




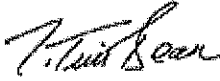
Missouri Division of Fire Safety
 P.O. Box 844
 Jefferson City, MO 65102

Missouri Amusement Ride Operating Permit

Amusement Ride Owner:

Thank you for obtaining your annual Missouri Amusement Ride Operating Permit. This document must be kept on file at the ride location. The Missouri Amusement Ride Operating Permit decal must be adhered to a basic structure of the respective amusement ride where it is easily visible.

If you have any questions please contact us at (573) 751-2930.

Missouri Amusement Ride Operating Permit				
		Missouri Department of Public Safety Missouri Division of Fire Safety Amusement Ride Safety Unit P.O. Box 844 Jefferson City, MO 65102 (573) 751-2930		
		<table border="1"> <tr> <td>State ID: 19815</td> </tr> <tr> <td>Inspection Date: 3/12/2024</td> </tr> <tr> <td>Expiration Date: 3/12/2025</td> </tr> </table>		State ID: 19815
State ID: 19815				
Inspection Date: 3/12/2024				
Expiration Date: 3/12/2025				
Owner Name:	Kenneth L. Bender II	Ride Type:	Mobile	
Company Name:	Tinsley's Amuements	Location Name:		
Address:	1014 Booneslick Road High Hill MO 63350	Address:		
Ride Name:	Down Draft	Serial Number:	1202202-5D	
Description:	Adult	Capacity:	24	
Manufacturer:	Batech Ent	Previous Owner:		
Manuf. Date:	2017			
<p>This is to certify that the herein described amusement ride duly conforms with Missouri's Amusement Ride Safety Act, RSMo 316.200 through RSMo 316.237 and 11CSR 40-6.010 through 11 CSR 40-6.100 and may be operated in Missouri.</p>				
			 _____ State Fire Marshal	



AMUSEMENT RIDE SAFETY INSPECTION REPORT

Missouri Division of Fire Safety
Amusement Ride Safety Unit
P.O. Box 844
Jefferson City, MO 65102
(573) 751-2930

OWNER INFORMATION			
OWNER NAME TINSLEY'S AMUSEMENTS INC. KEN BENDER		DATE OF INSPECTION 3-12-2024	
BUSINESS NAME TINSLEY'S AMUSEMENTS INC.		PHONE 636-585-2221	
ADDRESS 1014 BOONSLICK RD	CITY HIGH HILL	STATE MISSOURI	ZIP 63350
RIDE INFORMATION			
RIDE NAME DOWN DRAFT		RIDE DESCRIPTION (EX: METAL ROLLER COASTER, CAROUSEL, ETC) ADULT	
MANUFACTURER BATECH ENT.		MANUFACTURE DATE 2017	
SERIAL NO. 1202202-5D	CAPACITY 24	RPM 9	DATE OF LAST NDT TEST(S)

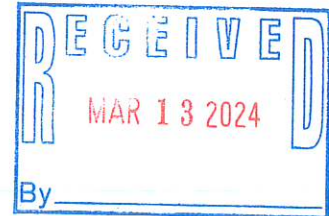
Satisfactory - S		UnSatisfactory - XX		Does Not Apply - NA	
Explain orders below under REMARKS					
FUNDAMENTAL		ENTRANCE & EGRESS		ELECTRICAL	
S	Upholstery / Seat Conditions	S	Steps	S	Portable Generator Grounded per NFPA
S	Safety Restraints - Lap Bar, Seat Belts, Harness	S	Ramps	S	Midway Electrical Boxes - Guarding
S	Tub / Seat Numbering	S	Platforms	S	Electrical Wiring Protected
S	Tubs / Hazardous Projections / Conditions	S	Fencing	S	Electrical Disconnect for Ride
S	Fiber Glass Conditions	S	Warning Signs / Rider Restrictions	S	Lighting Equipment Wiring & Secured
S	Fire Extinguisher - NFPA 101	S		S	Emergency Stop Switches
		MECHANICAL			
S	Ride Clearance of Obstructions	S	Drive	S	STRUCTURAL
S	Manufacturer's Manual	S	Sheaves	S	Bracing
S	Daily Inspection Log	N/A	Single Point Suspension	S	Sweeps
S	Maintenance Log	S	Guarding Moving Parts & Chains & Belts	S	Blocking
S	Operator Training Program	S	Hydraulic System	S	Gears S
S	Proper Operating Procedures when Observed	S	Lubrication	S	Correct Grade of Bolts
N/A	Dark Rides - per NFPA 101	N/A	Anti-Rollback Devices	S	Fasteners, Safety Clips, R-Keys, Pins, Etc
S		S	Brakes	S	Wire Rope Inspection
			Air Tank - requires Missouri Inspection Certificate if >5 cu. ft. or 38 gal.		
OTHER		N/A			
N/A	Reviewed NDT Test Reports				

IN THE ABSENCE OF ASTM STANDARDS FOLLOW MANUFACTURER'S INSPECTION GUIDELINES

REMARKS:



3-13-2024
APPROVED



AT THE TIME OF THE MANUFACTUREING THIS RIDE MET ALL ASTM STANDARDS FOR THAT DATE

NOTE: This is a general check list and is not intended to be "all inclusive". It is the responsibility of the inspector to perform the annual safety inspection per ASTM National Standards, Manufacturer's Inspections Guidelines and all Missouri laws, rules and regulations. I state that the above described amusement ride was inspected in accordance with required safety standards / guidelines and met these requirements/guidelines on the date of this inspection.

SIGNATURE OF INSPECTOR 	DATE 3-12-2024
PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY DANNY C ABNER OWNER DOUBLE A ENTERPRISES	




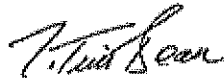
Missouri Division of Fire Safety
 P.O. Box 844
 Jefferson City, MO 65102

Missouri Amusement Ride Operating Permit

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		Missouri Department of Public Safety Missouri Division of Fire Safety Amusement Ride Safety Unit P.O. Box 844 Jefferson City, MO 65102 (573) 751-2930		
		<table border="1"> <tr> <td>State ID: 19816</td> </tr> <tr> <td>Inspection Date: 3/12/2024</td> </tr> <tr> <td>Expiration Date: 3/12/2025</td> </tr> </table>		State ID: 19816
State ID: 19816				
Inspection Date: 3/12/2024				
Expiration Date: 3/12/2025				
Owner Name:	Kenneth L. Bender II	Ride Type:	Mobile	
Company Name:	Tinsley's Amuements	Location Name:		
Address:	1014 Booneslick Road High Hill MO 63350	Address:		
Ride Name:	Ferris Wheel HY 5	Serial Number:	ST1171	
Description:	Adult	Capacity:	36	
Manufacturer:	Eli Bridge	Previous Owner:		
Manuf. Date:	1971			
<p>This is to certify that the herein described amusement ride duly conforms with Missouri's Amusement Ride Safety Act, RSMo 316.200 through RSMo 316.237 and 11CSR 40-6.010 through 11 CSR 40-6.100 and may be operated in Missouri.</p>				
			 _____ State Fire Marshal	



AMUSEMENT RIDE SAFETY INSPECTION REPORT

Missouri Division of Fire Safety
Amusement Ride Safety Unit
P.O. Box 844
Jefferson City, MO 65102
(573) 751-2930

OWNER INFORMATION			
OWNER NAME TINSLEY'S AMUSEMENTS INC. KEN BENDER			DATE OF INSPECTION 3-12-2024
BUSINESS NAME TINSLEY'S AMUSEMENTS INC.		PHONE 636-585-2221	
ADDRESS 1014 BOONSLICK RD	CITY HIGH HILL	STATE MISSOURI	ZIP 63350

RIDE INFORMATION			
RIDE NAME FERRIS WHEEL HY 5		RIDE DESCRIPTION (EX: METAL ROLLER COASTER, CAROUSEL, ETC) ADULT	
MANUFACTURER ELI BRIDGE		MANUFACTURE DATE 1971	
SERIAL NO. ST1171	CAPACITY 36	RPM 6	DATE OF LAST NDT TEST(S)

Satisfactory - S		Unsatisfactory - XX		Does Not Apply - NA	
Explain orders below under REMARKS					
FUNDAMENTAL		ENTRANCE & EGRESS		ELECTRICAL	
S	Upholstery / Seat Conditions	S	Steps	S	Portable Generator Grounded per NFPA
N/A	Safety Restraints - Lap Bar, Seat Belts, Harness	S	Ramps	S	Midway Electrical Boxes - Guarding
S	Tub / Seat Numbering	S	Platforms	S	Electrical Wiring Protected
S	Tubs / Hazardous Projections / Conditions	S	Fencing	S	Electrical Disconnect for Ride
S	Fiber Glass Conditions	S	Warning Signs / Rider Restrictions	S	Lighting Equipment Wiring & Secured
S	Fire Extinguisher - NFPA 101	S	Emergency Stop Switches		
		MECHANICAL		STRUCTURAL	
S	Ride Clearance of Obstructions	S	Drive	S	Bracing
S	Manufacturer's Manual	S	Sheaves	S	Sweeps
S	Daily Inspection Log	N/A	Single Point Suspension	S	Blocking
S	Maintenance Log	S	Guarding Moving Parts & Chains & Belts	S	Gears
S	Operator Training Program	N/A	Hydraulic System	S	Correct Grade of Bolts
S	Proper Operating Procedures when Observed	S	Lubrication	S	Fasteners, Safety Clips, R-Keys, Pins, Etc
N/A	Dark Rides - per NFPA 101	N/A	Anti-Rollback Devices	S	Wire Rope Inspection
S		S	Brakes		
			Air Tank - requires Missouri Inspection		
		N/A	Certificate if >5 cu. ft. or 38 gal.		
OTHER					
N/A	Reviewed NDT Test Reports				

IN THE ABSENCE OF ASTM STANDARDS FOLLOW MANUFACTURER'S INSPECTION GUIDELINES

REMARKS:

3-13-2024

APPROVED

RECEIVED
MAR 13 2024
By _____

AT THE TIME OF THE MANUFACTURING THIS RIDE MET ALL ASTM STANDARDS FOR THAT DATE

NOTE: This is a general check list and is not intended to be "all inclusive". It is the responsibility of the inspector to perform the annual safety inspection per ASTM National Standards, Manufacturer's Inspections Guidelines and all Missouri laws, rules and regulations. I state that the above described amusement ride was inspected in accordance with required safety standards / guidelines and met these requirements/guidelines on the date of this inspection.

SIGNATURE OF INSPECTOR 	DATE 3-12-2024
PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY DANNY C ABNER OWNER DOUBLE A ENTERPRISES	





Missouri Division of Fire Safety
P.O. Box 844
Jefferson City, MO 65102

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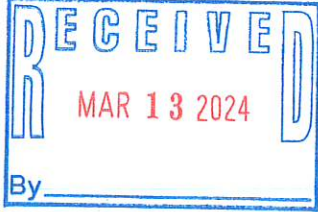

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Missouri Amusement Ride Operating Permit			
		Missouri Department of Public Safety Missouri Division of Fire Safety Amusement Ride Safety Unit P.O. Box 844 Jefferson City, MO 65102 (573) 751-2930	
		<div style="border: 1px solid black; padding: 5px;"> State ID: 19811 Inspection Date: 3/12/2024 Expiration Date: 3/12/2025 </div>	
Owner Name:	Kenneth L. Bender II	Ride Type:	Mobile
Company Name:	Tinsley's Amuements	Location Name:	
Address:	1014 Booneslick Road High Hill MO 63350	Address:	
Ride Name:	Kiddie Ferris Wheel (Baby Eli)	Serial Number:	19-95
Description:	Kiddie	Capacity:	12
Manufacturer:	Eli Bridge	Previous Owner:	
Manuf. Date:	1995		
<p>This is to certify that the herein described amusement ride duly conforms with Missouri's Amusement Ride Safety Act, RSMo 316.200 through RSMo 316.237 and 11CSR 40-6.010 through 11 CSR 40-6.100 and may be operated in Missouri.</p>			
			 <hr/> State Fire Marshal



AMUSEMENT RIDE SAFETY INSPECTION REPORT

Missouri Division of Fire Safety
Amusement Ride Safety Unit
P.O. Box 844
Jefferson City, MO 65102
(573) 751-2930

OWNER INFORMATION			
OWNER NAME TINSLEY'S AMUSEMENTS INC. KEN BENDER		DATE OF INSPECTION 3-12-2024	
BUSINESS NAME TINSLEY'S AMUSEMENTS INC.		PHONE 636-585-2221	
ADDRESS 1014 BOONSLICK RD	CITY HIGH HILL	STATE MISSOURI	ZIP 63350
RIDE INFORMATION			
RIDE NAME KIDDIE FERRIS WHEEL (BABY ELI)		RIDE DESCRIPTION (EX: METAL ROLLER COASTER, CAROUSEL, ETC) KIDDIE	
MANUFACTURER ELI BRIDGE		MANUFACTURE DATE 1995	
SERIAL NO. 19-95	CAPACITY 12	RPM 5	DATE OF LAST NDT TEST(S)
Satisfactory - S UnSatisfactory - XX Does Not Apply - NA Explain orders below under REMARKS			
FUNDAMENTAL			
S	Upholstery / Seat Conditions	S	ENTRANCE & EGRESS
N/A	Safety Restraints - Lap Bar, Seat Belts, Harness	S	Steps
S	Tub / Seat Numbering	S	Ramps
S	Tubs / Hazardous Projections / Conditions	S	Platforms
S	Fiber Glass Conditions	S	Fencing
S	Fire Extinguisher - NFPA 101	S	Warning Signs / Rider Restrictions
S	Ride Clearance of Obstructions		MECHANICAL
S	Manufacturer's Manual	S	Drive
S	Daily Inspection Log	N/A	Sheaves
S	Maintenance Log	N/A	Single Point Suspension
S	Operator Training Program	N/A	Guarding Moving Parts & Chains & Belts
S	Proper Operating Procedures when Observed	S	Hydraulic System
N/A	Dark Rides - per NFPA 101	N/A	Lubrication
S		S	Anti-Rollback Devices
		S	Brakes
		S	Air Tank - requires Missouri Inspection Certificate if >5 cu. ft. or 38 gal.
N/A	OTHER Reviewed NDT Test Reports	N/A	
IN THE ABSENCE OF ASTM STANDARDS FOLLOW MANUFACTURER'S INSPECTION GUIDELINES			
REMARKS:			
 			
 By _____			
AT THE TIME OF THE MANUFACTUREING THIS RIDE MET ALL ASTM STANDARDS FOR THAT DATE			
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SIGNATURE OF INSPECTOR 		DATE 3-12-2024	
PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY DANNY C ABNER OWNER DOUBLE A ENTERPRISES			





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 P.O. Box 844
 Jefferson City, MO 65102

Missouri Amusement Ride Operating Permit

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		Missouri Department of Public Safety Missouri Division of Fire Safety Amusement Ride Safety Unit P.O. Box 844 Jefferson City, MO 65102 (573) 751-2930		
		<table border="1"> <tr> <td>State ID: 19810</td> </tr> <tr> <td>Inspection Date: 3/12/2024</td> </tr> <tr> <td>Expiration Date: 3/12/2025</td> </tr> </table>		State ID: 19810
State ID: 19810				
Inspection Date: 3/12/2024				
Expiration Date: 3/12/2025				
Owner Name:	Kenneth L. Bender II	Ride Type:	Mobile	
Company Name:	Tinsley's Amuements	Location Name:		
Address:	1014 Booneslick Road High Hill MO 63350	Address:		
Ride Name:	Fliver	Serial Number:	168565	
Description:	Kiddle	Capacity:	18	
Manufacturer:	Allen Herschell	Previous Owner:		
Manuf. Date:	1965			
<p>This is to certify that the herein described amusement ride duly conforms with Missouri's Amusement Ride Safety Act, RSMo 316.200 through RSMo 316.237 and 11CSR 40-6.010 through 11 CSR 40-6.100 and may be operated in Missouri.</p>				
			 <hr/> State Fire Marshal	



