Technical Standards and Safety Authority
345 Carlingview Drive
Toronto, Ontario M9W 6N9
Tel: 416.734.3300
Fax: 416-734-3202
Email: licensingandregistration@tssa.org
Customer Service: 1.877.682.8772
www.tssa.org

Application for New Amusement Device Business License (ADL)

Issued Under Ontario's ***Technical Standards and Safety Act***
Amusement Devices Regulations

Clear Form Print Form

Section A: *Please note that it is mandatory to complete all parts of the section listed below*

Company (Applying for Licence):		Corporation No:/Business Identification No:
Name of Contact:	Bus. Phone No:	Cell Phone No:
Email Address:		Fax No:
Please provide complete Mailing address in the fields provided below		
Street No:	Street Name:	City/Town:
Province/State:	Country:	Postal/Zip Code:

Company applying for: ☐ Initial Licence ☐ Renewal Licence ☐ Licence No: (For Renewal Only)

Section B: *Please note that it is mandatory to complete all parts of the section listed below:*

Classes of Amusement Devices to be operated, erected & maintained and Company's Activities
The mechanic (s) listed below can maintain or erect (as specified) each amusement device operated by the licensee and have knowledge of the **Technical Standards and Safety Act**, Amusement Devices Regulations, and Codes applicable to the work they perform

Classes of Amusement Devices	Mechanic Name	Mechanic Certificate Number	Check all that apply		Mechanic Signature
			Staff (employee of license holder)	Contracted Mechanic	
Amusement Rides			☐	☐	
Go- Karts			☐	☐	
Water Slides			☐	☐	
Bungee Jumping			☐	☐	
Inflatable			☐	☐	
Zip Line			☐	☐	
Others (example; stimulator, free fall descending)			☐	☐	

Section C: **Declaration of Mechanic for Amusement Devices** *(Please note that it is mandatory to complete all parts of the section listed below)*

The Applicant/Licensee hereby states that "The Mechanic (by signing Section B), confirms that he/she is either directly employed with the licensee or is under contract with the licensee to erect and maintain the amusement devices operated by the Applicant/Licensee, pursuant to O.Reg.221/101, section 5(2)(b). The agreement is valid for the renewal season."

Applicant's Name: _____ Applicant's Signature: _____

Operating Schedule

As per O.Reg 249/00 s.6(4), owners are required to submit a copy of their Operating Schedule (to the extent known) by email to licencingandregistration@tssa.org or to be made available to the inspector upon request. Approved Amusement Devices Operating Schedule Template

I am authorized to execute this form on behalf of the above noted company and understand my obligation as it relates to O.Reg 221/01 s.5 (3).

Date (dd-mmm-yyyy)	Applicant's Official Title	Applicant's Name	Signature

Technical Standards and Safety Authority
345 Carlingview Drive
Toronto, Ontario M9W 6N9
Tel: 416.734.3300
Fax: 416.734.3202
Email: licensingandregistration@tssa.org
Customer Service: 1.877.682.8772
www.tssa.org

Application for New Amusement Device Business License (ADL)

Issued Under **Ontario's Technical Standards and Safety Act**
Amusement Devices Regulations

Section D: *Please note that it is mandatory to complete all parts of the section listed below*

Declaration of Applicant	**Applicant's Signature**
The applicant, authorized by the Company, confirms that (a) The officials designated have full knowledge of the Technical Standards and Safety Act, Amusement Devices Regulations and the Code Adoption Document. (b) Relative to O. Reg 221/01 s.5 (3) which states, every person who carries on the business of operating amusement devices shall obtain and maintain liability insurance in respect of the business in the amount not less than $2,000,000 per occurrence with a carrier licensed in Ontario and/or Canada ☐ A public liability policy has been procured in respect of the business. ☐ The limit of liability on the policy is a minimum of $2M per occurrence. ☐ The public liability policy was purchased from an insurance company that is licensed under the Insurance Act and is therefore subject to OSFI regulations. ☐ The policy has been endorsed with a 30-day notice of cancellations clause. ☐ An original Certificate of Insurance is attached and forms part of this application.	
If a licence is granted the licensee shall: (a) Ensure that no erection or maintenance is performed unless the work is performed by a Mechanic or a Mechanic in Training under the supervision of a mechanic and that no mechanic is assigned work beyond the scope of his/her experience and training as stated in the Regulations. (b) Ensure that the erection, operation and maintenance of each amusement device operated by the licensee is carried out in accordance with the Technical Standards and Safety Act, Amusement Devices Regulations, and the Code Adoption Document	

Section E: Fees

Select	Service	Fee Type	Fee	Total Fees Due
☑	Business License (annual)	Flat	381.50	$ 381.50

Total Fees Due	$ 381.50	$ 381.50
	2	

If paying by credit card, amount in Box 2 to be entered in TSSA Service Prepayment Portal

All required fees must be prepaid for application to be processed.
Fees are non-refundable.
For payment options, see Payment Instructions

INFORMATION ON INSURANCE DOCUMENTATION

Insurance Requirements O.Reg 221/01, s. 5 (3)

Every person who carries on the business of operating amusement devices shall obtain and maintain liability insurance in respect of the business in the amount not less than $2,000,000 per occurrence with a carrier licensed in Ontario and/or Canada. O. Reg 221/01, s. 5 (3).

