_\_\_\_  
 Any emergency exits?  Yes  No  
 Are all exits well lit?  Yes  No
9. Is the Haunted House outdoors?  Yes  No  
 Is the area fenced or otherwise enclosed?  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 The Haunted House is:  Walk-Through  Hay Ride
10. Any pre-entry instructions posted (i.e. no running, exit locations, etc.)?  Yes  No  
 If yes, please explain: \_\_\_\_\_

11. Does the Haunted House contain any of the following? (Check all that apply)

- Chutes                       Trap Doors                       Slides                       Moving Floors/Sinking Floors  
 Unlit Stairs                       Smoke Machines                       Live Animals                       Empty Hanging Nooses                       Fire/Open Flames

Any other obstacles?

Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

12. Are attendees escorted?  Yes  No

Maximum group size: \_\_\_\_\_

Are lead or follow-up guides used?  Yes  No

Number of guides: \_\_\_\_\_

Are all doors monitored?  Yes  No

13. Concessions sold or displayed on premises?  Yes  No

Are outside vendors used?  Yes  No

If yes, please provide list of vendors: \_\_\_\_\_

Type of food being sold: \_\_\_\_\_

Is cooking done on premises?  Yes  No

If yes, please explain: \_\_\_\_\_

14. Will alcoholic beverages be sold, served or consumed?  Yes  No

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Producing Agent