AMUSEMENT RIDE SAFETY INSPECTION REPORT

**Missouri Division of Fire Safety
Amusement Ride Safety Unit
P.O. Box 844
Jefferson City, MO 65102
(573) 751-2930**

OWNER INFORMATION			
OWNER NAME TINSLEY'S AMUSEMENTS INC. KEN BENDER			DATE OF INSPECTION 3-12-2024
BUSINESS NAME TINSLEY'S AMUSEMENTS INC.		PHONE 636-585-2221	
ADDRESS 1014 BOONSLICK RD	CITY HIGH HILL	STATE MISSOURI	ZIP 63350
RIDE INFORMATION			
RIDE NAME FLIVER		RIDE DESCRIPTION (EX: METAL ROLLER COASTER, CAROUSEL, ETC) KIDDIE	
MANUFACTURER ALLEN HERSCHELL		MANUFACTURE DATE 1965	
SERIAL NO. 168565	CAPACITY 18	RPM 7	DATE OF LAST NDT TEST(S)
Satisfactory - S	UnSatisfactory - XX	Does Not Apply - NA	
Explain orders below under REMARKS			
FUNDAMENTAL	ENTRANCE & EGRESS	ELECTRICAL	
S Upholstery / Seat Conditions	S Steps	S	Portable Generator Grounded per NFPA
S Safety Restraints - Lap Bar, Seat Belts, Harness	S Ramps	S	Midway Electrical Boxes - Guarding
S Tub / Seat Numbering	S Platforms	S	Electrical Wiring Protected
S Tubs / Hazardous Projections / Conditions	S Fencing	S	Electrical Disconnect for Ride
S Fiber Glass Conditions	S Warning Signs / Rider Restrictions	S	Lighting Equipment Wiring & Secured
S Fire Extinguisher - NFPA 101	MECHANICAL	S	Emergency Stop Switches
S Ride Clearance of Obstructions	S Drive	STRUCTURAL	
S Manufacturer's Manual	S Sheaves	S	Bracing
S Daily Inspection Log	N/A Single Point Suspension	S	Sweeps
S Maintenance Log	S Guarding Moving Parts & Chains & Belts	S	Blocking
S Operator Training Program	N/A Hydraulic System	S	Gears
S Proper Operating Procedures when Observed	S Lubrication	S	Correct Grade of Bolts
N/A Dark Rides - per NFPA 101	N/A Anti-Rollback Devices	S	Fasteners, Safety Clips, R-Keys, Pins, Etc
S	S Brakes	S	Wire Rope Inspection
S	Air Tank - requires Missouri Inspection Certificate if >5 cu. ft. or 38 gal.		
OTHER	N/A		
N/A Reviewed NDT Test Reports			
IN THE ABSENCE OF ASTM STANDARDS FOLLOW MANUFACTURER'S INSPECTION GUIDELINES			
REMARKS:			
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input checked="" type="checkbox"/> </div> <div style="text-align: center;"> <p style="font-size: 1.5em; color: blue;">3-13-2024</p> <p style="font-size: 1.5em; color: red;">APPROVED</p> </div> <div style="border: 2px solid blue; padding: 5px;"> <p style="font-size: 1.5em; color: blue; text-align: center;">RECEIVED</p> <p style="color: red; text-align: center;">MAR 13 2024</p> <p style="font-size: 1.5em; color: blue;">By _____</p> </div> </div>			
AT THE TIME OF THE MANUFACTUREING THIS RIDE MET ALL ASTM STANDARDS FOR THAT DATE			
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SIGNATURE OF INSPECTOR 			DATE 3-12-2024
PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY DANNY C ABNER OWNER DOUBLE A ENTERPRISES			





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 P.O. Box 844
 Jefferson City, MO 65102

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		<table border="1"> <tr> <td>State ID:</td> <td>19817</td> </tr> <tr> <td>Inspection Date:</td> <td>3/12/2024</td> </tr> <tr> <td>Expiration Date:</td> <td>3/12/2025</td> </tr> </table>		State ID:	19817	Inspection Date:	3/12/2024
State ID:	19817						
Inspection Date:	3/12/2024						
Expiration Date:	3/12/2025						
Owner Name:	Kenneth L. Bender II	Ride Type:	Mobile				
Company Name:	Tinsley's Amuements	Location Name:					
Address:	1014 Booneslick Road High Hill MO 63350	Address:					
Ride Name:	Americana Carousel	Serial Number:	403-00201				
Description:	Adult	Capacity:	36				
Manufacturer:	Chance	Previous Owner:					
Manuf. Date:	2002						
<p>This is to certify that the herein described amusement ride duly conforms with Missouri's Amusement Ride Safety Act, RSMo 316.200 through RSMo 316.237 and 11CSR 40-6.010 through 11 CSR 40-6.100 and may be operated in Missouri.</p>							
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ADDRESS 1014 BOONSLICK RD		CITY HIGH HILL		STATE MISSOURI																																																												
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RIDE INFORMATION																																																																
RIDE NAME AMERICANA CAROUSEL		RIDE DESCRIPTION (EX: METAL ROLLER COASTER, CAROUSEL, ETC) ADULT																																																														
MANUFACTURER CHANCE			MANUFACTURE DATE 2002																																																													
SERIAL NO. 403-00201		CAPACITY 36	RPM 7	DATE OF LAST NDT TEST(S)																																																												
<div style="display: flex; justify-content: space-between;"> Satisfactory - S UnSatisfactory - XX Does Not Apply - NA </div> <p style="text-align: center; font-size: small;">Explain orders below under REMARKS</p>																																																																
<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="width: 15%;">FUNDAMENTAL</th> <th style="width: 15%;">ENTRANCE & EGRESS</th> <th style="width: 15%;">ELECTRICAL</th> </tr> </thead> <tbody> <tr> <td>S Upholstery / Seat Conditions</td> <td>N/A Steps</td> <td>S Portable Generator Grounded per NFPA</td> </tr> <tr> <td>S Safety Restraints - Lap Bar, Seat Belts, Harness</td> <td>S Ramps</td> <td>S Midway Electrical Boxes - Guarding</td> </tr> <tr> <td>S Tub / Seat Numbering</td> <td>S Platforms</td> <td>S Electrical Wiring Protected</td> </tr> <tr> <td>S Tubs / Hazardous Projections / Conditions</td> <td>S Fencing</td> <td>S Electrical Disconnect for Ride</td> </tr> <tr> <td>S Fiber Glass Conditions</td> <td>S Warning Signs / Rider Restrictions</td> <td>S Lighting Equipment Wiring & Secured</td> </tr> <tr> <td>S Fire Extinguisher - NFPA 101</td> <td></td> <td>S Emergency Stop Switches</td> </tr> <tr> <td colspan="3" style="text-align: center;">MECHANICAL</td> </tr> <tr> <td>S Ride Clearance of Obstructions</td> <td>S Drive</td> <td>S STRUCTURAL</td> </tr> <tr> <td>S Manufacturer's Manual</td> <td>S Sheaves</td> <td>S Bracing</td> </tr> <tr> <td>S Daily Inspection Log</td> <td>N/A Single Point Suspension</td> <td>S Sweeps</td> </tr> <tr> <td>S Maintenance Log</td> <td>S Guarding Moving Parts & Chains & Belts</td> <td>S Blocking</td> </tr> <tr> <td>S Operator Training Program</td> <td>N/A Hydraulic System</td> <td>S Gears</td> </tr> <tr> <td>S Proper Operating Procedures when Observed</td> <td>S Lubrication</td> <td>S Correct Grade of Bolts</td> </tr> <tr> <td>N/A Dark Rides - per NFPA 101</td> <td>N/A Anti-Rollback Devices</td> <td>S Fasteners, Safety Clips, R-Keys, Pins, Etc</td> </tr> <tr> <td>S</td> <td>S Brakes</td> <td>S Wire Rope Inspection</td> </tr> <tr> <td>S</td> <td>Air Tank - requires Missouri Inspection</td> <td></td> </tr> <tr> <td>S</td> <td>Certificate if >5 cu. ft. or 38 gal.</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;">OTHER</td> </tr> <tr> <td>N/A</td> <td>Reviewed NDT Test Reports</td> <td></td> </tr> </tbody> </table>					FUNDAMENTAL	ENTRANCE & EGRESS	ELECTRICAL	S Upholstery / Seat Conditions	N/A Steps	S Portable Generator Grounded per NFPA	S Safety Restraints - Lap Bar, Seat Belts, Harness	S Ramps	S Midway Electrical Boxes - Guarding	S Tub / Seat Numbering	S Platforms	S Electrical Wiring Protected	S Tubs / Hazardous Projections / Conditions	S Fencing	S Electrical Disconnect for Ride	S Fiber Glass Conditions	S Warning Signs / Rider Restrictions	S Lighting Equipment Wiring & Secured	S Fire Extinguisher - NFPA 101		S Emergency Stop Switches	MECHANICAL			S Ride Clearance of Obstructions	S Drive	S STRUCTURAL	S Manufacturer's Manual	S Sheaves	S Bracing	S Daily Inspection Log	N/A Single Point Suspension	S Sweeps	S Maintenance Log	S Guarding Moving Parts & Chains & Belts	S Blocking	S Operator Training Program	N/A Hydraulic System	S Gears	S Proper Operating Procedures when Observed	S Lubrication	S Correct Grade of Bolts	N/A Dark Rides - per NFPA 101	N/A Anti-Rollback Devices	S Fasteners, Safety Clips, R-Keys, Pins, Etc	S	S Brakes	S Wire Rope Inspection	S	Air Tank - requires Missouri Inspection		S	Certificate if >5 cu. ft. or 38 gal.		OTHER			N/A	Reviewed NDT Test Reports	
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Missouri Division of Fire Safety
 P.O. Box 844
 Jefferson City, MO 65102

Missouri Amusement Ride Operating Permit

Amusement Ride Owner:

Thank you for obtaining your annual Missouri Amusement Ride Operating Permit. This document must be kept on file at the ride location. The Missouri Amusement Ride Operating Permit decal must be adhered to a basic structure of the respective amusement ride where it is easily visible.

If you have any questions please contact us at (573) 751-2930.

Missouri Amusement Ride Operating Permit				
		Missouri Department of Public Safety Missouri Division of Fire Safety Amusement Ride Safety Unit P.O. Box 844 Jefferson City, MO 65102 (573) 751-2930		
		<table border="1"> <tr> <td>State ID: 19818</td> </tr> <tr> <td>Inspection Date: 3/12/2024</td> </tr> <tr> <td>Expiration Date: 3/12/2025</td> </tr> </table>		State ID: 19818
State ID: 19818				
Inspection Date: 3/12/2024				
Expiration Date: 3/12/2025				
Owner Name:	Kenneth L. Bender II	Ride Type:	Mobile	
Company Name:	Tinsley's Amuements	Location Name:		
Address:	1014 Booneslick Road High Hill MO 63350	Address:		
Ride Name:	Berry Go Round	Serial Number:	BGOR-74T-93	
Description:	Kiddie	Capacity:	24	
Manufacturer:	Sellner	Previous Owner:		
Manuf. Date:	1993			
<p>This is to certify that the herein described amusement ride duly conforms with Missouri's Amusement Ride Safety Act, RSMo 316.200 through RSMo 316.237 and 11CSR 40-6.010 through 11 CSR 40-6.100 and may be operated in Missouri.</p>				
			 <hr/> State Fire Marshal	



AMUSEMENT RIDE SAFETY INSPECTION REPORT

Missouri Division of Fire Safety
Amusement Ride Safety Unit
 P.O. Box 844
 Jefferson City, MO 65102
 (573) 751-2930

OWNER INFORMATION			
OWNER NAME TINSLEY'S AMUSEMENTS INC. KEN BENDER			DATE OF INSPECTION 3-12-2024
BUSINESS NAME TINSLEY'S AMUSEMENTS INC.		PHONE 636-585-2221	
ADDRESS 1014 BOONSLICK RD	CITY HIGH HILL	STATE MISSOURI	ZIP 63350

RIDE INFORMATION			
RIDE NAME BERRY GO ROUND		RIDE DESCRIPTION (EX: METAL ROLLER COASTER, CAROUSEL, ETC) KIDDIE	
MANUFACTURER SELLNER		MANUFACTURE DATE 1993	
SERIAL NO. BGOR-74T-93	CAPACITY 24	RPM 7	DATE OF LAST NDT TEST(S)

Satisfactory - S		Unsatisfactory - XX		Does Not Apply - NA	
Explain orders below under REMARKS					
FUNDAMENTAL		ENTRANCE & EGRESS		ELECTRICAL	
S Upholstery / Seat Conditions	S	S Steps	S	S Portable Generator Grounded per NFPA	
N/A Safety Restraints - Lap Bar, Seat Belts, Harness	N/A	S Ramps	S	S Midway Electrical Boxes - Guarding	
S Tub / Seat Numbering	S	S Platforms	S	S Electrical Wiring Protected	
S Tubs / Hazardous Projections / Conditions	S	S Fencing	S	S Electrical Disconnect for Ride	
S Fiber Glass Conditions		S Warning Signs / Rider Restrictions	S	S Lighting Equipment Wiring & Secured	
S Fire Extinguisher - NFPA 101			S	S Emergency Stop Switches	
MECHANICAL		STRUCTURAL			
S Ride Clearance of Obstructions	S	S Drive	S	S Bracing	
S Manufacturer's Manual	S	S Sheaves	S	S Sweeps	
S Daily Inspection Log	N/A	S Single Point Suspension	S	S Blocking	
S Maintenance Log	S	S Guarding Moving Parts & Chains & Belts	S	S Gears	
S Operator Training Program	N/A	S Hydraulic System	S	S Correct Grade of Bolts	
S Proper Operating Procedures when Observed	S	S Lubrication	S	S Fasteners, Safety Clips, R-Keys, Pins, Etc	
N/A Dark Rides - per NFPA 101	S	S Anti-Rollback Devices	S	S Wire Rope Inspection	
S OTHER	N/A	S Brakes			
N/A Reviewed NDT Test Reports		S Air Tank - requires Missouri Inspection Certificate if >5 cu. ft. or 38 gal.			

IN THE ABSENCE OF ASTM STANDARDS FOLLOW MANUFACTURER'S INSPECTION GUIDELINES

REMARKS:

3-13-2024
 APPROVED

RECEIVED

MAR 13 2024

By _____

AT THE TIME OF THE MANUFACTURING THIS RIDE MET ALL ASTM STANDARDS FOR THAT DATE

NOTE: This is a general check list and is not intended to be "all inclusive". It is the responsibility of the inspector to perform the annual safety inspection per ASTM National Standards, Manufacturer's Inspections Guidelines and all Missouri laws, rules and regulations. I state that the above described amusement ride was inspected in accordance with required safety standards / guidelines and met these requirements/guidelines on the date of this inspection.

SIGNATURE OF INSPECTOR 	DATE 3-12-2024
PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY DANNY C ABNER OWNER DOUBLE A ENTERPRISES	




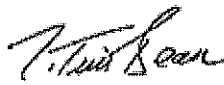
Missouri Division of Fire Safety
 P.O. Box 844
 Jefferson City, MO 65102

Missouri Amusement Ride Operating Permit

Amusement Ride Owner:

Thank you for obtaining your annual Missouri Amusement Ride Operating Permit. This document must be kept on file at the ride location. The Missouri Amusement Ride Operating Permit decal must be adhered to a basic structure of the respective amusement ride where it is easily visible.

