



# Instruction Sheet for Consolidated Entertainment & Amusement Device License

Phone: (216) 664-2264

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

[DALLicenses@clevelandohio.gov](mailto:DALLicenses@clevelandohio.gov)

**Before completing and submitting your application to our office, please read all materials and information included. If you have any questions, please call our office at (216) 664-2264 BEFORE YOU APPLY.**

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:

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

**\*\*Effective 04/23/2018:**

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 30<sup>th</sup> of every odd year.

**WARNING: Knowingly making a false or fraudulent application for a license constitutes grounds for denial, suspension or revocation.**

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, on-line or by mail.](#)

**In Person:**

1. Gather all supporting documentation that must be submitted along with the application (see *What to bring or submit to the Division of Assessments & Licenses Section below*).
2. Complete the application in its entirety and sign (print legibly using blue or black ink).
3. Visit our office located at the address in the top right-hand corner between the hours of 8:00 a.m. and 4:30 p.m., Monday through Friday.
4. Bring the correct fee as calculated on page 6 of this packet. Acceptable forms of payment are money orders, checks, debit/credit cards and cash.

**On-Line**

1. Gather all supporting documentation that must be submitted along with the application (see *What to bring or submit to the Division of Assessments & Licenses Section below*).
2. Go to <https://ca.permitcleveland.org/public/Default.aspx>, and follow the on-line application instructions included in this packet.
3. Be prepared to submit the correct fee as calculated on page 6 of this packet. Acceptable forms of payment are electronic check and debit/credit cards.

**By Mail:**

1. Gather all supporting documentation that must be submitted along with the application (see *What to bring or submit to the Division of Assessments & Licenses Section below*).
2. Make copies of all documentation.
3. Complete the enclosed application in its entirety and sign (print legibly using blue or black ink).
4. Mail the completed application, supporting documentation and correct fee to the address listed above in the top right-hand corner. Acceptable forms of payment for mailed applications are Money Orders and Checks (DO NOT SEND CASH OR CREDIT CARD INFORMATION IN THE MAIL).

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

1. Completed and signed application.
2. Copy of 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) 664-2282.
3. Copy of 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.**



CITY OF CLEVELAND  
Mayor Justin M. Bibb

## Consolidated Entertainment & Amusement Device License Application

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

Phone: (216) 664-2264

Hours of Operation:  
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[DALLicenses@clevelandohio.gov](mailto:DALLicenses@clevelandohio.gov)

**CHECK ALL THE ACTIVITIES THAT APPLY TO YOUR ESTABLISHMENT**

<input type="checkbox"/> DANCE HALL	<input type="checkbox"/> MUSIC (Includes Jukebox) <b>Complete Schedule I</b>	<input type="checkbox"/> COIN-OPERATED DEVICES <b>Complete Schedule I</b>
<input type="checkbox"/> BILLIARD ROOM <b>Complete Schedule I</b>	<input type="checkbox"/> BOWLING	<input type="checkbox"/> ROLLER RINK

**SECTION A - BUSINESS INFORMATION**

**BUSINESS TYPE**

<input type="checkbox"/> Person (Sole Proprietorship)	<input type="checkbox"/> Limited Liability Company					
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership (General or Limited)					
<input type="checkbox"/> Other: (specify)						
Name:						
DBA / Alias:	State Incorporated:					
Address:						
City:	State:      Zip:					
Telephone:	Email:					
Federal ID Number – <b>REQUIRED:</b>						
Building Use or Certificate of Occupancy Permit Number:	<b>ATTACH PERMIT</b>					
Property Parcel Number:						
Police District:	Ward #:					
Will business serve alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>ATTACH LIQUOR PERMIT</b>					
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? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, please explain.						

**SECTION B - APPLICANT INFORMATION (INDIVIDUAL)**

Name:	Title:
Address (Residential):	
City:	State:      Zip:
Telephone:	Email:
Date of Birth:	Are you the Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number <b>REQUIRED :</b>	
Have you ever been charged with or convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please furnish complete information about each occurrence. Use additional space if needed.	



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### SECTION C - 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please furnish complete information about each occurrence. Use additional space if needed.			

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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please furnish complete information about each occurrence. Use additional space if needed.			

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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please furnish complete information about each occurrence. Use additional space if needed.			

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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please furnish complete information about each occurrence. Use additional space if needed.			

Attach additional sheets if necessary

### SECTION D - 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 will be revoked. By signing, 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 Applicant understands the obligations contained in whole under each respective chapter of the above-mentioned Codified Ordinances, as applicable.**

<b>SIGNATURE OF APPLICANT</b>	<b>DATE</b>



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**PROVIDE SKETCH OF DANCE FLOOR(S) IN SPACE BELOW:**

**Dance Floor #1**

**Floor #** \_\_\_\_, **Location** \_\_\_\_\_

**Dance Floor #2**

**Floor #** \_\_\_\_, **Location** \_\_\_\_\_

**Dance Floor #3**

**Floor #** \_\_\_\_, **Location** \_\_\_\_\_



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## SCHEDULE I

### COIN OPERATED AND MUSIC DEVICE SUPPLEMENT

**\*\*LIST 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 that you are applying for a license, please complete the following:**

	Column A	Column B	Column C	Column D
<b>DANCE HALL</b>	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 then enter \$170		Enter subtotal from Column B
	Floor #1	_____	_____	
	Floor #2	_____	_____	
	Floor #3	_____	_____	
	<b>Dance Hall subtotal</b>	_____	=	_____
<b>MUSIC</b> (required <b>only</b> if music played is separate from the dance hall) <b>Does not apply for the            playing of radios and            television sets.</b>	Enter number of distinct music areas	The fee is \$75		Multiply number in Column A times \$75
		X \$75	=	_____
	Enter number of devices	The fee for devices 1 – 3 is \$60.00 per device <b>Enter Fee Below</b>	The fee for the 4 <sup>th</sup> and each additional device up to 20 is \$40.00. 21+ no charge. <b>Enter Fee Below</b>	Add Columns B + C
	_____	_____	_____	_____
<b>BILLIARD ROOM</b>	Enter number of billiard tables	Enter \$50 for first table	The fee for the 2nd and each additional table is \$20.00 <b>Enter Fee Below</b>	Add Columns B + C
		_____	_____	_____
<b>BOWLING ALLEY</b>	Enter Number of Alleys	Enter \$75 for first alley	The fee for the 2nd and each additional alley is \$20.00 <b>Enter Fee Below</b>	Add Columns B + C
		_____	_____	_____
<b>ROLLER RINK</b>	List Square Footage	If sq footage is Less than 2,500 then enter \$50 From 2,501 – 5,000 enter \$60; From 5,0001 – 6,5000 enter \$65 Greater than 6,501 enter \$80		Enter amount from Column B
		_____	=	_____
			Add the amounts in Column D	_____