

**FISCAL ESTIMATE WORKSHEET**  
 Detailed Estimate of Annual Fiscal Effect  
 DOA-2047(R06/99)

ORIGINAL       UPDATED  
 CORRECTED       SUPPLEMENTAL

LRB or Bill No./Adm. Rule No.      Amendment No.  
 Ch. Comm 34

**Subject**  
 Amusement rides

**I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):**  
 None

**II. Annualized Costs:** **Annualized Fiscal impact on State funds from:**

	\$ 0 Increased Costs	\$ Decreased Costs
<b>A. State Costs By Category</b>		
State Operations - Salaries and Fringes	( 0 FTE)	( 0 FTE)
(FTE Position Changes)		-
State Operations - Other Costs		-
Local Assistance		-
Aids to Individuals or Organizations	\$ 0	\$ -0
<b>TOTAL State Costs By Category</b>	<b>\$</b>	<b>\$ -</b>

	Increased Costs	Decreased Costs
<b>B. State Costs By Source of Funds</b>		
GPR	0	-0
FED		-
PRO/PRS		
SEG/SEG-S	\$	\$ -

	Increased Rev.	Decreased Rev.
<b>III. State Revenues-</b> Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, etc.)		
GPR Taxes		-
GPR Earned	0	-0
FED	\$ 0	\$ -0
PRO/PRS		
SEG/SEG-S		

<b>TOTAL State Revenues</b>	0	0
	0	0
<b>NET ANNUALIZED FISCAL IMPACT</b>		

	<u>STATE</u>	<u>LOCAL</u>
<b>NET CHANGE IN COSTS</b>	\$ _____	\$ _____
<b>NET CHANGE IN REVENUES</b>	\$ _____	\$ _____

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Agency/Prepared by: (Name & Phone No.)

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Authorized Signature/Telephone No.

Date