It is an important component of TSSA's mandate to protect the public interest by ensuring that there is insurance available to protect the Public. A Certificate of Insurance, in *Acord* or *CSIO* form, is required to evidence compliance with O. Reg 221/01, s. 5(3).

Requirement for a Certificate of Insurance

Insurance agents, brokers and managing general agents are recognized by the insurance industry as authorized intermediaries. To acknowledge this relationship, and as a means to simplify its processes, TSSA will once again accept certificates of insurance from these parties.

The certificates of insurance must conform with industry accepted standards, that is, they must be prepared on an *Acord* or *CSIO* form.

To obtain an *Acord* or *CSIO* certificate of insurance, simply contact your insurance agent or broker and ask them to issue and sign a Certificate of Insurance, in *Acord* or *CSIO* form, noting TSSA as the certificate holder and detailing the devices to be insured, the limits required under Regulation 221(5) 3 and confirmation that a 30-daynotice of cancellation and/or material change in coverage clause has been endorsed onto the policy. It is also recommended that the Certificate of Insurance reference your Amusement Devices Licence Number to help ensure timely processing. A sample Certificate of Insurance is attached for your reference. The Certificate of Insurance must then be submitted to TSSA with the annual licence application.

Notification of Changes to Insurance

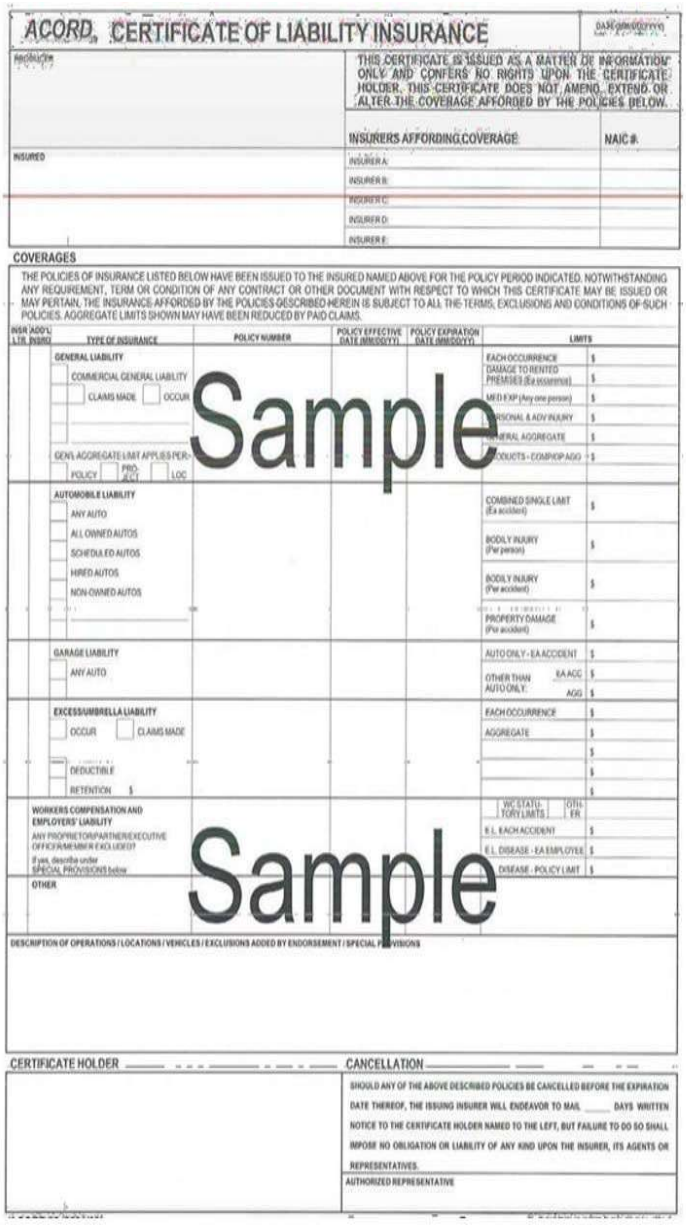
Whenever there is a change to insurance coverage including cancellation or renewal, TSSA must be notified to always keep insurance information current. Please provide a new *Acord* or *CSIO* Certificate of Insurance within 30 days of renewals or changes. Failure to notify TSSA will result in invalidating the licence.

Please include a cover letter detailing your licence number, contact name and phone number.

For more information: Visit our website at www.tssa.org or contact a Customer Service Advisor by phone: 1.877.682.8772 (TSSA)or email: customerservices@tssa.org.

