

Phone: (216) 664-2264

Hours of Operation: 8:00 a.m. to 4:30 p.m. Weekdays

DALLicenses@clevelandohio.gov

When do you need a Ticket Broker License?

Any person, firm or corporation that engages in the procuring, reserving, buying, selling or any other dealing of two (2) or more tickets of admission or other evidence of right of entry at a price greater than the price printed on the ticket <u>or</u> for compensation in addition to the box office price to a theater, place of amusement or entertainment, or other place where public exhibitions, games, contests or performances are held within the City in any one (1) calendar year.

ONLINE TICKET SALES ARE EXEMPT FROM LICENSING

This is an annual license that expires on August 31st.

City of Cleveland Codified Ordinance Chapter 698, Ticket Broker.

<u>Additional Requirements</u>: Any person selling tickets of admissions as described above is required to collect and remit Admissions Tax as described in Codified Ordinance Chapter 195. For more information regarding Admissions Tax, please contact our Tax Compliance Section at (216) 664-2260.

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.

How to obtain and/or submit a Ticket Broker License application

In Person/By Mail: Cleveland City Hall, Division of Assessments and Licenses, 601 Lakeside Avenue, Room 122, Cleveland, OH 44114.

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

- 1) Completed and signed application.
- 2) A bond that meets the following requirements:
 - In the amount of one thousand dollars (\$1,000.00);
 - Created by a surety company authorized to write bonds in the State of Ohio;
 - Includes the stamp and/or seal of the Insurance Company (future dates prohibited);
 - Expires on August 31st of the following year;
 - The date on the Power of Attorney matches the Witness seal date on the bond (future dates prohibited).
- 3) Fee of \$100.00 for the initial location and \$25.00 for each additional location. Fees are payable by cash, check or credit card. All fees are non-refundable. Make checks payable to the City of Cleveland.



Ticket Broker License Application

| F | Phone: (216) 664-2264 8:0 | Hours of Ope 00 a.m. to 4:30 p. | | | DALLicen | <u>ses@clevelandohio.gov</u> | | |
|-------------|--------------------------------|------------------------------------|-------------|---|--|--------------------------------------|--|--|
| Da | te: | Fee: \$100. | 00 – Pr | <mark>imary Locat</mark> (All Fees a | ion \$25.00 - are Non-refund | - Each additional location lable) | | |
| SE | CTION A - APPLICANT INFORMATI | ION | | | | | | |
| Na | me of Applicant: | | | | | | | |
| Ho | me Address: | | | | | | | |
| Cit | y: | | | | State: | Zip: | | |
| Ho | me Phone #: | | Email | • | | | | |
| Soc | eial Security #: | | Date | of Birth: | | | | |
| | | | | | | | | |
| SE | CTION B - BUSINESS INFORMATIO | N | | | | | | |
| BU | SINESS TYPE | | | - | | | | |
| | Person (Sole Proprietorship) | | | Limited Liability Company | | | | |
| | Corporation | | | Partnersh | ip (General o | r Limited) | | |
| | Other (specify) | | R | | | | | |
| Les | gal Name: | | | | | | | |
| | A / Alias: | | | | | | | |
| | mary Business Address: | | | | | | | |
| Cit | · · · · · | | | | State: | Zip: | | |
| | ephone #: | | F | lmail: | | ľ | | |
| | leral ID # – REQUIRED: | | | | | | | |
| | ····· | | | | | | | |
| SE | CTION C - ADDITIONAL PLACES OF | F BUSINESS | | | | | | |
| | | Loc | ation | #2 | | | | |
| | lress: | | | | a | <i>a</i> . | | |
| Cit | y: ephone: | | Email | | State: | Zip: | | |
| Ter | ephone. | | Eman | • | | | | |
| | | Loc | ation | #3 | | | | |
| | lress: | | | | | | | |
| Cit | | | D 11 | | State: | Zip: | | |
| Tel | ephone: | | Email | : | | | | |
| Location #4 | | | | | | | | |
| | dress: | | | | QL L | 7. | | |
| Cit | y: ephone: | | Email | • | State: | Zip: | | |
| rel | epiione. | | | • | | | | |
| Location #5 | | | | | | | | |
| | dress: | | | | | | | |
| Cit | | | р. · · | | State: | Zip: | | |
| Tel | ephone: | | Email | | | | | |

