CITY OF CLEVELAND
Mayor Justin M. Bibb
FINANCE
Assessments & Licenses

Application Instructions for a Consolidated Entertainment & Amusement Device License

Office Information	
Hours of Operation: (Weekdays Only)	**By phone/email: 8:00 a.m. to 4:30 p.m.**
	In person: 9:00 a.m. – 4:30 p.m.
Address:	**601 Lakeside Avenue, Room 122 Cleveland, OH 44114**
Phone Number:	**Phone: (216) 664-2264**
Email:	**dallicenses@clevelandohio.gov**

When do you need a Consolidated Entertainment & Amusement Device license?

A Consolidated Entertainment and Amusement Device application is required to conduct one or more of the following activities and/or have devices in a building, room or on a property. This would include:

Activity	Codified Ordinance
Billiard Rooms	**688**
Bowling Alleys	**689**
Dance Hall	**690**
Roller Rinks	**694**
Music	**692**
Coin-Operated Amusement*	**692A**

* **This license only applies to "Type-A skill-based amusement machines" as defined in the Ohio Administrative Code (OAC) 3772-50. "Type-A skill-based amusement machines" include arcade and pinball type games where no prize (aside from free play is possible).**

This is a biennial license that expires on June 30th of every odd year.

WARNING: City of Cleveland employees may not provide legal advice to the public. The information provided is for informational purposes only and is not legal advice. For questions regarding the application of a city ordinance or regulation, you should consult an attorney regarding your specific situation.

You may apply for this license in person, online or by mail:

In Person:

1. Gather all documentation/information listed below in the "W*hat to bring or submit" section.*
2. Complete the application in its entirety and sign (print legibly using blue or black ink).
3. Visit our office between the hours of 9:00 a.m. and 4:30 p.m., Monday through Friday.
4. Bring the correct fee as calculated on page 6 of this packet.

Online:

1. Gather all documentation/information listed below in the "W*hat to bring or submit" section.*
2. Go to https://aca-prod.accela.com/COC/Default.aspx and submit your application.
3. Pay the correct fee as calculated on page 6 of this packet plus all applicable convenience fees.

By Mail:

1. Gather all documentation/information listed below in the "W*hat to bring or submit" section.*
2. Complete the enclosed application in its entirety and sign (print legibly using blue or black ink).
3. Mail the completed application, supporting documentation and correct fee to our office.

What to bring or submit to the Division of Assessments and Licenses:

1. Completed and signed application.
2. The location's Certificate of Occupancy or Building Use permit. If you do not have the permit for this location, contact the Department of Building and Housing at (216) 664-2910.
3. If selling liquor, the business establishment's current and valid Ohio Liquor Permit.
4. The fees as calculated on page 6 of this packet. **These fees are non-refundable.**

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Consolidated Entertainment & Amusement Device License Application

Date:	☐ New	☐ Renewal Application

Section A Business Activities. Check all activities that apply to your business establishment:

☐ Dance Hall **Complete Schedule I**	☐ Music (Includes Jukebox) **Complete Schedule II**	☐ Coin-operated Devices **Complete Schedule II**
☐ Billiard Room **Complete Schedule II (If Coin-Operated)**	☐ Bowling Lanes	☐ Roller Rink

Section B Business Information

Business Type

☐ Person (Sole Proprietorship)	☐ Limited Liability Company
☐ Corporation	☐ Partnership (General or Limited)
☐ Other: (specify)	

Name:			
DBA / Alias:	State Incorporated:		
Address:			
City:		State:	Zip:
Telephone:	Email:		
Federal ID Number **(Required)**:			
Building Use or Certificate of Occupancy Permit Number **(attach copy)**:			
Property Parcel Number:			
Police District:		Ward #:	
Will business serve alcohol? ☐ Yes **(If yes, attach liquor permit)**	☐ No		

Daily Hours of Operation:

Sunday **Open / Close**		Monday **Open / Close**		Tuesday **Open / Close**		Wednesday **Open / Close**		Thursday **Open / Close**		Friday **Open / Close**		Saturday **Open / Close**	

Has applicant or business ever had a State or City license that was suspended or revoked?	☐ Yes	☐ No
If yes, please explain.		

Attach additional sheets if necessary

Section C Applicant Information (Individual)

Name:	Title:		
Address (Residential):			
City:		State:	Zip:
Telephone:	Email:		
Date of Birth:	Social Security Number **(Required)**:		
Have you ever been charged with or convicted of a felony?	☐ Yes	☐ No	
If yes, please provide complete information about each occurrence. Attach additional sheets if necessary.			

