



Entertainment Device Arcade Application
CHECKLIST per OR2023-32 Amended

Date Application Received: _____ by: _____

Zoning Permit Application Received/Attached: _____

Application Complete: ☐ Yes ☐ No – List missing items below:

- ☐ Application Written portion – complete with no blanks (#1-5)
- ☐ Owner Statement – no crime convictions (#6)
- ☐ Background Checks for All Employees: Paperwork/certificates (#7)
- ☐ Owner Statement - Previous Experience (#8)
- ☐ Business Descriptions (#9-13)
- ☐ Floorplans (drawings) (#14)
- ☐ Business Details (#15-16)
- ☐ No Delinquent Tax Verification (#17)
- ☐ Proof of Insurance (#18)
- ☐ Independent Testing Laboratory Certificates (*see last page for labs)
- ☐ Other: _____

Report from **Fire Chief** (w/i 30 days of Application Filing Date):

Requested: _____ Received: _____

☐ No Issues ☐ Issues: _____

Report from **LCBD** (w/i 30 days of Application Filing Date):

Requested: _____ Received: _____

☐ No Issues ☐ Issues: _____

Report from **Wickliffe Building Commissioner** (w/i 30 days of Application Filing Date):

Requested: _____ Received: _____

☐ No Issues ☐ Issues: _____

Report from **Police Chief** (w/i 30 days of Application Filing Date):

Requested: _____ Received: _____

☐ No Issues ☐ Issues: _____

Mayor/Safety Director Review (w/i 10 days of receipt of reports listed above)

License Issued (date): _____

Signature: _____

or

License Denied (date): _____

Signature: _____

Reason for Denial of License: _____

- ☐ (a) Where any of the owners or the operators has been convicted within the last five (5) years of any felony or of any misdemeanor offense for violation of building or health codes, tax codes, involving the operation of a similarly licensed business activity, or involving physical violence, unlawful gambling activity, controlled substances, alcoholic beverages, minors, or any crime involving moral turpitude;
- ☐ (b) Where the premises do not specifically designate at least twenty (20) gross square feet of floor area for each entertainment device to be located upon the premises, excluding areas used for other principal uses or as may otherwise be provided;
- ☐ (c) Where the premises do not provide a minimum of one (1) parking space per every five (5) entertainment devices, together with minimum of one (1) parking space for every full-time employee, or as otherwise may be provided pursuant to applicable parking regulations;
- ☐ (d) Where the premises are located outside of the business districts as identified in City of Wickliffe Codified Ordinance Chapter 1313;
- ☐ (e) Where it is reported that the premises or operation thereof would be in violation of any provision of the Building Code, the Zoning Ordinances, or the Fire Code of the City of Wickliffe or any other pertinent provisions of local, state, or federal law and where the application is not amended in response to such reports in order to demonstrate such compliance;
- ☐ (f) Where the application proposes to install more than the maximum number of one hundred (100) entertainment devices, terminals, computers, machines, and/or gaming stations within an entertainment device arcade;
- ☐ (g) Where the applicant made a false statement as to a material matter upon the application or in a hearing concerning the license;
- ☐ (h) Where the application fails to provide all of the required information;
- ☐ (i) Where the application fails to comply with all terms and conditions under this chapter and all other applicable ordinances and regulations;
- ☐ (j) Where the proposed premises is delinquent on real property tax payments and fails to satisfy requirements related thereto in order to qualify for building and/or occupancy permit; or
- ☐ (k) Where the owners are delinquent on corporate or payroll tax payments or otherwise not in compliance with registration requirements.

or

Conditional License Issued (date): _____

Signature: _____

Reason for Conditional License: _____

Conditional License Valid until: _____

☐

\$5,000.00/ year Fee

due after license approval but before license issuance.

Payable on or before June 1st annually by Check, Money Order, or Credit Card

Received by: _____

Date: _____

Method of Payment: ☐ Check Number _____

☐ Money Order Number _____

☐ Credit Card

**** The following entities have been certified as independent SBAM testing labs:**

Gaming Laboratories International (GLI)

BMM North America, INC.

Eclipse Compliance Testing