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Missouri Amusement Ride Operating Permit				
		Missouri Department of Public Safety Missouri Division of Fire Safety Amusement Ride Safety Unit P.O. Box 844 Jefferson City, MO 65102 (573) 751-2930		
		<table border="1"> <tr> <td>State ID: 19832</td> </tr> <tr> <td>Inspection Date: 3/12/2024</td> </tr> <tr> <td>Expiration Date: 3/12/2025</td> </tr> </table>		State ID: 19832
State ID: 19832				
Inspection Date: 3/12/2024				
Expiration Date: 3/12/2025				
Owner Name:	Kenneth L. Bender II	Ride Type:	Mobile	
Company Name:	Tinsley's Amuements	Location Name:		
Address:	1014 Booneslick Road High Hill MO 63350	Address:		
Ride Name:	Dino	Serial Number:	14178	
Description:	Kiddie	Capacity:	16	
Manufacturer:	Venture	Previous Owner:		
Manuf. Date:	1995			
<p>This is to certify that the herein described amusement ride duly conforms with Missouri's Amusement Ride Safety Act, RSMo 316.200 through RSMo 316.237 and 11CSR 40-6.010 through 11 CSR 40-6.100 and may be operated in Missouri.</p>				
			 _____ State Fire Marshal	



AMUSEMENT RIDE SAFETY INSPECTION REPORT

**Missouri Division of Fire Safety
Amusement Ride Safety Unit
P.O. Box 844
Jefferson City, MO 65102
(573) 751-2930**

OWNER INFORMATION			
OWNER NAME TINSLEY'S AMUSEMENTS INC. KEN BENDER			DATE OF INSPECTION 3-12-2024
BUSINESS NAME TINSLEY'S AMUSEMENTS INC.		PHONE 636-585-2221	
ADDRESS 1014 BOONSLICK RD	CITY HIGH HILL	STATE MISSOURI	ZIP 63350
RIDE INFORMATION			
RIDE NAME DINO		RIDE DESCRIPTION (EX: METAL ROLLER COASTER, CAROUSEL, ETC) KIDDIE	
MANUFACTURER VENTURE		MANUFACTURE DATE 1995	
SERIAL NO. 14178	CAPACITY 16	RPM 7	DATE OF LAST NDT TEST(S)
<div style="display: flex; justify-content: space-around; font-weight: bold; font-size: 1.2em;"> Satisfactory - S Unsatisfactory - XX Does Not Apply - NA </div> <p style="text-align: center; font-size: 0.8em;">Explain orders below under REMARKS</p>			
FUNDAMENTAL	ENTRANCE & EGRESS	ELECTRICAL	
S Upholstery / Seat Conditions	S Steps	S Portable Generator Grounded per NFPA	
N/A Safety Restraints - Lap Bar, Seat Belts, Harness	S Ramps	S Midway Electrical Boxes - Guarding	
S Tub / Seat Numbering	S Platforms	S Electrical Wiring Protected	
S Tubs / Hazardous Projections / Conditions	S Fencing	S Electrical Disconnect for Ride	
S Fiber Glass Conditions	S Warning Signs / Rider Restrictions	S Lighting Equipment Wiring & Secured	
S Fire Extinguisher - NFPA 101	MECHANICAL		S Emergency Stop Switches
S Ride Clearance of Obstructions	S Drive		STRUCTURAL
S Manufacturer's Manual	S Sheaves		S Bracing
S Daily Inspection Log	N/A Single Point Suspension		S Sweeps
S Maintenance Log	N/A Guarding Moving Parts & Chains & Belts		S Blocking
S Operator Training Program	N/A Hydraulic System		S Gears S
S Proper Operating Procedures when Observed	S Lubrication		S Correct Grade of Bolts
N/A Dark Rides - per NFPA 101	N/A Anti-Rollback Devices		S Fasteners, Safety Clips, R-Keys, Pins, Etc
S	S Brakes		S Wire Rope Inspection
	Air Tank - requires Missouri Inspection Certificate if >5 cu. ft. or 38 gal.		
OTHER	N/A		
N/A Reviewed NDT Test Reports			
IN THE ABSENCE OF ASTM STANDARDS FOLLOW MANUFACTURER'S INSPECTION GUIDELINES			
<p>REMARKS:</p> <div style="text-align: center; margin-top: 20px;"> 3-13-2024 <input checked="" type="checkbox"/> APPROVED </div> <div style="text-align: right; margin-top: 20px;"> <div style="border: 2px solid blue; padding: 5px; display: inline-block;"> RECEIVED MAR 13 2024 By _____ </div> </div>			
AT THE TIME OF THE MANUFACTUREING THIS RIDE MET ALL ASTM STANDARDS FOR THAT DATE			
<p>NOTE: This is a general check list and is not intended to be "all inclusive". It is the responsibility of the inspector to perform the annual safety inspection per ASTM National Standards, Manufacturer's Inspections Guidelines and all Missouri laws, rules and regulations. I state that the above described amusement ride was inspected in accordance with required safety standards / guidelines and met these requirements/guidelines on the date of this inspection.</p>			
SIGNATURE OF INSPECTOR 			DATE 3-12-2024
PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY DANNY C ABNER OWNER DOUBLE A ENTERPRISES			




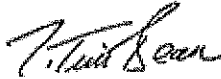
Missouri Division of Fire Safety
P.O. Box 844
Jefferson City, MO 65102

Missouri Amusement Ride Operating Permit

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Missouri Amusement Ride Operating Permit			
		Missouri Department of Public Safety Missouri Division of Fire Safety Amusement Ride Safety Unit P.O. Box 844 Jefferson City, MO 65102 (573) 751-2930	
		<div style="border: 1px solid black; padding: 5px;"> State ID: 19831 Inspection Date: 3/12/2024 Expiration Date: 3/12/2025 </div>	
Owner Name:	Kenneth L. Bender II	Ride Type:	Mobile
Company Name:	Tinsley's Amuements	Location Name:	
Address:	1014 Booneslick Road High Hill MO 63350	Address:	
Ride Name:	CP Hunington Train	Serial Number:	71-5086
Description:	Adult	Capacity:	45
Manufacturer:	Chance	Previous Owner:	
Manuf. Date:	1985		
<p>This is to certify that the herein described amusement ride duly conforms with Missouri's Amusement Ride Safety Act, RSMo 316.200 through RSMo 316.237 and 11CSR 40-6.010 through 11 CSR 40-6.100 and may be operated in Missouri.</p>			
			 _____ State Fire Marshal



AMUSEMENT RIDE SAFETY INSPECTION REPORT

Missouri Division of Fire Safety
Amusement Ride Safety Unit
P.O. Box 844
Jefferson City, MO 65102
(573) 751-2930

OWNER INFORMATION			
OWNER NAME TINSLEY'S AMUSEMENTS INC. KEN BENDER		DATE OF INSPECTION 3-12-2024	
BUSINESS NAME TINSLEY'S AMUSEMENTS INC.		PHONE 636-585-2221	
ADDRESS 1014 BOONSLICK RD	CITY HIGH HILL	STATE MISSOURI	ZIP 63350

RIDE INFORMATION			
RIDE NAME CP HUNINGTON TRAIN		RIDE DESCRIPTION (EX: METAL ROLLER COASTER, CAROUSEL, ETC) ADULT	
MANUFACTURER CHANCE		MANUFACTURE DATE 1985	
SERIAL NO. 71-5086	CAPACITY 45	RPM 3 MPH	DATE OF LAST NDT TEST(S)

Satisfactory - S		UnSatisfactory - XX		Does Not Apply - NA	
Explain orders below under REMARKS					
	FUNDAMENTAL		ENTRANCE & EGRESS		ELECTRICAL
S	Upholstery / Seat Conditions	S	Steps	S	Portable Generator Grounded per NFPA
S	Safety Restraints - Lap Bar, Seat Belts, Harness	S	Ramps	S	Midway Electrical Boxes - Guarding
S	Tub / Seat Numbering	S	Platforms	S	Electrical Wiring Protected
S	Tubs / Hazardous Projections / Conditions	S	Fencing	S	Electrical Disconnect for Ride
S	Fiber Glass Conditions	S	Warning Signs / Rider Restrictions	S	Lighting Equipment Wiring & Secured
S	Fire Extinguisher - NFPA 101			S	Emergency Stop Switches
			MECHANICAL		
S	Ride Clearance of Obstructions	S	Drive		STRUCTURAL
S	Manufacturer's Manual	S	Sheaves	S	Bracing
S	Daily Inspection Log	N/A	Single Point Suspension	S	Sweeps
S	Maintenance Log	S	Guarding Moving Parts & Chains & Belts	S	Blocking
S	Operator Training Program	N/A	Hydraulic System	S	Gears
S	Proper Operating Procedures when Observed	N/A	Lubrication	S	Correct Grade of Bolts
N/A	Dark Rides - per NFPA 101	S	Anti-Rollback Devices	S	Fasteners, Safety Clips, R-Keys, Pins, Etc
S		S	Brakes	S	Wire Rope Inspection
			Air Tank - requires Missouri Inspection Certificate if >5 cu. ft. or 38 gal.		
	OTHER	N/A			
N/A	Reviewed NDT Test Reports				

IN THE ABSENCE OF ASTM STANDARDS FOLLOW MANUFACTURER'S INSPECTION GUIDELINES

REMARKS:

3-13-2024
 APPROVED

RECEIVED
MAR 13 2024
By _____

AT THE TIME OF THE MANUFACTUREING THIS RIDE MET ALL ASTM STANDARDS FOR THAT DATE

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SIGNATURE OF INSPECTOR 	DATE 3-12-2024
PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY DANNY C ABNER OWNER DOUBLE A ENTERPRISES	



Missouri Division of Fire Safety
 P.O. Box 844
 Jefferson City, MO 65102

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		<table border="1"> <tr> <td>State ID:</td> <td>19819</td> </tr> <tr> <td>Inspection Date:</td> <td>3/12/2024</td> </tr> <tr> <td>Expiration Date:</td> <td>3/12/2025</td> </tr> </table>		State ID:	19819	Inspection Date:	3/12/2024
State ID:	19819						
Inspection Date:	3/12/2024						
Expiration Date:	3/12/2025						
Owner Name:	Kenneth L. Bender II	Ride Type:	Mobile				
Company Name:	Tinsley's Amuements	Location Name:					
Address:	1014 Booneslick Road High Hill MO 63350	Address:					
Ride Name:	Barrel of Fun/Monkey- Bear	Serial Number:	BFUN-09T-92				
Description:	Kiddie	Capacity:	24				
Manufacturer:	Sellner	Previous Owner:					
Manuf. Date:	1992						
<p>This is to certify that the herein described amusement ride duly conforms with Missouri's Amusement Ride Safety Act, RSMo 316.200 through RSMo 316.237 and 11CSR 40-6.010 through 11 CSR 40-6.100 and may be operated in Missouri.</p>							
			 _____ State Fire Marshal				



AMUSEMENT RIDE SAFETY INSPECTION REPORT

Missouri Division of Fire Safety
Amusement Ride Safety Unit
P.O. Box 844
Jefferson City, MO 65102
(573) 751-2930

OWNER INFORMATION					
OWNER NAME TINSLEY'S AMUSEMENTS INC. KEN BENDER				DATE OF INSPECTION 3-12-2024	
BUSINESS NAME TINSLEY'S AMUSEMENTS INC.			PHONE 636-585-2221		
ADDRESS 1014 BOONSLICK RD		CITY HIGH HILL		STATE MISSOURI	ZIP 63350
RIDE INFORMATION					
RIDE NAME BARREL OF FUN /MONKEY - BEAR			RIDE DESCRIPTION (EX: METAL ROLLER COASTER, CAROUSEL, ETC) KIDDIE		
MANUFACTURER SELLNER				MANUFACTURE DATE 1992	
SERIAL NO. BFUN-09T-92		CAPACITY 24	RPM 7	DATE OF LAST NDT TEST(S)	
Satisfactory - S		UnSatisfactory - XX		Does Not Apply - NA	
Explain orders below under REMARKS					
FUNDAMENTAL		ENTRANCE & EGRESS		ELECTRICAL	
S	Upholstery / Seat Conditions	S	Steps	S	Portable Generator Grounded per NFPA
N/A	Safety Restraints - Lap Bar, Seat Belts, Harness	N/A	Ramps	S	Midway Electrical Boxes - Guarding
S	Tub / Seat Numbering	S	Platforms	S	Electrical Wiring Protected
S	Tubs / Hazardous Projections / Conditions	S	Fencing	S	Electrical Disconnect for Ride
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S	Fire Extinguisher - NFPA 101	S	MECHANICAL	S	Emergency Stop Switches
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			Certificate if >5 cu. ft. or 38 gal.		
IN THE ABSENCE OF ASTM STANDARDS FOLLOW MANUFACTURER'S INSPECTION GUIDELINES					
REMARKS:					
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input checked="" type="checkbox"/> </div> <div style="text-align: center;"> <p style="font-size: 2em; color: red;">3-13-2024 APPROVED</p> </div> <div style="border: 2px solid blue; padding: 10px; text-align: center;"> <p style="font-size: 1.5em; color: blue; margin: 0;">RECEIVED</p> <p style="color: red; margin: 5px 0;">MAR 13 2024</p> <p style="margin: 0;">By _____</p> </div> </div>					
AT THE TIME OF THE MANUFACTUREING THIS RIDE MET ALL ASTM STANDARDS FOR THAT DATE					
NOTE: This is a general check list and is not intended to be "all inclusive". It is the responsibility of the inspector to perform the annual safety inspection per ASTM National Standards, Manufacturer's Inspections Guidelines and all Missouri laws, rules and regulations. I state that the above described amusement ride was inspected in accordance with required safety standards / guidelines and met these requirements/guidelines on the date of this inspection.					
SIGNATURE OF INSPECTOR 				DATE 3-12-2024	
PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY DANNY C ABNER OWNER DOUBLE A ENTERPRISES					




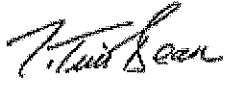
Missouri Division of Fire Safety
 P.O. Box 844
 Jefferson City, MO 65102

Missouri Amusement Ride Operating Permit

Amusement Ride Owner:

Thank you for obtaining your annual Missouri Amusement Ride Operating Permit. This document must be kept on file at the ride location. The Missouri Amusement Ride Operating Permit decal must be adhered to a basic structure of the respective amusement ride where it is easily visible.

If you have any questions please contact us at (573) 751-2930.