Attach additional sheets if necessary

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Consolidated Entertainment & Amusement Device License Application

Section D Organizational Structure

Provide the following information for each officer, partner, principal, key management or shareholders that own at least 33% of the business or materially participates in the operations of the business.

Name:	**Title:**		
Residential Address:	City:	State:	Zip:
Email:	Telephone:		
Date of Birth:	Social Security Number:		
Have you ever been charged with or convicted of a felony?	☐ Yes	☐ No	
If yes, please furnish complete information about each occurrence			

Name:	**Title:**		
Residential Address:	City:	State:	Zip:
Email:	Telephone:		
Date of Birth:	Social Security Number:		
Have you ever been charged with or convicted of a felony?	☐ Yes	☐ No	
If yes, please furnish complete information about each occurrence.			

Name:	**Title:**		
Residential Address:	City:	State:	Zip:
Email:	Telephone:		
Date of Birth:	Social Security Number:		
Have you ever been charged with or convicted of a felony?	☐ Yes	☐ No	
If yes, please furnish complete information about each occurrence.			

Name:	**Title:**		
Residential Address:	City:	State:	Zip:
Email:	Telephone:		
Date of Birth:	Social Security Number:		
Have you ever been charged with or convicted of a felony?	☐ Yes	☐ No	
If yes, please furnish complete information about each occurrence.			

Section E Acknowledgement

I declare under penalty of perjury that the above information is true and correct. I understand that if this information is found to be fraudulent, the license(s) issued in association with this statement may be revoked, denied or suspended. Applicant acknowledges that he/she has read and understood Codified Ordinances §688.02 (Billiard Rooms), §689.01 (Bowling Alleys), §690.02 (Dance Halls), §692.01 (Music Entertainment), §692A.03 (Coin Operated Amusement Devices), and/or §694.02 (Roller Rinks), as applicable, and understands the obligations contained therein with respect to the above-mentioned Codified Ordinances, as applicable.

Applicant Signature		**Date**	

Schedule I

Dance Floor Diagram *(Required)*

Provide a sketch of each dance floor in the space below:

Dance Floor #1 - Floor # ____ , Location [Front / Back / Center] of Building
(Circle One)

Dance Floor #2 - Floor # ____ , Location [Front / Back / Center] of Building
(Circle One)

Dance Floor #3 - Floor # ____ , Location [Front / Back / Center] of Building
(Circle One)

Attach additional sheets if necessary

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Schedule II

Coin Operated and Music Device Supplement

(Required if these activities have been checked on Page 2)

****List the device information for *ALL* amusement, billiard tables and music devices that are coin-operated****

ALL FIELDS ARE REQUIRED

List Device Type Amusement, Billiard (Pool Table) or Music (Jukebox)	**Name (Description)**	**Serial Number**	**City of Cleveland Device Seal Number**	**City of Cleveland Device Seal Expiration Date**	**Supplier Name**

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Fee Calculation Sheet

For each activity in which you're applying for a license, please complete the following:

	Column A	Column B	Column C	Column D
Dance Hall	List Square Footage	If sq footage is: - Less than 2,500 then enter $100; - From 2,500 – 6,499 enter $130; - 6,500 or greater enter $170.		Enter subtotal from Column B
Floor #1	_____	_____		
Floor #2	_____	_____		
Floor #3	_____	_____		
	Dance Hall subtotal	_____	=	_____
Music **(required only if music played is separate from the dance hall)** Does not apply for the playing of radios and television sets.	Enter number of distinct music areas	The fee is $75		Multiply number in Column "A" times $75
	_____	**X $75**	=	_____
Coin-operated Amusement Device	Enter number of devices	The fee for devices 1 – 3 is $60.00 per device **Enter Fee Below**	The fee for the 4th and each additional device up to 20 is $40.00. 21+ no charge. **Enter Fee Below**	Add Columns B + C
	_____	_____	_____	_____
Billiard Room	Enter number of billiard tables	Enter $50 for first table	The fee for the 2nd and each additional table is $20.00 **Enter Fee Below**	Add Columns B + C
	_____	_____	_____	_____
Bowling Alley	Enter Number of Alleys	Enter $75 for first alley	The fee for the 2nd and each additional alley is $20.00 **Enter Fee Below**	Add Columns B + C
	_____	_____	_____	_____
Roller Rink	List Square Footage	If sq. footage is: - Less than 2,500 enter $50; - From 2,500 – 5,000 enter $60; - From 5,001 – 6,500 enter $65 - Greater than 6,500 enter $80		Enter amount from Column B
	_____	_____	=	_____
			Add the amounts in Column D	_____