



CITY OF CLEVELAND
Mayor Frank G. Jackson

**INSTRUCTIONS
CONSOLIDATED ENTERTAINMENT AND
AMUSEMENT DEVICE LICENSE**

**CITY OF CLEVELAND
DEPARTMENT OF FINANCE**
Division of Assessments and Licenses
601 Lakeside Avenue, Room 122
Cleveland, Ohio 44114

Phone: 216.664.2260 Hours of Operation: 8am to 5pm Weekdays DALLicenses@city.cleveland.oh.us

When you need a Consolidated Entertainment and Amusement Device License

Any person or entity wishing to conduct one or more of the following activities and/or have devices in a building, room or premise. This would include:

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

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

**How to obtain and/or submit a
Consolidated Entertainment and Amusement Device Application**

- In Person: City of Cleveland City Hall, Division of Assessments and Licenses, 601 Lakeside Avenue, Room 122, Cleveland, OH 44114. Applications will be accepted Monday-Friday, 8:00 am – 4:00 pm
- By Mail: City of Cleveland
Division of Assessments and Licenses
601 Lakeside Avenue, Room 122
Cleveland, OH 44114
- Online: Complete, scan and email the application **and** required secondary documentation to DALLicenses@city.oh.us.

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

1. Completed, Signed and Notarized Application
2. One (1) copy of the location’s certificate of occupancy or building use permit
 - a. Please note that if you are unable to locate this permit for each location or you do not have this permit for the location, please directly contact the Department of Building and Housing, Code Enforcement at (216) 664-2910.
3. One (1) copy of the business establishment’s current Ohio Liquor Permit

The fees will vary based upon activity. Fees will be payable **after** receiving written notification of approval by the Division of Assessments and Licenses. **Do not submit any fees with the application.**

Fees can be paid in form of cash, check, debit or credit card



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CHECK ALL THE ACTIVITIES THAT APPLY TO YOUR ESTABLISHMENT

<input type="checkbox"/> DANCE HALL Complete Schedule I	<input type="checkbox"/> MUSIC	<input type="checkbox"/> COIN-OPERATED AMUSEMENT DEVICE DOES NOT INCLUDE JUKE BOX Complete Schedule II
<input type="checkbox"/> BILLIARD ROOM Complete Schedule II	<input type="checkbox"/> BOWLING	<input type="checkbox"/> ROLLER RINK

SECTION A - BUSINESS INFORMATION

Name			
DBA / Alias		State Incorporated	
Address			
City		ST	Zip
Telephone		Email	
Federal ID Number - REQUIRED		Business Type	
Building Use or Certificate of Occupancy Permit Number			ATTACH PERMIT
Property Parcel Number			
Police District		Ward #	

SECTION B - APPLICANT INFORMATION

Name			
Address			
City		ST	Zip
Telephone		Email	
Date of Birth - REQUIRED	US Citizenship	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social Security Number - REQUIRED			

SECTION C - BUSINESS QUESTIONNAIRE

Will business serve alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ATTACH LIQUOR PERMIT					
Ohio Liquor Permit #								
Indicate Class								
<input type="checkbox"/> D1	<input type="checkbox"/> D2	<input type="checkbox"/> D3	<input type="checkbox"/> D3A	<input type="checkbox"/> D4	<input type="checkbox"/> D5	<input type="checkbox"/> D5A	<input type="checkbox"/> D6	
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		
Have you or the 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.								
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 D – IF A CLUB, SOCIETY, CORPORATION OR PARTNERSHIP, LIST NAME AND ADDRESS OF OFFICERS/PARTNERS/KEY MANAGEMENT

Name		Address	
Email	Phone	Title	
Name		Address	
Email	Phone	Title	
Name		Address	
Email	Phone	Title	
Name		Address	
Email	Phone	Title	
Name		Address	
Email	Phone	Title	

State of Ohio
County of Cuyahoga, ss:

_____, being first duly sworn, deposes and states that he/she is the operator and individual making the foregoing application and schedules, if necessary for License(s); that the answers to the foregoing questions and other statements contained herein are true of his/her own knowledge and belief.

Signature of Applicant

Sworn to before me, and subscribed in my presence, this _____ day of _____, 20_____

Notary Seal

Notary



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**SCHEDULE I
DANCE FLOOR(S) PLAN**

Show floor plan below or attach a detailed floor plan showing the arrangement of the rooms and amount of floor space

Floor 1
Front - Center - Rear
(Circle One)

Floor 2
Front - Center - Rear
(Circle One)

Floor 3
Front - Center - Rear
(Circle One)



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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
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 then enter \$170		Enter subtotal from Column B
Floor #1	_____	_____		
Floor #2	_____	_____		
Floor #3	_____	_____		
	Dance Hall subtotal	_____	=	_____
MUSIC (required only if music played separate from a 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 4 th 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 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	_____