Missouri Amusement Ride Operating Permit			
		Missouri Department of Public Safety	
		Missouri Division of Fire Safety Amusement Ride Safety Unit P.O. Box 844 Jefferson City, MO 65102 (573) 751-2930	
		State ID: 19830 Inspection Date: 3/12/2024 Expiration Date: 3/12/2025	
Owner Name:	Kenneth L. Bender II	Ride Type:	Mobile
Company Name:	Tinsley's Amuements	Location Name:	
Address:	1014 Booneslick Road High Hill MO 63350	Address:	
Ride Name:	Charlie Chopper	Serial Number:	1M9FZ2853GW276708
Description:	Adult	Capacity:	24
Manufacturer:	Majestic	Previous Owner:	
Manuf. Date:	2016		
<p>This is to certify that the herein described amusement ride duly conforms with Missouri's Amusement Ride Safety Act, RSMo 316.200 through RSMo 316.237 and 11CSR 40-6.010 through 11 CSR 40-6.100 and may be operated in Missouri.</p>			
			 <hr/> State Fire Marshal



AMUSEMENT RIDE SAFETY INSPECTION REPORT

Missouri Division of Fire Safety
Amusement Ride Safety Unit
P.O. Box 844
Jefferson City, MO 65102
(573) 751-2930

OWNER INFORMATION			
OWNER NAME TINSLEY'S AMUSEMENTS INC. KEN BENDER			DATE OF INSPECTION 3-12-2024
BUSINESS NAME TINSLEY'S AMUSEMENTS INC.		PHONE 636-585-2221	
ADDRESS 1014 BOONSLICK RD	CITY HIGH HILL	STATE MISSOURI	ZIP 63350
RIDE INFORMATION			
RIDE NAME CHARLIE CHOPPER		RIDE DESCRIPTION (EX: METAL ROLLER COASTER, CAROUSEL, ETC) ADULT	
MANUFACTURER MAJESTIC		MANUFACTURE DATE 2016	
SERIAL NO. 1M9FZ2853GW276708	CAPACITY 24	RPM 7	DATE OF LAST NDT TEST(S)
Satisfactory - S	UnSatisfactory - XX	Does Not Apply - NA	
Explain orders below under REMARKS			
FUNDAMENTAL	ENTRANCE & EGRESS	ELECTRICAL	
S Upholstery / Seat Conditions	S Steps	S Portable Generator Grounded per NFPA	
S Safety Restraints - Lap Bar, Seat Belts, Harness	S Ramps	S Midway Electrical Boxes - Guarding	
S Tub / Seat Numbering	S Platforms	S Electrical Wiring Protected	
S Tubs / Hazardous Projections / Conditions	S Fencing	S Electrical Disconnect for Ride	
S Fiber Glass Conditions	S Warning Signs / Rider Restrictions	S Lighting Equipment Wiring & Secured	
S Fire Extinguisher - NFPA 101		S Emergency Stop Switches	
S Ride Clearance of Obstructions	MECHANICAL		
S Manufacturer's Manual	S Drive	STRUCTURAL	
S Daily Inspection Log	S Sheaves	S Bracing	
S Maintenance Log	N/A Single Point Suspension	S Sweeps	
S Operator Training Program	S Guarding Moving Parts & Chains & Belts	S Blocking	
S Proper Operating Procedures when Observed	S Hydraulic System	S Gears S	
N/A Dark Rides - per NFPA 101	S Lubrication	S Correct Grade of Bolts	
S	N/A Anti-Rollback Devices	S Fasteners, Safety Clips, R-Keys, Pins, Etc	
N/A	S Brakes	S Wire Rope Inspection	
	Air Tank - requires Missouri Inspection Certificate if >5 cu. ft. or 38 gal.		
OTHER	N/A		
N/A Reviewed NDT Test Reports			
IN THE ABSENCE OF ASTM STANDARDS FOLLOW MANUFACTURER'S INSPECTION GUIDELINES			
REMARKS:			
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input checked="" type="checkbox"/> APPROVED </div> <div style="text-align: center;"> RECEIVED MAR 13 2024 </div> </div> <p style="text-align: center; margin-top: 10px;">AT THE TIME OF THE MANUFACTUREING THIS RIDE MET ALL ASTM STANDARDS FOR THAT DATE</p>			
NOTE: This is a general check list and is not intended to be "all inclusive". It is the responsibility of the inspector to perform the annual safety inspection per ASTM National Standards, Manufacturer's Inspections Guidelines and all Missouri laws, rules and regulations. I state that the above described amusement ride was inspected in accordance with required safety standards / guidelines and met these requirements/guidelines on the date of this inspection.			
SIGNATURE OF INSPECTOR 			DATE 3-12-2024
PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY DANNY C ABNER OWNER DOUBLE A ENTERPRISES			



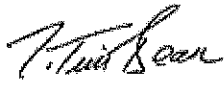
Missouri Division of Fire Safety
 P.O. Box 844
 Jefferson City, MO 65102

Missouri Amusement Ride Operating Permit

Amusement Ride Owner:

Thank you for obtaining your annual Missouri Amusement Ride Operating Permit. This document must be kept on file at the ride location. The Missouri Amusement Ride Operating Permit decal must be adhered to a basic structure of the respective amusement ride where it is easily visible.

If you have any questions please contact us at (573) 751-2930.

Missouri Amusement Ride Operating Permit							
		Missouri Department of Public Safety Missouri Division of Fire Safety Amusement Ride Safety Unit P.O. Box 844 Jefferson City, MO 65102 (573) 751-2930					
		<table border="1"> <tr> <td>State ID:</td> <td>19820</td> </tr> <tr> <td>Inspection Date:</td> <td>3/12/2024</td> </tr> <tr> <td>Expiration Date:</td> <td>3/12/2025</td> </tr> </table>		State ID:	19820	Inspection Date:	3/12/2024
State ID:	19820						
Inspection Date:	3/12/2024						
Expiration Date:	3/12/2025						
Owner Name:	Kenneth L. Bender II	Ride Type:	Mobile				
Company Name:	Tinsley's Amuements	Location Name:					
Address:	1014 Booneslick Road High Hill MO 63350	Address:					
Ride Name:	Alpine Fun House	Serial Number:	WKT-153027				
Description:	Adult	Capacity:	Varies				
Manufacturer:	Funni Frite	Previous Owner:					
Manuf. Date:	1987						
<p>This is to certify that the herein described amusement ride duly conforms with Missouri's Amusement Ride Safety Act, RSMo 316.200 through RSMo 316.237 and 11CSR 40-6.010 through 11 CSR 40-6.100 and may be operated in Missouri.</p>							
			 State Fire Marshal				



AMUSEMENT RIDE SAFETY INSPECTION REPORT

Missouri Division of Fire Safety
Amusement Ride Safety Unit
P.O. Box 844
Jefferson City, MO 65102
(573) 751-2930

OWNER INFORMATION				
OWNER NAME TINSLEY'S AMUSEMENTS INC. KEN BENDER			DATE OF INSPECTION 3-12-2024	
BUSINESS NAME TINSLEY'S AMUSEMENTS INC.			PHONE 636-585-2221	
ADDRESS 1014 BOONSLICK RD		CITY HIGH HILL	STATE MISSOURI	ZIP 63350
RIDE INFORMATION				
RIDE NAME ALPINE FUN HOUSE		RIDE DESCRIPTION (EX: METAL ROLLER COASTER, CAROUSEL, ETC) ADULT		
MANUFACTURER FUNNI FRITE			MANUFACTURE DATE 1987	
SERIAL NO. WKT-153027	CAPACITY VARIES	RPM N/A	DATE OF LAST NDT TEST(S)	
Satisfactory - S		UnSatisfactory - XX		Does Not Apply - NA
Explain orders below under REMARKS				
FUNDAMENTAL	ENTRANCE & EGRESS		ELECTRICAL	
S Upholstery / Seat Conditions	S Steps	S	Portable Generator Grounded per NFPA	
S Safety Restraints - Lap Bar, Seat Belts, Harness	S Ramps	S	Midway Electrical Boxes - Guarding	
S Tub / Seat Numbering	S Platforms	S	Electrical Wiring Protected	
S Tubs / Hazardous Projections / Conditions	S Fencing	S	Electrical Disconnect for Ride	
S Fiber Glass Conditions	S Warning Signs / Rider Restrictions	S	Lighting Equipment Wiring & Secured	
S Fire Extinguisher - NFPA 101	MECHANICAL		S Emergency Stop Switches	
S Ride Clearance of Obstructions	S Drive	STRUCTURAL		
S Manufacturer's Manual	S Sheaves	S	Bracing	
S Daily Inspection Log	N/A Single Point Suspension	S	Sweeps	
S Maintenance Log	S Guarding Moving Parts & Chains & Belts	S	Blocking	
S Operator Training Program	N/A Hydraulic System	S	Gears S	
S Proper Operating Procedures when Observed	N/A Lubrication	S	Correct Grade of Bolts	
N/A Dark Rides - per NFPA 101	S Anti-Rollback Devices	S	Fasteners, Safety Clips, R-Keys, Pins, Etc	
S	S Brakes	S	Wire Rope Inspection	
S	Air Tank - requires Missouri Inspection			
N/A	N/A	Certificate if >5 cu. ft. or 38 gal.		
OTHER				
N/A Reviewed NDT Test Reports				
IN THE ABSENCE OF ASTM STANDARDS FOLLOW MANUFACTURER'S INSPECTION GUIDELINES				
REMARKS:				
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input checked="" type="checkbox"/> </div> <div style="text-align: center;"> <p style="font-size: 1.5em; color: red;">3-13-2024</p> <p style="font-size: 1.5em; color: red;">APPROVED</p> </div> <div style="border: 2px solid blue; padding: 10px; transform: rotate(-5deg);"> <p style="font-size: 1.5em; color: blue; margin: 0;">RECEIVED</p> <p style="color: red; margin: 5px 0;">MAR 13 2024</p> <p style="margin: 0;">By _____</p> </div> </div>				
AT THE TIME OF THE MANUFACTUREING THIS RIDE MET ALL ASTM STANDARDS FOR THAT DATE				
NOTE: This is a general check list and is not intended to be "all inclusive". It is the responsibility of the inspector to perform the annual safety inspection per ASTM National Standards, Manufacturer's Inspections Guidelines and all Missouri laws, rules and regulations. I state that the above described amusement ride was inspected in accordance with required safety standards / guidelines and met these requirements/guidelines on the date of this inspection.				
SIGNATURE OF INSPECTOR 			DATE 3-12-2024	
PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY DANNY C ABNER OWNER DOUBLE A ENTERPRISES				





Missouri Division of Fire Safety
 P.O. Box 844
 Jefferson City, MO 65102

Missouri Amusement Ride Operating Permit

Amusement Ride Owner:

Thank you for obtaining your annual Missouri Amusement Ride Operating Permit. This document must be kept on file at the ride location. The Missouri Amusement Ride Operating Permit decal must be adhered to a basic structure of the respective amusement ride where it is easily visible.

If you have any questions please contact us at (573) 751-2930.

Missouri Amusement Ride Operating Permit				
		Missouri Department of Public Safety Missouri Division of Fire Safety Amusement Ride Safety Unit P.O. Box 844 Jefferson City, MO 65102 (573) 751-2930		
		<table border="1"> <tr> <td>State ID: 19829</td> </tr> <tr> <td>Inspection Date: 3/12/2024</td> </tr> <tr> <td>Expiration Date: 3/12/2025</td> </tr> </table>		State ID: 19829
State ID: 19829				
Inspection Date: 3/12/2024				
Expiration Date: 3/12/2025				
Owner Name:	Kenneth L. Bender II	Ride Type:	Mobile	
Company Name:	Tinsley's Amuements	Location Name:		
Address:	1014 Booneslick Road High Hill MO 63350	Address:		
Ride Name:	Cliff Hanger	Serial Number:	0303065-5K	
Description:	Adult	Capacity:	33	
Manufacturer:	Sellner	Previous Owner:		
Manuf. Date:	2003			
<p>This is to certify that the herein described amusement ride duly conforms with Missouri's Amusement Ride Safety Act, RSMo 316.200 through RSMo 316.237 and 11CSR 40-6.010 through 11 CSR 40-6.100 and may be operated in Missouri.</p>				
			 _____ State Fire Marshal	



AMUSEMENT RIDE SAFETY INSPECTION REPORT

**Missouri Division of Fire Safety
Amusement Ride Safety Unit
P.O. Box 844
Jefferson City, MO 65102
(573) 751-2930**

OWNER INFORMATION			
OWNER NAME TINSLEY'S AMUSEMENTS INC. KEN BENDER	DATE OF INSPECTION 3-12-2024		
BUSINESS NAME TINSLEY'S AMUSEMENTS INC.	PHONE 636-585-2221		
ADDRESS 1014 BOONSLICK RD	CITY HIGH HILL	STATE MISSOURI	ZIP 63350

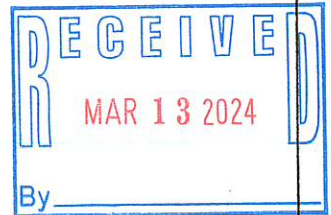
RIDE INFORMATION			
RIDE NAME CLIFF HANGER	RIDE DESCRIPTION (EX: METAL ROLLER COASTER, CAROUSEL, ETC) ADULT		
MANUFACTURER SELLNER	MANUFACTURE DATE 2003		
SERIAL NO. 0303065-5K	CAPACITY 33	RPM 12	DATE OF LAST NDT TEST(S)

Satisfactory - S	UnSatisfactory - XX	Does Not Apply - NA
Explain orders below under REMARKS		
FUNDAMENTAL	ENTRANCE & EGRESS	ELECTRICAL
S Upholstery / Seat Conditions	N/A Steps	S Portable Generator Grounded per NFPA
S Safety Restraints - Lap Bar, Seat Belts, Harness	N/A Ramps	S Midway Electrical Boxes - Guarding
S Tub / Seat Numbering	N/A Platforms	S Electrical Wiring Protected
S Tubs / Hazardous Projections / Conditions	S Fencing	S Electrical Disconnect for Ride
S Fiber Glass Conditions	S Warning Signs / Rider Restrictions	S Lighting Equipment Wiring & Secured
S Fire Extinguisher - NFPA 101	S	S Emergency Stop Switches
S Ride Clearance of Obstructions	S Drive	S
S Manufacturer's Manual	S Sheaves	S STRUCTURAL
S Daily Inspection Log	N/A Single Point Suspension	S Bracing
S Maintenance Log	S Guarding Moving Parts & Chains & Belts	S Sweeps
S Operator Training Program	S Hydraulic System	S Blocking
S Proper Operating Procedures when Observed	S Lubrication	S Gears
N/A Dark Rides - per NFPA 101	N/A Anti-Rollback Devices	S Correct Grade of Bolts
S	S Brakes	S Fasteners, Safety Clips, R-Keys, Pins, Etc
S	S Air Tank - requires Missouri Inspection	S Wire Rope Inspection
N/A OTHER	N/A Certificate if >5 cu. ft. or 38 gal.	S
N/A Reviewed NDT Test Reports	S	S

IN THE ABSENCE OF ASTM STANDARDS FOLLOW MANUFACTURER'S INSPECTION GUIDELINES

REMARKS:

3-13-2024
 APPROVED
[Signature]



AT THE TIME OF THE MANUFACTUREING THIS RIDE MET ALL ASTM STANDARDS FOR THAT DATE

NOTE: This is a general check list and is not intended to be "all inclusive". It is the responsibility of the inspector to perform the annual safety inspection per ASTM National Standards, Manufacturer's Inspections Guidelines and all Missouri laws, rules and regulations. I state that the above described amusement ride was inspected in accordance with required safety standards / guidelines and met these requirements/guidelines on the date of this inspection.

