



TO: ALL EVENT PROMOTERS OR ORGANIZERS  
RE: AMUSEMENT ENTERTAINMENT PERMIT

Indiana Law requires a Special Endorsement to an Amusement Entertainment Permit for each Memorial Coliseum event. Attached is an application for this permit.

Please complete the application and mail it along with a check in the amount of NINETY NINE DOLLARS (\$99.00) to the address listed below. **Be sure to list the name of your event and the date(s) of your event on the application form.** The application should be submitted no later than thirty (30) days prior to your event.

Any questions concerning this permit should be referred to the office listed below. Do **NOT** mail your permit application or your check to the Coliseum.

Send permit application and \$99.00 check made payable to "Department of Homeland Security" to:

DEPARTMENT OF HOMELAND SECURITY  
DIVISION OF FIRE SAFETY - PERMIT DIVISION  
302 W. WASHINGTON STREET, RM. E241  
INDIANAPOLIS, IN 46204

ARENA

EXPO CENTER

9/26/11

MEETING ROOMS

4000 Parnell Avenue • Fort Wayne, Indiana 46805-1414 • Phone 260.482.9502 • Fax 260.484.1637

[www.memorialcoliseum.com](http://www.memorialcoliseum.com)

Board of Trustees

Phil GiaQuinta • Maye L. Johnson • Mac Parker • Laura J. Rhoades • Dennis D. Sutton



# APPLICATION FOR AMUSEMENT ENTERTAINMENT PERMIT

State Form 42235 (R6 / 2-10)

Approved by State Board of Accounts, 2010

Return this completed form to:

DEPARTMENT OF HOMELAND SECURITY  
DIVISION OF FIRE SAFETY - PERMIT DIVISION  
302 West Washington Street, Room E241  
Indianapolis, Indiana 46204

### FOR OFFICE USE ONLY

Permit number

Receipt number

- INSTRUCTIONS: 1. Include an updated floor plan with this application.  
2. If claiming exempt status, include a valid 501c letter with this application.

| FACILITY INFORMATION   |  |                                      |   |  |   |  |       |
|--|--|--------------------------------------|---|--|---|--|-------|
| Type of facility   | <input type="checkbox"/> Theater       | <input type="checkbox"/> Dance Hall  | <input type="checkbox"/> Night Club   | <input type="checkbox"/> Cabaret       | <input checked="" type="checkbox"/> Special Event | <input type="checkbox"/> Other (specify) |       |
|  | <input type="checkbox"/> Assembly Hall | <input type="checkbox"/> Roller Rink | <input type="checkbox"/> Lodge Hall   | <input type="checkbox"/> Carnival Fair | <input type="checkbox"/> Gymnasium                |  |       |
| Name of facility   | ALLEN COUNTY WAR MEMORIAL COLISEUM     |                                      | City  | FORT WAYNE                             |   | County                                   | ALLEN |
| Address of facility (number and street, city, state, and ZIP code) |  |                                      |   |  |   |  |       |
| 4000 PARNELL AVENUE, FORT WAYNE, IN 46805                          |  |                                      |   |  |   |  |       |
| Specific room or floor number                                      | Description of facility                |                                      |   |  |   |  |       |
|  | ARENA & EXPO CENTER                    |                                      |   |  |   |  |       |
| Closest intersecting street or road                                |  |                                      | Direction from intersection   |  |   |  |       |
| COLISEUM BOULEVARD & PARNELL AVENUE                                |  |                                      | <input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input checked="" type="checkbox"/> West |  |   |  |       |

| APPLICANT INFORMATION   |                   |                                |
|---|-------------------|--------------------------------|
| Type of applicant   | Name of applicant | Telephone number               |
| <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Lessee |                   | ( )                            |
| Address of applicant (number and street, city, state, and ZIP code)   |                   |                                |
| If incorporated, name of principal officer of corporation   |                   |                                |
| Name of person to contact for inspection  |                   |                                |
| BRYAN CHRISTIE, OPERATIONS MANAGER  |                   | E-mail address                 |
|   |                   | bchristie@memorialcoliseum.com |
| Address of contact person (number and street, city, state, and ZIP code)                                    |                   |                                |
| 4000 PARNELL AVENUE, FORT WAYNE, IN 46805   |                   | Telephone number               |
|   |                   | (260) 482-9502                 |
| Responding fire department  |                   |                                |
| CITY OF FORT WAYNE FIRE DEPARTMENT (NORTH CLINTON STATION)  |                   |                                |
| Address of fire department (number and street, city, state, and ZIP code)                                   |                   |                                |
| NORTH CLINTON STREET  |                   |                                |

| PERMIT REQUEST INFORMATION  |                |                        |
|---|----------------|------------------------|
| Type of permit request  | Name of event  |                        |
| <input checked="" type="checkbox"/> Special Event Endorsement <input type="checkbox"/> Annual Event |                |                        |
| Date of event (month, day, year)  | Hours of event | Intended occupant load |
|   |                |                        |
| If Special Event Endorsement, existing operating permit number                                      |                |                        |
|   |                |                        |

| APPLICATION CERTIFICATION   |                         |
|---|-------------------------|
| I, or we, _____, hereby certify, under penalty of perjury, that the information contained in this application is true and accurate to the best of my knowledge and belief and that the operation of the place of amusement or entertainment or events described above will conform in every respect and at all times with the laws, rules, and regulations of the Fire Prevention and Building Safety Commission and will not be used for other purposes except as herein stated. |                         |
| Signature   | Date (month, day, year) |
|   |                         |

| PERMIT FEES   |          |
|---|----------|
| Fees are based on occupancy load, effective September 30, 2006. |          |
| 1 - 99 persons .....  | \$99.00  |
| 100 - 499 persons .....   | \$134.00 |
| 500 - 999 persons .....   | \$168.00 |
| 1,000 - 4,999 persons .....                                     | \$203.00 |
| 5,000 - 9,999 persons .....                                     | \$237.00 |
| 10,000 persons or more .....                                    | \$272.00 |
| Special Event Endorsement .....                                 | \$99.00  |

| FOR OFFICE USE ONLY                   |   |                                       |                |                             |
|---------------------------------------|---|---------------------------------------|----------------|-----------------------------|
| Date permit issued (month, day, year) | Date of reinspection (month, day, year) | Date of inspection (month, day, year) | Type of permit | Fee amount / year of permit |
|                                       |   |                                       |                | \$ 20                       |