SAMPLE CERTIFICATE OF INSURANCE

The following documents are an example of what your insurance agent or broker will prepare on your behalf.



ACORD CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE | NAIC #

INSURED

INSURER A:
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

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 OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY					EACH OCCURRENCE $
	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) $
	CLAIMS MADE OCCUR					MED EXP (Any one person) $
						PERSONAL & ADV INJURY $
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE $
	POLICY PRO-JECT LOC					PRODUCTS - COMP/OP AGG $
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) $
	ANY AUTO					BODILY INJURY (Per person) $
	ALL OWNED AUTOS					BODILY INJURY (Per accident) $
	SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) $
	HIRED AUTOS					
	NON-OWNED AUTOS					
	GARAGE LIABILITY					AUTO ONLY - EA ACCIDENT $
	ANY AUTO					OTHER THAN AUTO ONLY: EA ACC $
						AGG $
	EXCESS/UMBRELLA LIABILITY					EACH OCCURRENCE $
	OCCUR CLAIMS MADE					AGGREGATE $
	DEDUCTIBLE					$
	RETENTION $					$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					E.L. EACH ACCIDENT $
	If yes, describe under SPECIAL PROVISIONS below					E.L. DISEASE - EA EMPLOYEE $
	OTHER					DISEASE - POLICY LIMIT $

Sample

Sample

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

CSIO CEPA

CERTIFICATE OF INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer. This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS

POSTAL CODE

2A. INSURED'S FULL NAME AND MAILING ADDRESS

2B. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS (but only with respect to the operations of the Named Insured)

3. COVERAGES

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 terms, exclusions and conditions of such policies.

LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE YYYY/MM/DD	EXPIRY DATE YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise) COVERAGE	DED.	AMOUNT OF INSURANCE
COMMERCIAL GENERAL LIABILITY				COMMERCIAL GENERAL LIABILITY - BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		
☐ CLAIMS MADE OR ☐ OCCURRENCE				EACH OCCURRENCE		
☐ PRODUCTS AND / OR COMPLETED OPERATIONS				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		
☐ EMPLOYER'S LIABILITY				PERSONAL AND ADVERTISING INJURY LIABILITY		
☐ CROSS LIABILITY				MEDICAL PAYMENTS		
☐ TENANTS LEGAL LIABILITY				TENANTS LEGAL LIABILITY		
☐ NON-OWNED AUTOMOBILES				NON-OWNED AUTOMOBILE		
☐ HIRED AUTOMOBILES						
☐ POLLUTION LIABILITY EXTENSION						
AUTOMOBILE LIABILITY				BODILY INJURY AND PROPERTY DAMAGE COMBINED		
☐ DESCRIBED AUTOMOBILES						
☐ ALL OWNED AUTOS						
☐ LEASED AUTOMOBILES **				BODILY INJURY (PER PERSON)		
☐				BODILY INJURY (PER ACCIDENT)		
☐				PROPERTY DAMAGE		
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE						
EXCESS LIABILITY				EACH OCCURRENCE		
☐ UMBRELLA FORM				AGGREGATE		
☐ OTHER THAN UMBRELLA FORM						
(specify)						
OTHER LIABILITY (SPECIFY)						
☐						
☐						
☐						
☐						

4. CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail _____ days written notice to the certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

5. BROKER'S FULL NAME AND MAILING ADDRESS

POSTAL CODE

6. ADDITIONAL INSURED NAME AND MAILING ADDRESS

BROKER'S CLIENT ID:

POSTAL CODE

7. CERTIFICATE AUTHORIZATION

SIGNATURE OF AUTHORIZED REPRESENTATIVE	PRINT NAME	POSITION HELD	DATE
COMPANY	EMAIL ADDRESS	CONTACT NUMBER HOME / BUSINESS / CELL / FAX	

CSIO - CERTIFICATE OF INSURANCE - 0808E (Revised 10/08)

345 Carlingview Dr.
Toronto, Ontario, M9W 6N9
licencingandregistration@tssa.org
Tel: 416.734.3300
Fax No: 416.231.4903
Customer Service: 1.877.682.8772 www.tssa.org

NEXT STEPS:

STEP 1: Download the "Application for New Amusement Device Business License (ADL)"

STEP 2: Complete all Prerequisites to obtain the license:

- Completed Application for "New Amusement Device Business License (ADL)"
- Certified mechanic with appropriate certificate for the devices you will be operating
- A valid Certificate of Insurance in the amount not less than $2,000,000 per occurrence
- Pre-payment for the License fee. Fees are based on the current fee schedule (new license fee will not be invoiced)

STEP 3: Submit and pay the completed"Application for New Amusement Device Business License (ADL)" along with valid Certificate of Insurance:

- Upload the completed Application form with the Certificate of Insurance to ***TSSA pre-payment portal***
- *Pre-pay the mandatory License fee*

Your Amusement Device Business License (ADL) will be issued once Step 1 to 3 are completed.