SIGNATURE OF INSPECTOR <i>[Signature]</i>	DATE 3-12-2024
PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY DANNY C ABNER OWNER DOUBLE A ENTERPRISES	




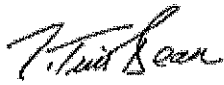
Missouri Division of Fire Safety
 P.O. Box 844
 Jefferson City, MO 65102

Missouri Amusement Ride Operating Permit

Amusement Ride Owner:

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Missouri Amusement Ride Operating Permit				
		Missouri Department of Public Safety Missouri Division of Fire Safety Amusement Ride Safety Unit P.O. Box 844 Jefferson City, MO 65102 (573) 751-2930		
		<table border="1"> <tr> <td>State ID: 19814</td> </tr> <tr> <td>Inspection Date: 3/12/2024</td> </tr> <tr> <td>Expiration Date: 3/12/2025</td> </tr> </table>		State ID: 19814
State ID: 19814				
Inspection Date: 3/12/2024				
Expiration Date: 3/12/2025				
Owner Name:	Kenneth L. Bender II	Ride Type:	Mobile	
Company Name:	Tinsley's Amuements	Location Name:		
Address:	1014 Booneslick Road High Hill MO 63350	Address:		
Ride Name:	Dragon Wagon	Serial Number:	033601	
Description:	Kiddie	Capacity:	32	
Manufacturer:	Wisdom	Previous Owner:		
Manuf. Date:	1990			
<p>This is to certify that the herein described amusement ride duly conforms with Missouri's Amusement Ride Safety Act, RSMo 316.200 through RSMo 316.237 and 11CSR 40-6.010 through 11 CSR 40-6.100 and may be operated in Missouri.</p>				
			 _____ State Fire Marshal	



AMUSEMENT RIDE SAFETY INSPECTION REPORT

Missouri Division of Fire Safety
Amusement Ride Safety Unit
P.O. Box 844
Jefferson City, MO 65102
(573) 751-2930

OWNER INFORMATION			
OWNER NAME TINSLEY'S AMUSEMENTS INC. KEN BENDER			DATE OF INSPECTION 3-12-2024
BUSINESS NAME TINSLEY'S AMUSEMENTS INC.		PHONE 636-585-2221	
ADDRESS 1014 BOONSLICK RD	CITY HIGH HILL	STATE MISSOURI	ZIP 63350

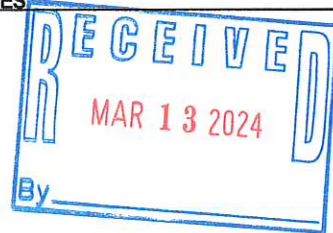
RIDE INFORMATION			
RIDE NAME DRAGON WAGON		RIDE DESCRIPTION (EX: METAL ROLLER COASTER, CAROUSEL, ETC) KIDDIE	
MANUFACTURER WISDOM		MANUFACTURE DATE 1990	
SERIAL NO. 033601	CAPACITY 32	RPM 3	DATE OF LAST NDT TEST(S)

Satisfactory - S		Unsatisfactory - XX		Does Not Apply - NA	
Explain orders below under REMARKS					
FUNDAMENTAL		ENTRANCE & EGRESS		ELECTRICAL	
S Upholstery / Seat Conditions	S	S Steps	S	S Portable Generator Grounded per NFPA	
N/A Safety Restraints - Lap Bar, Seat Belts, Harness	S	S Ramps	S	S Midway Electrical Boxes - Guarding	
S Tub / Seat Numbering	S	S Platforms	S	S Electrical Wiring Protected	
S Tubs / Hazardous Projections / Conditions	S	S Fencing	S	S Electrical Disconnect for Ride	
S Fiber Glass Conditions	S	S Warning Signs / Rider Restrictions	S	S Lighting Equipment Wiring & Secured	
S Fire Extinguisher - NFPA 101				S Emergency Stop Switches	
MECHANICAL		STRUCTURAL			
S Ride Clearance of Obstructions	S	S Drive	S	S Bracing	
S Manufacturer's Manual	S	S Sheaves	S	S Sweeps	
S Daily Inspection Log	N/A	S Single Point Suspension	N/A	S Blocking	
S Maintenance Log	N/A	S Guarding Moving Parts & Chains & Belts	S	S Gears	
S Operator Training Program	N/A	S Hydraulic System	S	S Correct Grade of Bolts	
S Proper Operating Procedures when Observed	N/A	S Lubrication	S	S Fasteners, Safety Clips, R-Keys, Pins, Etc	
N/A Dark Rides - per NFPA 101	S	S Anti-Rollback Devices	S	S Wire Rope Inspection	
S OTHER	N/A	S Brakes			
N/A Reviewed NDT Test Reports		S Air Tank - requires Missouri Inspection Certificate if >5 cu. ft. or 38 gal.			

IN THE ABSENCE OF ASTM STANDARDS FOLLOW MANUFACTURER'S INSPECTION GUIDELINES

REMARKS:

3-13-2024
APPROVED



AT THE TIME OF THE MANUFACTUREING THIS RIDE MET ALL ASTM STANDARDS FOR THAT DATE

NOTE: This is a general check list and is not intended to be "all inclusive". It is the responsibility of the inspector to perform the annual safety inspection per ASTM National Standards, Manufacturer's Inspections Guidelines and all Missouri laws, rules and regulations. I state that the above described amusement ride was inspected in accordance with required safety standards / guidelines and met these requirements/guidelines on the date of this inspection.

SIGNATURE OF INSPECTOR 	DATE 3-12-2024
PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY DANNY C ABNER OWNER DOUBLE A ENTERPRISES	



Missouri Division of Fire Safety
 P.O. Box 844
 Jefferson City, MO 65102

Missouri Amusement Ride Operating Permit

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Missouri Amusement Ride Operating Permit				
		Missouri Department of Public Safety Missouri Division of Fire Safety Amusement Ride Safety Unit P.O. Box 844 Jefferson City, MO 65102 (573) 751-2930		
		<table border="1"> <tr> <td>State ID: 19813</td> </tr> <tr> <td>Inspection Date: 3/12/2024</td> </tr> <tr> <td>Expiration Date: 3/12/2025</td> </tr> </table>		State ID: 19813
State ID: 19813				
Inspection Date: 3/12/2024				
Expiration Date: 3/12/2025				
Owner Name:	Kenneth L. Bender II	Ride Type:	Mobile	
Company Name:	Tinsley's Amuements	Location Name:		
Address:	1014 Booneslick Road High Hill MO 63350	Address:		
Ride Name:	Pharoah's Fury	Serial Number:	407-02395	
Description:	Adult	Capacity:	40 Adults 46 Kids	
Manufacturer:	Chance	Previous Owner:		
Manuf. Date:	1995			
<p>This is to certify that the herein described amusement ride duly conforms with Missouri's Amusement Ride Safety Act, RSMo 316.200 through RSMo 316.237 and 11CSR 40-6.010 through 11 CSR 40-6.100 and may be operated in Missouri.</p>				
			 _____ State Fire Marshal	



AMUSEMENT RIDE SAFETY INSPECTION REPORT

Missouri Division of Fire Safety
Amusement Ride Safety Unit
P.O. Box 844
Jefferson City, MO 65102
(573) 751-2930

OWNER INFORMATION																																																																												
OWNER NAME TINSLEY'S AMUSEMENTS INC. KEN BENDER			DATE OF INSPECTION 3-12-2024																																																																									
BUSINESS NAME TINSLEY'S AMUSEMENTS INC.			PHONE 636-585-2221																																																																									
ADDRESS 1014 BOONSLICK RD		CITY HIGH HILL		STATE MISSOURI																																																																								
				ZIP 63350																																																																								
RIDE INFORMATION																																																																												
RIDE NAME PHAROAH'S FURY		RIDE DESCRIPTION (EX: METAL ROLLER COASTER, CAROUSEL, ETC) ADULT																																																																										
MANUFACTURER CHANCE			MANUFACTURE DATE 1995																																																																									
SERIAL NO. 407-02395		CAPACITY 40 ADULTS 46 KIDS	RPM N/A	DATE OF LAST NDT TEST(S)																																																																								
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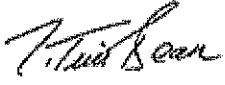
Missouri Division of Fire Safety
 P.O. Box 844
 Jefferson City, MO 65102

Missouri Amusement Ride Operating Permit

Amusement Ride Owner:

Thank you for obtaining your annual Missouri Amusement Ride Operating Permit. This document must be kept on file at the ride location. The Missouri Amusement Ride Operating Permit decal must be adhered to a basic structure of the respective amusement ride where it is easily visible.

If you have any questions please contact us at (573) 751-2930.

Missouri Amusement Ride Operating Permit			
		Missouri Department of Public Safety Missouri Division of Fire Safety Amusement Ride Safety Unit P.O. Box 844 Jefferson City, MO 65102 (573) 751-2930	
		State ID: 19821 Inspection Date: 3/12/2024 Expiration Date: 3/12/2025	
Owner Name:	Kenneth L. Bender II	Ride Type:	Mobile
Company Name:	Tinsley's Amuements	Location Name:	
Address:	1014 Booneslick Road High Hill MO 63350	Address:	
Ride Name:	Merry Go Round 28' 2 Abreast	Serial Number:	1095
Description:	Kiddie	Capacity:	36
Manufacturer:	Allen Herschell	Previous Owner:	
Manuf. Date:	1949		
<p>This is to certify that the herein described amusement ride duly conforms with Missouri's Amusement Ride Safety Act, RSMo 316.200 through RSMo 316.237 and 11CSR 40-6.010 through 11 CSR 40-6.100 and may be operated in Missouri.</p>			
			 _____ State Fire Marshal



AMUSEMENT RIDE SAFETY INSPECTION REPORT

**Missouri Division of Fire Safety
Amusement Ride Safety Unit
P.O. Box 844
Jefferson City, MO 65102
(573) 751-2930**

OWNER INFORMATION			
OWNER NAME TINSLEY'S AMUSEMENTS INC. KEN BENDER	DATE OF INSPECTION 3-12-2024		
BUSINESS NAME TINSLEY'S AMUSEMENTS INC.	PHONE 636-585-2221		
ADDRESS 1014 BOONSLICK RD	CITY HIGH HILL	STATE MISSOURI	ZIP 63350

RIDE INFORMATION			
RIDE NAME MERRY GO ROUND 28' 2 ABREAST	RIDE DESCRIPTION (EX: METAL ROLLER COASTER, CAROUSEL, ETC) KIDDIE		
MANUFACTURER ALLEN HERSCHELL	MANUFACTURE DATE 1949		
SERIAL NO. 1095	CAPACITY 36	RPM 7	DATE OF LAST NDT TEST(S)

Satisfactory - S	UnSatisfactory - XX	Does Not Apply - NA
Explain orders below under REMARKS		
FUNDAMENTAL	ENTRANCE & EGRESS	ELECTRICAL
S Upholstery / Seat Conditions	S Steps	S Portable Generator Grounded per NFPA
N/A Safety Restraints - Lap Bar, Seat Belts, Harness	S Ramps	S Midway Electrical Boxes - Guarding
S Tub / Seat Numbering	S Platforms	S Electrical Wiring Protected
S Tubs / Hazardous Projections / Conditions	S Fencing	S Electrical Disconnect for Ride
S Fiber Glass Conditions	S Warning Signs / Rider Restrictions	S Lighting Equipment Wiring & Secured
S Fire Extinguisher - NFPA 101		S Emergency Stop Switches
S Ride Clearance of Obstructions	MECHANICAL	
S Manufacturer's Manual	S Drive	STRUCTURAL
S Daily Inspection Log	S Sheaves	S Bracing
S Maintenance Log	N/A Single Point Suspension	S Sweeps
S Operator Training Program	S Guarding Moving Parts & Chains & Belts	S Blocking
S Proper Operating Procedures when Observed	N/A Hydraulic System	S Gears S
N/A Dark Rides - per NFPA 101	S Lubrication	S Correct Grade of Bolts
S	N/A Anti-Rollback Devices	S Fasteners, Safety Clips, R-Keys, Pins, Etc
	S Brakes	S Wire Rope Inspection
	Air Tank - requires Missouri Inspection Certificate if >5 cu. ft. or 38 gal.	
OTHER		
N/A Reviewed NDT Test Reports		

IN THE ABSENCE OF ASTM STANDARDS FOLLOW MANUFACTURER'S INSPECTION GUIDELINES

REMARKS:

3-13-2023
 APPROVED
[Signature]

RECEIVED
 MAR 13 2024
 By _____

AT THE TIME OF THE MANUFACTUREING THIS RIDE MET ALL ASTM STANDARDS FOR THAT DATE

NOTE: This is a general check list and is not intended to be "all inclusive". It is the responsibility of the inspector to perform the annual safety inspection per ASTM National Standards, Manufacturer's Inspections Guidelines and all Missouri laws, rules and regulations. I state that the above described amusement ride was inspected in accordance with required safety standards / guidelines and met these requirements/guidelines on the date of this inspection.

SIGNATURE OF INSPECTOR <i>[Signature]</i>	DATE 3-12-2024
PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY DANNY C ABNER OWNER DOUBLE A ENTERPRISES	





Missouri Division of Fire Safety
 P.O. Box 844
 Jefferson City, MO 65102

Missouri Amusement Ride Operating Permit

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Missouri Amusement Ride Operating Permit				
		Missouri Department of Public Safety Missouri Division of Fire Safety Amusement Ride Safety Unit P.O. Box 844 Jefferson City, MO 65102 (573) 751-2930		
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State ID: 19822				
Inspection Date: 3/12/2024				
Expiration Date: 3/12/2025				
Owner Name:	Kenneth L. Bender II	Ride Type:	Mobile	
Company Name:	Tinsley's Amuements	Location Name:		
Address:	1014 Booneslick Road High Hill MO 63350	Address:		
Ride Name:	Zumur	Serial Number:	75-3400X	
Description:	Adult	Capacity:	24	
Manufacturer:	Chance	Previous Owner:		
Manuf. Date:	1975			
<p>This is to certify that the herein described amusement ride duly conforms with Missouri's Amusement Ride Safety Act, RSMo 316.200 through RSMo 316.237 and 11CSR 40-6.010 through 11 CSR 40-6.100 and may be operated in Missouri.</p>				
			 <hr/> State Fire Marshal	



AMUSEMENT RIDE SAFETY INSPECTION REPORT

**Missouri Division of Fire Safety
Amusement Ride Safety Unit**
P.O. Box 844
Jefferson City, MO 65102
(573) 751-2930

OWNER INFORMATION				
OWNER NAME TINSLEY'S AMUSEMENTS INC. KEN BENDER			DATE OF INSPECTION 3-12-2024	
BUSINESS NAME TINSLEY'S AMUSEMENTS INC.			PHONE 636-585-2221	
ADDRESS 1014 BOONSLICK RD		CITY HIGH HILL		STATE MISSOURI
				ZIP 63350
RIDE INFORMATION				
RIDE NAME ZUMUR		RIDE DESCRIPTION (EX: METAL ROLLER COASTER, CAROUSEL, ETC) ADULT		
MANUFACTURER CHANCE			MANUFACTURE DATE 1975	
SERIAL NO. 75-3400X		CAPACITY 24	RPM 7	DATE OF LAST NDT TEST(S)
<div style="display: flex; justify-content: space-between;"> Satisfactory - S UnSatisfactory - XX Does Not Apply - NA </div> <p style="text-align: center; font-size: small;">Explain orders below under REMARKS</p>				
FUNDAMENTAL		ENTRANCE & EGRESS		ELECTRICAL
S	Upholstery / Seat Conditions	N/A	Steps	S
S	Safety Restraints - Lap Bar, Seat Belts, Harness	N/A	Ramps	S
S	Tub / Seat Numbering	S	Platforms	S
S	Tubs / Hazardous Projections / Conditions	S	Fencing	S
S	Fiber Glass Conditions		Warning Signs / Rider Restrictions	S
S	Fire Extinguisher - NFPA 101		MECHANICAL	
S	Ride Clearance of Obstructions	S	Drive	STRUCTURAL
S	Manufacturer's Manual	S	Sheaves	S
S	Daily Inspection Log	N/A	Single Point Suspension	N/A
S	Maintenance Log	S	Guarding Moving Parts & Chains & Belts	S
S	Operator Training Program	S	Hydraulic System	S
S	Proper Operating Procedures when Observed	S	Lubrication	S
N/A	Dark Rides - per NFPA 101	S	Anti-Rollback Devices	S
S			Brakes	S
N/A	OTHER	N/A	Air Tank - requires Missouri Inspection Certificate if >5 cu. ft. or 38 gal.	
N/A	Reviewed NDT Test Reports			
IN THE ABSENCE OF ASTM STANDARDS FOLLOW MANUFACTURER'S INSPECTION GUIDELINES				
<p>REMARKS:</p> <div style="text-align: center; margin-top: 20px;"> <input checked="" type="checkbox"/> APPROVED 3-13-2024 </div> <div style="text-align: right; margin-top: 20px;"> <div style="border: 2px solid blue; padding: 10px; transform: rotate(-2deg); display: inline-block;"> <p style="margin: 0; font-size: 2em; color: blue; letter-spacing: 5px;">RECEIVED</p> <p style="margin: 0; color: red;">MAR 13 2024</p> <p style="margin: 0;">By _____</p> </div> </div>				
<p>AT THE TIME OF THE MANUFACTUREING THIS RIDE MET ALL ASTM STANDARDS FOR THAT DATE</p> <p>NOTE: This is a general check list and is not intended to be "all inclusive". It is the responsibility of the inspector to perform the annual safety inspection per ASTM National Standards, Manufacturer's Inspections Guidelines and all Missouri laws, rules and regulations. I state that the above described amusement ride was inspected in accordance with required safety standards / guidelines and met these requirements/guidelines on the date of this inspection.</p>				
SIGNATURE OF INSPECTOR 			DATE 3-12-2024	
PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY DANNY C ABNER OWNER DOUBLE A ENTERPRISES				




