

**City of Solon**  
**Amusement Device Permit Application**  
*Chapter 804 Codified Ordinances City of Solon, Ohio*

Date: \_\_\_\_\_

Check the appropriate box:     Renewal     New application

Name of Premises (DBA): \_\_\_\_\_  
 Address of Premises: \_\_\_\_\_  
 Owner/Manager Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Ordinance 804.02**  
 List amusement device(s) for which permit(s) are/is sought:

	Name of Device	Serial Number	Manufacturer's Name	Mode of Play (Sitting/Standing)	Fee:
1)	_____	_____	_____	_____	\$50.00
2)	_____	_____	_____	_____	\$50.00

**Ordinance 804.05**                      (\$25.00 per each additional amusement device located at premises)  
 Note: Section 804.05(A) Codified Ordinance requires that a special use permit from the City Planning Commission be obtained before permits are issued for 3rd and subsequent devices:

	Name of Device	Serial Number	Manufacturer's Name	Mode of Play (Sitting/Standing)	Fee:
3)	_____	_____	_____	_____	
4)	_____	_____	_____	_____	
5)	_____	_____	_____	_____	
6)	_____	_____	_____	_____	
7)	_____	_____	_____	_____	
8)	_____	_____	_____	_____	
9)	_____	_____	_____	_____	
10)	_____	_____	_____	_____	

*(Attach separate sheet if space is insufficient to list all devices.)*

**ATTACH FLOOR PLAN OF PREMISES SHOWING PROPOSED PLACEMENT OF AMUSEMENT DEVICES.**

**COMPLETE BUSINESS OWNERSHIP INFORMATION REVERSE SIDE.**

**This Section below to be completed by City of Solon Staff**

Chief Building Official	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
By: _____	Date: _____	
Chief of Fire	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
By: _____	Date: _____	
Chief of Police	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
By: _____	Date: _____	

**Special Use Permit:**    Not needed (2 or less devices)

Granted by Planning Commission, \_\_\_\_\_ (Date)     Denied by Planning Commission, \_\_\_\_\_ (Date)

Fee(s) received for \_\_\_\_\_ permit(s)    Amount: \_\_\_\_\_    By: \_\_\_\_\_    Date: \_\_\_\_\_

**COMPLETE BUSINESS OWNERSHIP INFORMATION**

- Sole Proprietorship (Complete Section A)
- Corporation (Complete Section B)
- Partnership, Association or other Entity (Complete Section C)

**SECTION A (Sole Proprietorship)**

Name of owner \_\_\_\_\_

Address of owner \_\_\_\_\_

\_\_\_\_\_

**SECTION B (Corporation)**

Name of Corporation \_\_\_\_\_

Address of Corporation \_\_\_\_\_

**Corporate Officers (All MUST BE LISTED)**

Name

Address

Title

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION C (Partnership, Association or other Entity)**

List name, residence address and occupation of each member.

Name

Address

Occupation

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF SPACE ON APPLICATION IS INSUFFICIENT FOR OWNERSHIP INFORMATION  
ATTACH A SEPARATE SHEET