Attach additional sheets if necessary



Ticket Broker License Application

City of Cleveland Division of Assessments & Licenses 601 Lakeside Avenue, Room 122 Cleveland, Ohio 44114

| Phone: (216) 664-2264 | Hours of Operation: 8:00 a.m. to 4:30 p.m. Weekdays | DALLicenses@clevelandohio.gov | | | | | | |
|---|--|-------------------------------|------|--|--|--|--|--|
| SECTION D – OWNERSHIP INFORMATION: Provide the full name, title, complete home address and telephone number of each corporate officer, owner, general partner, stockholder and/or director with a controlling interest. Make copies of this page if additional space is needed. | | | | | | | | |
| Name: | Title: | | | | | | | |
| Home Address: | | | | | | | | |
| City: | | State: | Zip: | | | | | |
| Telephone #: | Email: | | | | | | | |
| | | | | | | | | |
| Name: | Title: | Title: | | | | | | |
| Home Address: | | | | | | | | |
| City: | | State: | Zip: | | | | | |
| Telephone #: | Email: | | | | | | | |
| | | | | | | | | |
| Name: | Title: | | | | | | | |
| Home Address: | | | | | | | | |
| City: | | State | Zip: | | | | | |

| SECTION E – REFERENCES: List two (2) character references from City of Cleveland residents. | | | | | | |
|---|-------------------|--|--|--|--|--|
| Name: | Name: | | | | | |
| Address: | Address: | | | | | |
| City, State, Zip: | City, State, Zip: | | | | | |
| Employed by: | Employed by: | | | | | |
| Telephone: | Telephone: | | | | | |

Email:

SECTION F - DECLARATION

Telephone #:

I declare under penalty of perjury that the above information is true and correct, and I understand that if this information is found to be fraudulent, the license issued in association with this statement will be revoked. I declare under penalty of perjury that I have read and understand Chapters 698 and 195 of the Cleveland Codified Ordinances, and I agree to comply with all obligations under these laws pertaining to ticket brokers and the buying, selling and dealing of tickets of admission.

SIGNATURE OF APPLICANT

-TICKET BROKER'S BOND-\$1,000.00

| Applicant Name: | | |
|---|--|--------|
| Legal Name of Business: | | |
| DBA / Alias: | | |
| | | |
| KNOW ALL MEN BY THESE | 2 PRESENTS, That (I/we), as | |
| | (Applicant Name) | |
| | , as Surety, are held and firmly bound unto the City of | |
| Cleveland in the sum of one thousand | dollars (1000.00), for the payment of which, well and truly to be m | ade, |
| we jointly and severally bind ourselves | s, our successors, heirs, executors, administrators and assigns. | |
| Witness our hands and seals t | his, 20 | |
| The CONDITIONS of this obligation a | are such that in consideration of being licensed by the Commissioner | r of |
| Assessments and Licenses of the City | of Cleveland, Ohio, to engage in conducting, managing, or carrying | on |
| the business of Ticket Broker as define | ed in Section 698.01 or capable thereto, in said City, until the thirty | -first |
| day of August, 20, and in conside | eration thereof said has agreed (Applicant Name) | and |
| | | |
| | rmless said City of Cleveland from all loss, claims, costs, damages as | nd |
| | d in any wise by a violation of any of the terms or provisions of the | |
| Ordinances of the City of Cleveland or | r statues of the State of Ohio relating to the business of Ticket Broke | er; |
| that said licensee will pay all final Jud | dgments recovered against him by reason of any damage sustained o | on |
| account of the violation of said ordinar | nces or laws or because of any misrepresentation of deception which | may |
| have been practiced on the person secu | uring such judgment by the licensee on account of the business so | |
| licensed. This bond shall be and rema | ain in full force and effect with continuing liability thereunder to the | full |
| amount thereof notwithstanding any r | recovery thereon, and the surety hereon is obligated and so undertal | kes |
| and agrees to give ten (10) days notice cancellation. | e in writing to the Commissioner of Assessments and Licenses before | ÷ |
| | | |

Now, if the said _________ shall well and truly perform all and singular (Applicant or Business Name) the conditions and obligations on his part to be performed as hereinbefore set forth, then this obligation shall be void, otherwise to remain in full force and virtue in law.

Principal

Surety