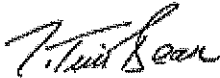
Missouri Division of Fire Safety
P.O. Box 844
Jefferson City, MO 65102

Missouri Amusement Ride Operating Permit

Amusement Ride Owner:

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Missouri Amusement Ride Operating Permit			
		Missouri Department of Public Safety Missouri Division of Fire Safety Amusement Ride Safety Unit P.O. Box 844 Jefferson City, MO 65102 (573) 751-2930	
		<div style="border: 1px solid black; padding: 5px;"> State ID: 19828 Inspection Date: 3/12/2024 Expiration Date: 3/12/2025 </div>	
Owner Name:	Kenneth L. Bender II	Ride Type:	Mobile
Company Name:	Tinsley's Amuements	Location Name:	
Address:	1014 Booneslick Road High Hill MO 63350	Address:	
Ride Name:	Combination Corvettes	Serial Number:	RT-92-882
Description:	Kiddie	Capacity:	32
Manufacturer:	Hapton	Previous Owner:	
Manuf. Date:	1982		
<p>This is to certify that the herein described amusement ride duly conforms with Missouri's Amusement Ride Safety Act, RSMo 316.200 through RSMo 316.237 and 11CSR 40-6.010 through 11 CSR 40-6.100 and may be operated in Missouri.</p>			
			 _____ State Fire Marshal



AMUSEMENT RIDE SAFETY INSPECTION REPORT

Missouri Division of Fire Safety
Amusement Ride Safety Unit
P.O. Box 844
Jefferson City, MO 65102
(573) 751-2930

OWNER INFORMATION			
OWNER NAME TINSLEY'S AMUSEMENTS INC. KEN BENDER	DATE OF INSPECTION 3-12-2024		
BUSINESS NAME TINSLEY'S AMUSEMENTS INC.	PHONE 636-585-2221		
ADDRESS 1014 BOONSLICK RD	CITY HIGH HILL	STATE MISSOURI	ZIP 63350

RIDE INFORMATION			
RIDE NAME COMBINATION CORVETTES	RIDE DESCRIPTION (EX: METAL ROLLER COASTER, CAROUSEL, ETC) KIDDIE		
MANUFACTURER HAMPTON	MANUFACTURE DATE 1982		
SERIAL NO. RT-92-882	CAPACITY 32	RPM 7	DATE OF LAST NDT TEST(S)

Satisfactory - S	Unsatisfactory - XX	Does Not Apply - NA
Explain orders below under REMARKS		
FUNDAMENTAL	ENTRANCE & EGRESS	ELECTRICAL
S Upholstery / Seat Conditions	N/A Steps	S Portable Generator Grounded per NFPA
N/A Safety Restraints - Lap Bar, Seat Belts, Harness	S Ramps	S Midway Electrical Boxes - Guarding
S Tub / Seat Numbering	S Platforms	S Electrical Wiring Protected
S Tubs / Hazardous Projections / Conditions	S Fencing	S Electrical Disconnect for Ride
S Fiber Glass Conditions	S Warning Signs / Rider Restrictions	S Lighting Equipment Wiring & Secured
S Fire Extinguisher - NFPA 101		S Emergency Stop Switches
	MECHANICAL	
S Ride Clearance of Obstructions	S Drive	STRUCTURAL
S Manufacturer's Manual	S Sheaves	S Bracing
S Daily Inspection Log	N/A Single Point Suspension	S Sweeps
S Maintenance Log	N/A Guarding Moving Parts & Chains & Belts	S Blocking
S Operator Training Program	N/A Hydraulic System	S Gears S
S Proper Operating Procedures when Observed	S Lubrication	S Correct Grade of Bolts
N/A Dark Rides - per NFPA 101	N/A Anti-Rollback Devices	S Fasteners, Safety Clips, R-Keys, Pins, Etc
S OTHER	S Brakes	S Wire Rope Inspection
N/A Reviewed NDT Test Reports	Air Tank - requires Missouri inspection Certificate if >5 cu. ft. or 38 gal.	

IN THE ABSENCE OF ASTM STANDARDS FOLLOW MANUFACTURER'S INSPECTION GUIDELINES

REMARKS:

3-13-2024
 APPROVED

RECEIVED

MAR 13 2024

By _____

AT THE TIME OF THE MANUFACTUREING THIS RIDE MET ALL ASTM STANDARDS FOR THAT DATE

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SIGNATURE OF INSPECTOR 	DATE 3-12-2024
PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY DANNY C ABNER OWNER DOUBLE A ENTERPRISES	




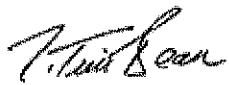
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 P.O. Box 844
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Missouri Amusement Ride Operating Permit				
		Missouri Department of Public Safety Missouri Division of Fire Safety Amusement Ride Safety Unit P.O. Box 844 Jefferson City, MO 65102 (573) 751-2930		
		<table border="1"> <tr> <td>State ID: 19823</td> </tr> <tr> <td>Inspection Date: 3/12/2024</td> </tr> <tr> <td>Expiration Date: 3/12/2025</td> </tr> </table>		State ID: 19823
State ID: 19823				
Inspection Date: 3/12/2024				
Expiration Date: 3/12/2025				
Owner Name:	Kenneth L. Bender II	Ride Type:	Mobile	
Company Name:	Tinsley's Amuements	Location Name:		
Address:	1014 Booneslick Road High Hill MO 63350	Address:		
Ride Name:	TMS Scramber	Serial Number:	25-84	
Description:	Adult	Capacity:	36	
Manufacturer:	Eli Bridge	Previous Owner:		
Manuf. Date:	1984			
<p>This is to certify that the herein described amusement ride duly conforms with Missouri's Amusement Ride Safety Act, RSMo 316.200 through RSMo 316.237 and 11CSR 40-6.010 through 11 CSR 40-6.100 and may be operated in Missouri.</p>				
			 _____ State Fire Marshal	



AMUSEMENT RIDE SAFETY INSPECTION REPORT

Missouri Division of Fire Safety
Amusement Ride Safety Unit
P.O. Box 844
Jefferson City, MO 65102
(573) 751-2930

OWNER INFORMATION					
OWNER NAME TINSLEY'S AMUSEMENTS INC. KEN BENDER				DATE OF INSPECTION 3-12-2024	
BUSINESS NAME TINSLEY'S AMUSEMENTS INC.			PHONE 636-585-2221		
ADDRESS 1014 BOONSLICK RD		CITY HIGH HILL		STATE MISSOURI	ZIP 63350
RIDE INFORMATION					
RIDE NAME TMS SCRAMBER			RIDE DESCRIPTION (EX: METAL ROLLER COASTER, CAROUSEL, ETC) ADULT		
MANUFACTURER ELI BRIDGE				MANUFACTURE DATE 1984	
SERIAL NO. 25-84		CAPACITY 36	RPM 9	DATE OF LAST NDT TEST(S)	
Satisfactory - S		UnSatisfactory - XX		Does Not Apply - NA	
Explain orders below under REMARKS					
FUNDAMENTAL		ENTRANCE & EGRESS		ELECTRICAL	
S	Upholstery / Seat Conditions	S	Steps	S	Portable Generator Grounded per NFPA
S	Safety Restraints - Lap Bar, Seat Belts, Harness	S	Ramps	S	Midway Electrical Boxes - Guarding
S	Tub / Seat Numbering	S	Platforms	S	Electrical Wiring Protected
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S	Ride Clearance of Obstructions	S	Drive	S	STRUCTURAL
S	Manufacturer's Manual	S	Sheaves	S	Bracing
S	Daily Inspection Log	N/A	Single Point Suspension	S	Sweeps
S	Maintenance Log	S	Guarding Moving Parts & Chains & Belts	S	Blocking
S	Operator Training Program	N/A	Hydraulic System	S	Gears
S	Proper Operating Procedures when Observed	S	Lubrication	S	Correct Grade of Bolts
N/A	Dark Rides - per NFPA 101	N/A	Anti-Rollback Devices	S	Fasteners, Safety Clips, R-Keys, Pins, Etc
S	OTHER	S	Brakes	S	Wire Rope Inspection
N/A	Reviewed NDT Test Reports	N/A	Air Tank - requires Missouri Inspection Certificate if >5 cu. ft. or 38 gal.		
IN THE ABSENCE OF ASTM STANDARDS FOLLOW MANUFACTURER'S INSPECTION GUIDELINES					
REMARKS:					
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SIGNATURE OF INSPECTOR 				DATE 3-12-2024	
PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY DANNY C ABNER OWNER DOUBLE A ENTERPRISES					



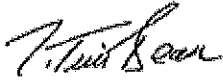
Missouri Division of Fire Safety
 P.O. Box 844
 Jefferson City, MO 65102

Missouri Amusement Ride Operating Permit

Amusement Ride Owner:

Thank you for obtaining your annual Missouri Amusement Ride Operating Permit. This document must be kept on file at the ride location. The Missouri Amusement Ride Operating Permit decal must be adhered to a basic structure of the respective amusement ride where it is easily visible.

If you have any questions please contact us at (573) 751-2930.

Missouri Amusement Ride Operating Permit				
		Missouri Department of Public Safety Missouri Division of Fire Safety Amusement Ride Safety Unit P.O. Box 844 Jefferson City, MO 65102 (573) 751-2930		
		<table border="1"> <tr> <td>State ID: 19827</td> </tr> <tr> <td>Inspection Date: 3/12/2024</td> </tr> <tr> <td>Expiration Date: 3/12/2025</td> </tr> </table>		State ID: 19827
State ID: 19827				
Inspection Date: 3/12/2024				
Expiration Date: 3/12/2025				
Owner Name:	Kenneth L. Bender II	Ride Type:	Mobile	
Company Name:	Tinsley's Amuements	Location Name:		
Address:	1014 Booneslick Road High Hill MO 63350	Address:		
Ride Name:	Scooter/ Bumper Cars	Serial Number:	2124	
Description:	Adult	Capacity:	28	
Manufacturer:	Majestic	Previous Owner:		
Manuf. Date:	1988			
<p>This is to certify that the herein described amusement ride duly conforms with Missouri's Amusement Ride Safety Act, RSMo 316.200 through RSMo 316.237 and 11CSR 40-6.010 through 11 CSR 40-6.100 and may be operated in Missouri.</p>				
			 <hr/> State Fire Marshal	



AMUSEMENT RIDE SAFETY INSPECTION REPORT

Missouri Division of Fire Safety
Amusement Ride Safety Unit
P.O. Box 844
Jefferson City, MO 65102
(573) 751-2930

OWNER INFORMATION																																																																																
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BUSINESS NAME TINSLEY'S AMUSEMENTS INC.			PHONE 636-585-2221																																																																													
ADDRESS 1014 BOONSLICK RD		CITY HIGH HILL	STATE MISSOURI	ZIP 63350																																																																												
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Missouri Division of Fire Safety
P.O. Box 844
Jefferson City, MO 65102

Missouri Amusement Ride Operating Permit

Amusement Ride Owner:

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Missouri Amusement Ride Operating Permit			
		Missouri Department of Public Safety Missouri Division of Fire Safety Amusement Ride Safety Unit P.O. Box 844 Jefferson City, MO 65102 (573) 751-2930	
		<div style="border: 1px solid black; padding: 5px;"> State ID: 19812 Inspection Date: 3/12/2024 Expiration Date: 3/12/2025 </div>	
Owner Name:	Kenneth L. Bender II	Ride Type:	Mobile
Company Name:	Tinsley's Amuements	Location Name:	
Address:	1014 Booneslick Road High Hill MO 63350	Address:	
Ride Name:	Mini Jet	Serial Number:	MJ06R061US94
Description:	Kiddie	Capacity:	32
Manufacturer:	Zamperla	Previous Owner:	
Manuf. Date:	1994		
<p>This is to certify that the herein described amusement ride duly conforms with Missouri's Amusement Ride Safety Act, RSMo 316.200 through RSMo 316.237 and 11CSR 40-6.010 through 11 CSR 40-6.100 and may be operated in Missouri.</p>			
			 _____ State Fire Marshal



AMUSEMENT RIDE SAFETY INSPECTION REPORT

Missouri Division of Fire Safety
Amusement Ride Safety Unit
P.O. Box 844
Jefferson City, MO 65102
(573) 751-2930

OWNER INFORMATION					
OWNER NAME TINSLEY'S AMUSEMENTS INC. KEN BENDER				DATE OF INSPECTION 3-12-2024	
BUSINESS NAME TINSLEY'S AMUSEMENTS INC.			PHONE 636-585-2221		
ADDRESS 1014 BOONSLICK RD		CITY HIGH HILL		STATE MISSOURI	ZIP 63350
RIDE INFORMATION					
RIDE NAME MINI JET			RIDE DESCRIPTION (EX: METAL ROLLER COASTER, CAROUSEL, ETC) KIDDIE		
MANUFACTURER ZAMPERLA				MANUFACTURE DATE 1994	
SERIAL NO. MJ06R061US94		CAPACITY 32	RPM 7	DATE OF LAST NDT TEST(S)	
Satisfactory - S		UnSatisfactory - XX		Does Not Apply - NA	
Explain orders below under REMARKS					
	FUNDAMENTAL		ENTRANCE & EGRESS		ELECTRICAL
S	Upholstery / Seat Conditions	N/A	Steps	S	Portable Generator Grounded per NFPA
N/A	Safety Restraints - Lap Bar, Seat Belts, Harness	N/A	Ramps	S	Midway Electrical Boxes - Guarding
S	Tub / Seat Numbering	S	Platforms	S	Electrical Wiring Protected
S	Tubs / Hazardous Projections / Conditions	S	Fencing	S	Electrical Disconnect for Ride
S	Fiber Glass Conditions	S	Warning Signs / Rider Restrictions	S	Lighting Equipment Wiring & Secured
S	Fire Extinguisher - NFPA 101	S		S	Emergency Stop Switches
S	Ride Clearance of Obstructions	S	MECHANICAL	S	
S	Manufacturer's Manual	S	Drive	S	STRUCTURAL
S	Daily Inspection Log	N/A	Sheaves	S	Bracing
S	Maintenance Log	N/A	Single Point Suspension	S	Sweeps
S	Operator Training Program	N/A	Guarding Moving Parts & Chains & Belts	S	Blocking
S	Proper Operating Procedures when Observed	S	Hydraulic System	S	Gears S
N/A	Dark Rides - per NFPA 101	N/A	Lubrication	S	Correct Grade of Bolts
S		S	Anti-Rollback Devices	S	Fasteners, Safety Clips, R-Keys, Pins, Etc
S		S	Brakes	S	Wire Rope Inspection
S		S	Air Tank - requires Missouri Inspection Certificate if >5 cu. ft. or 38 gal.	S	
N/A	OTHER	N/A		S	
N/A	Reviewed NDT Test Reports	N/A		S	
IN THE ABSENCE OF ASTM STANDARDS FOLLOW MANUFACTURER'S INSPECTION GUIDELINES					
<p>REMARKS:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input checked="" type="checkbox"/> </div> <div style="text-align: center;"> <p style="font-size: 2em; color: red;">APPROVED</p> <p style="font-size: 1.5em; color: red;">3-13-2024</p> </div> <div style="border: 2px solid blue; padding: 5px; text-align: center;"> <p style="font-size: 1.5em; color: blue;">RECEIVED</p> <p style="color: red;">MAR 13 2024</p> <p>By _____</p> </div> </div>					
AT THE TIME OF THE MANUFACTUREING THIS RIDE MET ALL ASTM STANDARDS FOR THAT DATE					
<p>NOTE: This is a general check list and is not intended to be "all inclusive". It is the responsibility of the inspector to perform the annual safety inspection per ASTM National Standards, Manufacturer's Inspections Guidelines and all Missouri laws, rules and regulations. I state that the above described amusement ride was inspected in accordance with required safety standards / guidelines and met these requirements/guidelines on the date of this inspection.</p>					
SIGNATURE OF INSPECTOR 				DATE 3-12-2024	
PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY					
DANNY C ABNER		OWNER		DOUBLE A ENTERPRISES	



