

**APPLICATION FOR EXEMPTION
HAUNTED HOUSES**

Haunted Houses are “amusement attractions” within the meaning of the Amusement Ride and Attraction Safety Act, 430 ILCS 85/2-1 (“Act”). As such, Haunted Houses are subject to the inspection and permitting requirements of the Act. However, pursuant to Section 2-16 of the Act an operator of a Haunted House may qualify for an exemption by certifying that it meets all of the criteria set forth below and by submitting this form fully completed along with the certifications of the state fire marshal and/or a political subdivision of the State to the Department prior to the commencement of operations of the Haunted House. All required records are subject to the Department’s inspection. If you do not qualify for an exemption, you must apply for a permit to operate a Haunted House by returning the enclosed application with appropriate fees and documentation at least 30 days prior to commencement of Haunted House operations.

Operator Certification

The undersigned hereby certifies to the Department of Labor (“Department”) that the below listed person/organization intends to operate a Haunted House located at _____, and that **ALL** of the below listed criteria have been met: (Street Address, City and State and Zip Code)

1. The Haunted House is owned or operated by _____ which is a non-profit religious, educational or charitable institution or association. **(Provide documentation of your non-profit or charitable status (e.g. Secretary of State filing.)**
2. The Haunted House is located within a building.
3. The building within which the Haunted House is located is subject to inspection and has been approved to operate by the State Fire Marshal or by any political subdivision of the State of Illinois under its building, fire electrical, and related public safety ordinance. **(Certification by Fire Marshal or political subdivision must be included – See below)**
4. The Haunted House itself is and has been subject to inspection in accordance with Section 2-17 of the Act by the political subdivision whose attestation is set forth below, whose regulations are as stringent or more stringent than the Departments. **(Certification by Fire Marshal or political subdivision must be included – See below)**
5. All Haunted House operators/assistants/attendants, including volunteers, are at least 16 years of age. **(The operator must have and maintain documentation to substantiate this certification).**
6. All operators/assistants/attendants have been trained in the safe operation of the Haunted House. **(The operator must have and maintain documentation to substantiate this certification).**
7. All persons who act as operators/assistants/attendants have undergone the required criminal history records checks, national sex offender public registry check and are subject to a substance abuse policy, which includes random drug testing, unless such operators, assistants, attendants are **volunteers**. **(The operator must have and maintain appropriate records of this requirement, such as, the volunteer roster form included in the application for permit to operate).**

Print Name

Signature

Telephone Number

Street Address

City and State and Zip Code

e-mail address

Building: State Fire Marshal and/or Political Subdivision Certification

The undersigned, the _____ hereby certifies on behalf of the _____
Title
_____ that the above referenced building containing the
Name of Fire Marshal or political subdivision of the state

Haunted House is and has been subject to inspection in accordance with Section 2-16 of the Act.

_____	_____
Print Name	Street Address
_____	_____
Signature	City and State and Zip
_____	_____
Telephone Number	e-mail address

Haunted House: Political Subdivision Certification

The undersigned, the _____ hereby certifies on behalf of the
Title
_____ that the above referenced
Name of political subdivision of the state

Haunted House is and has been subject to inspection in accordance with Section 2-17 of the Act and whose regulations are as stringent or more stringent than those of the Department's regulations.

_____	_____
Print Name	Street Address
_____	_____
Signature	City and State and Zip
_____	_____
Telephone Number	e-mail address