Missouri Division of Fire Safety
P.O. Box 844
Jefferson City, MO 65102

Missouri Amusement Ride Operating Permit

Amusement Ride Owner:

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Missouri Amusement Ride Operating Permit			
		Missouri Department of Public Safety Missouri Division of Fire Safety Amusement Ride Safety Unit P.O. Box 844 Jefferson City, MO 65102 (573) 751-2930	
		<div style="border: 1px solid black; padding: 5px;"> State ID: 19826 Inspection Date: 3/12/2024 Expiration Date: 3/12/2025 </div>	
Owner Name:	Kenneth L. Bender II	Ride Type:	Mobile
Company Name:	Tinsley's Amuements	Location Name:	
Address:	1014 Booneslick Road High Hill MO 63350	Address:	
Ride Name:	Slide	Serial Number:	802-133-5B
Description:	Adult	Capacity:	3
Manufacturer:	Dartron/ Batech	Previous Owner:	
Manuf. Date:	1998		
<p>This is to certify that the herein described amusement ride duly conforms with Missouri's Amusement Ride Safety Act, RSMo 316.200 through RSMo 316.237 and 11CSR 40-6.010 through 11 CSR 40-6.100 and may be operated in Missouri.</p>			
			 <hr/> State Fire Marshal



AMUSEMENT RIDE SAFETY INSPECTION REPORT

Missouri Division of Fire Safety
Amusement Ride Safety Unit
 P.O. Box 844
 Jefferson City, MO 65102
 (573) 751-2930

OWNER INFORMATION			
OWNER NAME TINSLEY'S AMUSEMENTS INC. KEN BENDER		DATE OF INSPECTION 3-12-2024	
BUSINESS NAME TINSLEY'S AMUSEMENTS INC.		PHONE 636-585-2221	
ADDRESS 1014 BOONSLICK RD	CITY HIGH HILL	STATE MISSOURI	ZIP 63350
RIDE INFORMATION			
RIDE NAME SLIDE		RIDE DESCRIPTION (EX: METAL ROLLER COASTER, CAROUSEL, ETC) ADULT	
MANUFACTURER DARTRON/ BATECH		MANUFACTURE DATE 1998	
SERIAL NO. 802-133-5B	CAPACITY 3	RPM N/A	DATE OF LAST NDT TEST(S)
Satisfactory - S	UnSatisfactory - XX	Does Not Apply - NA	
Explain orders below under REMARKS			
FUNDAMENTAL	ENTRANCE & EGRESS	ELECTRICAL	
S Upholstery / Seat Conditions	S Steps	S Portable Generator Grounded per NFPA	
S Safety Restraints - Lap Bar, Seat Belts, Harness	S Ramps	S Midway Electrical Boxes - Guarding	
S Tub / Seat Numbering	S Platforms	S Electrical Wiring Protected	
S Tubs / Hazardous Projections / Conditions	S Fencing	S Electrical Disconnect for Ride	
S Fiber Glass Conditions	S Warning Signs / Rider Restrictions	S Lighting Equipment Wiring & Secured	
S Fire Extinguisher - NFPA 101	MECHANICAL		S Emergency Stop Switches
S Ride Clearance of Obstructions	S Drive		STRUCTURAL
S Manufacturer's Manual	S Sheaves		S Bracing
S Daily Inspection Log	N/A Single Point Suspension		S Sweeps
S Maintenance Log	S Guarding Moving Parts & Chains & Belts		S Blocking
S Operator Training Program	S Hydraulic System		S Gears S
S Proper Operating Procedures when Observed	S Lubrication		S Correct Grade of Bolts
N/A Dark Rides - per NFPA 101	N/A Anti-Rollback Devices		S Fasteners, Safety Clips, R-Keys, Pins, Etc
S	S Brakes		S Wire Rope Inspection
OTHER	Air Tank - requires Missouri Inspection Certificate if >5 cu. ft. or 38 gal.		
N/A Reviewed NDT Test Reports	N/A		
IN THE ABSENCE OF ASTM STANDARDS FOLLOW MANUFACTURER'S INSPECTION GUIDELINES			
REMARKS:			
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input checked="" type="checkbox"/> </div> <div style="text-align: center;"> <p style="font-size: 24px; color: blue;">3-13-2024</p> <p style="font-size: 24px; color: red;">APPROVED</p> </div> <div style="text-align: center;"> <p style="color: red; font-weight: bold; font-size: 16px;">MAR 28 2024</p> <p style="color: blue; font-weight: bold; font-size: 14px;">By _____</p> </div> </div>			
AT THE TIME OF THE MANUFACTUREING THIS RIDE MET ALL ASTM STANDARDS FOR THAT DATE			
NOTE: This is a general check list and is not intended to be "all inclusive". It is the responsibility of the inspector to perform the annual safety inspection per ASTM National Standards, Manufacturer's Inspections Guidelines and all Missouri laws, rules and regulations. I state that the above described amusement ride was inspected in accordance with required safety standards / guidelines and met these requirements/guidelines on the date of this inspection.			
SIGNATURE OF INSPECTOR 		DATE 3-12-2024	
PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY DANNY C ABNER OWNER DOUBLE A ENTERPRISES			





Missouri Division of Fire Safety
P.O. Box 844
Jefferson City, MO 65102

Missouri Amusement Ride Operating Permit

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Missouri Amusement Ride Operating Permit			
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		<div style="border: 1px solid black; padding: 5px;"> State ID: 19824 Inspection Date: 3/12/2024 Expiration Date: 3/12/2025 </div>	
Owner Name:	Kenneth L. Bender II	Ride Type:	Mobile
Company Name:	Tinsley's Amuements	Location Name:	
Address:	1014 Booneslick Road High Hill MO 63350	Address:	
Ride Name:	Star Ship	Serial Number:	861746
Description:	Adult	Capacity:	45
Manufacturer:	Wisdom	Previous Owner:	
Manuf. Date:	1996		
<p>This is to certify that the herein described amusement ride duly conforms with Missouri's Amusement Ride Safety Act, RSMo 316.200 through RSMo 316.237 and 11CSR 40-6.010 through 11 CSR 40-6.100 and may be operated in Missouri.</p>			
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AMUSEMENT RIDE SAFETY INSPECTION REPORT

Missouri Division of Fire Safety
Amusement Ride Safety Unit
P.O. Box 844
Jefferson City, MO 65102
(573) 751-2930

OWNER INFORMATION					
OWNER NAME TINSLEY'S AMUSEMENTS INC. KEN BENDER				DATE OF INSPECTION 3-12-2024	
BUSINESS NAME TINSLEY'S AMUSEMENTS INC.			PHONE 636-585-2221		
ADDRESS 1014 BOONSLICK RD		CITY HIGH HILL		STATE MISSOURI	ZIP 63350
RIDE INFORMATION					
RIDE NAME STAR SHIP			RIDE DESCRIPTION (EX: METAL ROLLER COASTER, CAROUSEL, ETC) ADULT		
MANUFACTURER WISDOM				MANUFACTURE DATE 1996*	
SERIAL NO. 861746		CAPACITY 45	RPM 24	DATE OF LAST NDT TEST(S)	
Satisfactory - S		UnSatisfactory - XX		Does Not Apply - NA	
Explain orders below under REMARKS					
FUNDAMENTAL		ENTRANCE & EGRESS		ELECTRICAL	
S	Upholstery / Seat Conditions	S	Steps	S	Portable Generator Grounded per NFPA
S	Safety Restraints - Lap Bar, Seat Belts, Harness	S	Ramps	S	Midway Electrical Boxes - Guarding
S	Tub / Seat Numbering	S	Platforms	S	Electrical Wiring Protected
S	Tubs / Hazardous Projections / Conditions	S	Fencing	S	Electrical Disconnect for Ride
S	Fiber Glass Conditions	S	Warning Signs / Rider Restrictions	S	Lighting Equipment Wiring & Secured
S	Fire Extinguisher - NFPA 101	S	Emergency Stop Switches		
MECHANICAL					
S	Ride Clearance of Obstructions	S	Drive	STRUCTURAL	
S	Manufacturer's Manual	S	Sheaves	S	Bracing
S	Daily Inspection Log	N/A	Single Point Suspension	N/A	Sweeps
S	Maintenance Log	S	Guarding Moving Parts & Chains & Belts	S	Blocking
S	Operator Training Program	S	Hydraulic System	S	Gears S
S	Proper Operating Procedures when Observed	S	Lubrication	S	Correct Grade of Bolts
N/A	Dark Rides - per NFPA 101	N/A	Anti-Rollback Devices	S	Fasteners, Safety Clips, R-Keys, Pins, Etc
S		S	Brakes	S	Wire Rope Inspection
S		S	Air Tank - requires Missouri Inspection Certificate if >5 cu. ft. or 38 gal.		
OTHER					
N/A	Reviewed NDT Test Reports				
IN THE ABSENCE OF ASTM STANDARDS FOLLOW MANUFACTURER'S INSPECTION GUIDELINES					
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Missouri Division of Fire Safety
 P.O. Box 844
 Jefferson City, MO 65102

Missouri Amusement Ride Operating Permit

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Inspection Date: 3/12/2024				
Expiration Date: 3/12/2025				
Owner Name:	Kenneth L. Bender II	Ride Type:	Mobile	
Company Name:	Tinsley's Amuements	Location Name:		
Address:	1014 Booneslick Road High Hill MO 63350	Address:		
Ride Name:	Spider	Serial Number:	3560	
Description:	Adult	Capacity:	36	
Manufacturer:	Eyerly Aircraft	Previous Owner:		
Manuf. Date:	1972			
<p>This is to certify that the herein described amusement ride duly conforms with Missouri's Amusement Ride Safety Act, RSMo 316.200 through RSMo 316.237 and 11CSR 40-6.010 through 11 CSR 40-6.100 and may be operated in Missouri.</p>				
			 _____ State Fire Marshal	



AMUSEMENT RIDE SAFETY INSPECTION REPORT

**Missouri Division of Fire Safety
Amusement Ride Safety Unit
P.O. Box 844
Jefferson City, MO 65102
(573) 751-2930**

OWNER INFORMATION			
OWNER NAME TINSLEY'S AMUSEMENTS INC. KEN BENDER			DATE OF INSPECTION 3-12-2024
BUSINESS NAME TINSLEY'S AMUSEMENTS INC.		PHONE 636-585-2221	
ADDRESS 1014 BOONSLICK RD	CITY HIGH HILL	STATE MISSOURI	ZIP 63350
RIDE INFORMATION			
RIDE NAME SPIDER		RIDE DESCRIPTION (EX: METAL ROLLER COASTER, CAROUSEL, ETC) ADULT	
MANUFACTURER EYERLY AIRCRAFT		MANUFACTURE DATE 1972	
SERIAL NO. 3560	CAPACITY 36	RPM 7	DATE OF LAST NDT TEST(S)
<div style="display: flex; justify-content: space-around; font-weight: bold; font-size: 1.2em;"> Satisfactory - S UnSatisfactory - XX Does Not Apply - NA </div> <p style="text-align: center; font-size: 0.8em;">Explain orders below under REMARKS</p>			
	FUNDAMENTAL	ENTRANCE & EGRESS	ELECTRICAL
S	Upholstery / Seat Conditions	S	Steps
S	Safety Restraints - Lap Bar, Seat Belts, Harness	S	Ramps
N/A		S	Platforms
S	Tub / Seat Numbering	S	Fencing
S	Tubs / Hazardous Projections / Conditions	S	Warning Signs / Rider Restrictions
S	Fiber Glass Conditions	S	Lighting Equipment Wiring & Secured
S	Fire Extinguisher - NFPA 101	S	Emergency Stop Switches
S	Ride Clearance of Obstructions	MECHANICAL	
S	Manufacturer's Manual	S	Drive
S	Daily Inspection Log	S	Sheaves
S	Maintenance Log	N/A	Single Point Suspension
S	Operator Training Program	S	Guarding Moving Parts & Chains & Belts
S	Proper Operating Procedures when Observed	N/A	Hydraulic System
S		S	Lubrication
N/A	Dark Rides - per NFPA 101	S	Anti-Rollback Devices
S		S	Brakes
S		S	Air Tank - requires Missouri Inspection Certificate if >5 cu. ft. or 38 gal.
N/A	OTHER	N/A	
N/A	Reviewed NDT Test Reports		
IN THE ABSENCE OF ASTM STANDARDS FOLLOW MANUFACTURER'S INSPECTION GUIDELINES			
<p>REMARKS:</p> <div style="text-align: center; margin-top: 20px;"> APPROVED 3-13-2024 </div> <div style="text-align: right; margin-top: 20px;"> </div> <p style="text-align: center; margin-top: 20px;">AT THE TIME OF THE MANUFACTUREING THIS RIDE MET ALL ASTM STANDARDS FOR THAT DATE</p> <p>NOTE: This is a general check list and is not intended to be "all inclusive". It is the responsibility of the inspector to perform the annual safety inspection per ASTM National Standards, Manufacturer's Inspections Guidelines and all Missouri laws, rules and regulations. I state that the above described amusement ride was inspected in accordance with required safety standards / guidelines and met these requirements/guidelines on the date of this inspection.</p>			
SIGNATURE OF INSPECTOR 			DATE 3-12-2024
PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY DANNY C ABNER OWNER DOUBLE A ENTERPRISES			




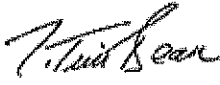
Missouri Division of Fire Safety
 P.O. Box 844
 Jefferson City, MO 65102

Missouri Amusement Ride Operating Permit

Amusement Ride Owner:

Thank you for obtaining your annual Missouri Amusement Ride Operating Permit. This document must be kept on file at the ride location. The Missouri Amusement Ride Operating Permit decal must be adhered to a basic structure of the respective amusement ride where it is easily visible.

If you have any questions please contact us at (573) 751-2930.

Missouri Amusement Ride Operating Permit				
		Missouri Department of Public Safety Missouri Division of Fire Safety Amusement Ride Safety Unit P.O. Box 844 Jefferson City, MO 65102 (573) 751-2930		
		<table border="1"> <tr> <td>State ID: 19808</td> </tr> <tr> <td>Inspection Date: 3/12/2024</td> </tr> <tr> <td>Expiration Date: 3/12/2025</td> </tr> </table>		State ID: 19808
State ID: 19808				
Inspection Date: 3/12/2024				
Expiration Date: 3/12/2025				
Owner Name:	Kenneth L. Bender II	Ride Type:	Mobile	
Company Name:	Tinsley's Amuements	Location Name:		
Address:	1014 Booneslick Road High Hill MO 63350	Address:		
Ride Name:	Round Up	Serial Number:	2229	
Description:	Adult	Capacity:	36	
Manufacturer:	HRW	Previous Owner:		
Manuf. Date:	1976			
<p>This is to certify that the herein described amusement ride duly conforms with Missouri's Amusement Ride Safety Act, RSMo 316.200 through RSMo 316.237 and 11CSR 40-6.010 through 11 CSR 40-6.100 and may be operated in Missouri.</p>				
			 _____ State Fire Marshal	



AMUSEMENT RIDE SAFETY INSPECTION REPORT

Missouri Division of Fire Safety
Amusement Ride Safety Unit
P.O. Box 844
Jefferson City, MO 65102
(573) 751-2930

OWNER INFORMATION			
OWNER NAME TINSLEY'S AMUSEMENTS INC. KEN BENDER		DATE OF INSPECTION 3-12-2024	
BUSINESS NAME TINSLEY'S AMUSEMENTS INC.		PHONE 636-585-2221	
ADDRESS 1014 BOONSLICK RD	CITY HIGH HILL	STATE MISSOURI	ZIP 63350

RIDE INFORMATION			
RIDE NAME ROUND UP		RIDE DESCRIPTION (EX. METAL ROLLER COASTER, CAROUSEL, ETC) ADULT	
MANUFACTURER HRW		MANUFACTURE DATE 1976	
SERIAL NO. 2229	CAPACITY 36	RPM 18	DATE OF LAST NDT TEST(S)

Satisfactory - S		UnSatisfactory - XX		Does Not Apply - NA	
Explain orders below under REMARKS					
FUNDAMENTAL		ENTRANCE & EGRESS		ELECTRICAL	
S	Upholstery / Seat Conditions	S	Steps	S	Portable Generator Grounded per NFPA
S	Safety Restraints - Lap Bar, Seat Belts, Harness	S	Ramps	S	Midway Electrical Boxes - Guarding
S	Tub / Seat Numbering	S	Platforms	S	Electrical Wiring Protected
S	Tubs / Hazardous Projections / Conditions	S	Fencing	S	Electrical Disconnect for Ride
S	Fiber Glass Conditions	S	Warning Signs / Rider Restrictions	S	Lighting Equipment Wiring & Secured
S	Fire Extinguisher - NFPA 101	S		S	Emergency Stop Switches
		MECHANICAL			
S	Ride Clearance of Obstructions	S	Drive	S	STRUCTURAL
S	Manufacturer's Manual	S	Sheaves	S	Bracing
S	Daily Inspection Log	N/A	Single Point Suspension	S	Sweeps
S	Maintenance Log	S	Guarding Moving Parts & Chains & Belts	S	Blocking
S	Operator Training Program	S	Hydraulic System	S	Gears
S	Proper Operating Procedures when Observed	S	Lubrication	S	Correct Grade of Bolts
S	Dark Rides - per NFPA 101	N/A	Anti-Rollback Devices	S	Fasteners, Safety Clips, R-Keys, Pins, Etc
S		S	Brakes	S	Wire Rope Inspection
S			Air Tank - requires Missouri Inspection Certificate if >5 cu. ft. or 38 gal.		
OTHER		N/A			
N/A	Reviewed NDT Test Reports				

IN THE ABSENCE OF ASTM STANDARDS FOLLOW MANUFACTURER'S INSPECTION GUIDELINES

REMARKS:

3-13-2024

APPROVED

RECEIVED
MAR 13 2024
By _____

AT THE TIME OF THE MANUFACTUREING THIS RIDE MET ALL ASTM STANDARDS FOR THAT DATE

NOTE: This is a general check list and is not intended to be "all inclusive". It is the responsibility of the inspector to perform the annual safety inspection per ASTM National Standards, Manufacturer's Inspections Guidelines and all Missouri laws, rules and regulations. I state that the above described amusement ride was inspected in accordance with required safety standards / guidelines and met these requirements/guidelines on the date of this inspection.

SIGNATURE OF INSPECTOR 	DATE 3-12-2024
PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY DANNY C ABNER OWNER DOUBLE A ENTERPRISES	




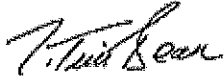
Missouri Division of Fire Safety
 P.O. Box 844
 Jefferson City, MO 65102

Missouri Amusement Ride Operating Permit

Amusement Ride Owner:

Thank you for obtaining your annual Missouri Amusement Ride Operating Permit. This document must be kept on file at the ride location. The Missouri Amusement Ride Operating Permit decal must be adhered to a basic structure of the respective amusement ride where it is easily visible.





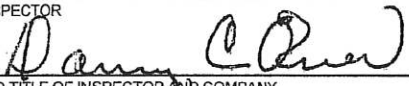
If you have any questions please contact us at (573) 751-2930.

Missouri Amusement Ride Operating Permit			
		Missouri Department of Public Safety Missouri Division of Fire Safety Amusement Ride Safety Unit P.O. Box 844 Jefferson City, MO 65102 (573) 751-2930	
		State ID: 19809 Inspection Date: 3/12/2024 Expiration Date: 3/12/2025	
Owner Name:	Kenneth L. Bender II	Ride Type:	Mobile
Company Name:	Tinsley's Amuements	Location Name:	
Address:	1014 Booneslick Road High Hill MO 63350	Address:	
Ride Name:	Rio Grande Train	Serial Number:	EQU-RGTR-RD1027
Description:	Kiddie	Capacity:	16
Manufacturer:	Zamperla	Previous Owner:	
Manuf. Date:	1992		
<p>This is to certify that the herein described amusement ride duly conforms with Missouri's Amusement Ride Safety Act, RSMo 316.200 through RSMo 316.237 and 11CSR 40-6.010 through 11 CSR 40-6.100 and may be operated in Missouri.</p>			
			 _____ State Fire Marshal



AMUSEMENT RIDE SAFETY INSPECTION REPORT

Missouri Division of Fire Safety
Amusement Ride Safety Unit
P.O. Box 844
Jefferson City, MO 65102
(573) 751-2930

OWNER INFORMATION			
OWNER NAME TINSLEY'S AMUSEMENTS INC. KEN BENDER			DATE OF INSPECTION 3-12-2024
BUSINESS NAME TINSLEY'S AMUSEMENTS INC.		PHONE 636-585-2221	
ADDRESS 1014 BOONSLICK RD	CITY HIGH HILL	STATE MISSOURI	ZIP 63350
RIDE INFORMATION			
RIDE NAME RIO GRANDE TRAIN		RIDE DESCRIPTION (EX: METAL ROLLER COASTER, CAROUSEL, ETC) KIDDIE	
MANUFACTURER ZAMPERLA		MANUFACTURE DATE 1992	
SERIAL NO. EQU-RGTR-RD1027	CAPACITY 16	RPM 7	DATE OF LAST NDT TEST(S)
Satisfactory - S UnSatisfactory - XX Does Not Apply - NA Explain orders below under REMARKS			
FUNDAMENTAL			
S	Upholstery / Seat Conditions	N/A	ENTRANCE & EGRESS
N/A	Safety Restraints - Lap Bar, Seat Belts, Harness	N/A	S Steps
S	Tub / Seat Numbering	N/A	S Ramps
S	Tubs / Hazardous Projections / Conditions	S	S Platforms
S	Fiber Glass Conditions	S	S Fencing
S	Fire Extinguisher - NFPA 101	S	S Warning Signs / Rider Restrictions
S	Ride Clearance of Obstructions	S	S Electrical
S	Manufacturer's Manual	S	S Portable Generator Grounded per NFPA
S	Daily Inspection Log	N/A	S Midway Electrical Boxes - Guarding
S	Maintenance Log	N/A	S Electrical Wiring Protected
S	Operator Training Program	N/A	S Electrical Disconnect for Ride
S	Proper Operating Procedures when Observed	S	S Lighting Equipment Wiring & Secured
N/A	Dark Rides - per NFPA 101	S	S Emergency Stop Switches
S		S	
MECHANICAL			
N/A	OTHER	N/A	S Drive
N/A	Reviewed NDT Test Reports		S Sheaves
			S Single Point Suspension
			S Guarding Moving Parts & Chains & Belts
			S Hydraulic System
			S Lubrication
			S Anti-Rollback Devices
			S Brakes
			S Air Tank - requires Missouri Inspection Certificate if >5 cu. ft. or 38 gal.
			S Structural
			S Bracing
			S Sweeps
			S Blocking
			S Gears
			S Correct Grade of Bolts
			S Fasteners, Safety Clips, R-Keys, Pins, Etc
			S Wire Rope Inspection
IN THE ABSENCE OF ASTM STANDARDS FOLLOW MANUFACTURER'S INSPECTION GUIDELINES			
REMARKS:			
  			
 By _____			
AT THE TIME OF THE MANUFACTUREING THIS RIDE MET ALL ASTM STANDARDS FOR THAT DATE			
NOTE: This is a general check list and is not intended to be "all inclusive". It is the responsibility of the inspector to perform the annual safety inspection per ASTM National Standards, Manufacturer's Inspections Guidelines and all Missouri laws, rules and regulations. I state that the above described amusement ride was inspected in accordance with required safety standards / guidelines and met these requirements/guidelines on the date of this inspection.			
SIGNATURE OF INSPECTOR 			DATE 3-12-2024
PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY DANNY C ABNER OWNER DOUBLE A ENTERPRISES			



Missouri Division of Fire Safety
 Amusement Ride Safety Unit
 P.O. Box 844
 Jefferson City, MO 65102
 573-526-3660
 FAX: 573-526-5971

APPLICATION FOR AMUSEMENT RIDE OPERATING PERMIT

- 1) SUBMIT ONE APPLICATION FOR EACH RIDE TO BE PERMITTED
- 2) OPERATING PERMITS MUST BE RENEWED ANNUALLY
- 3) PERMIT EXPIRES ONE YEAR FROM DATE OF INSPECTION

DATE 3/6/2024		RIDE TYPE (check one) FIXED <input type="checkbox"/> MOBILE <input checked="" type="checkbox"/>		OFFICE USE ONLY STATE ID	
COMPANY NAME & ADDRESS Tinsley's Amusements Inc			COMPLETE THIS SECTION ONLY IF RIDE TYPE IS FIXED LOCATION NAME & ADDRESS		
1014 Boonestick Rd					
P.O. Box 77					
High Hill, MO 63350					
OWNER/LESSEE NAME Kenneth R Bender II		LOCATION COUNTY		LOCATION PHONE	
COMPANY/OWNER/LESSEE PHONE 314-852-4020		COMPANY/OWNER/LESSEE FEDERAL TAX ID			
OPERATOR NAME & ADDRESS IF OTHER THAN OWNER/LESSEE					
RIDE NAME DOWN DRAFT			RIDE DESCRIPTION (EX: METAL ROLLER COASTER, CAROUSEL, ETC)		
MANUFACTURER BATTECH		MANUFACTURE DATE 2017		SERIAL NUMBER or ARCHITECT NUMBER 1701202-51-5D	
CAPACITY	PREVIOUS OWNER FAMILY ENTERTAINMENT INC	DATE OF LAST INSPECTION 9/2023	LAST DATE OF NDT -		

INSPECTION: The applicant must submit a copy of the latest safety inspection report for the ride described above completed and signed by a qualified inspector*.

* **QUALIFIED INSPECTOR:** An inspector who meets the requirements as identified in 11 CSR 40-6.060. The inspector must submit proof of his qualification to the Missouri Division of Fire Safety for approval.

PERMIT FEES: The applicant must submit a \$30 annual permit fee for each ride. Submit checks or money orders made payable to the Division of Fire Safety, cash will not be accepted.

INSURANCE: The applicant must provide either a Certificate of Liability Insurance issued by the insurance company or a copy of the actual insurance policy for the minimum amount of \$1,000,000 as prescribed by RSMo 316.210, section 2. In either case, the following information must be contained on the certificate or within the policy: (1) Time period of coverage; (2) Limits of the policy; (3) Name of ride(s) insured; and (4) Division of Fire Safety named as Certificate Holder.

I hereby acknowledge that I have read this application and affirm that the statements made herein are true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT

Donald George, Jr

DATE

3/6/2024



Missouri Division of Fire Safety
 Amusement Ride Safety Unit
 P.O. Box 844
 Jefferson City, MO 65102
 573-526-3660
 FAX: 573-526-5971

APPLICATION FOR AMUSEMENT RIDE OPERATING PERMIT

- 1) SUBMIT ONE APPLICATION FOR EACH RIDE TO BE PERMITTED
- 2) OPERATING PERMITS MUST BE RENEWED ANNUALLY
- 3) PERMIT EXPIRES ONE YEAR FROM DATE OF INSPECTION

DATE 3/6/2024	RIDE TYPE (check one) FIXED <input type="checkbox"/> MOBILE <input checked="" type="checkbox"/>	OFFICE USE ONLY STATE ID
COMPANY NAME & ADDRESS Tinsley's Amusements Inc 1014 Booneslick Rd. PO Box 77 High Hill, MO 63350		COMPLETE THIS SECTION ONLY IF RIDE TYPE IS FIXED LOCATION NAME & ADDRESS
OWNER/LESSEE NAME Kenneth L. Berden II	LOCATION COUNTY	LOCATION PHONE
COMPANY/OWNER/LESSEE PHONE 314-852-4620	COMPANY/OWNER/LESSEE FEDERAL TAX ID	
OPERATOR NAME & ADDRESS IF OTHER THAN OWNER/LESSEE		
RIDE NAME CHARLIE CHOPPER		RIDE DESCRIPTION (EX: METAL ROLLER COASTER, CAROUSEL, ETC) Kiddie Helicopter
MANUFACTURER MAJESTIC	MANUFACTURE DATE 2016	SERIAL NUMBER or ARCHITECT NUMBER 1M9FZ 2853 CW -
CAPACITY	PREVIOUS OWNER FAMILY ENTERTAINMENT INC	DATE OF LAST INSPECTION 9/2023
		LAST DATE OF RPT 276708

INSPECTION: The applicant must submit a copy of the latest safety inspection report for the ride described above completed and signed by a qualified inspector*.

* **QUALIFIED INSPECTOR:** An inspector who meets the requirements as identified in 11 CSR 40-6.060. The inspector must submit proof of his qualification to the Missouri Division of Fire Safety for approval.

PERMIT FEES: The applicant must submit a \$30 annual permit fee for each ride. Submit checks or money orders made payable to the Division of Fire Safety, cash will not be accepted.

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I hereby acknowledge that I have read this application and affirm that the statements made herein are true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT

DATE

Shirley George

3/6/2024



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/09/2024

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Haas & Wilkerson Insurance 4300 Shawnee Mission Parkway Fairway, KS 66205 913 432-4400	CONTACT NAME: Linda Head, CIC, CPIW PHONE (A/C, No, Ext): 913 432-4400 FAX (A/C, No): E-MAIL ADDRESS: linda.head@hwins.com
	INSURER(S) AFFORDING COVERAGE INSURER A: ACE American Insurance Company (CHUBB) INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		G46702360	02/09/2024	02/09/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$EXCLUDED PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
10 days notice of cancellation for non payment of premium applies. Additional Insured: Missouri Division of Fire Safety. Includes all owned and all booked in rides.

CERTIFICATE HOLDER MO Division of Fire Safety Amuse Ride Safety Unit PO Box 844 Jefferson City, MO 65102	CANCELLATION 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
---	--