

DIANE L. MILLER-DAWSON
DIRECTOR OF FINANCE

STEPHEN F. FRICKER
TREASURER
(330) 375-2330



DONALD L. PLUSQUELLIC
Mayor
DEPARTMENT OF FINANCE
TREASURY DIVISION

SUITE #200
161 S. HIGH STREET
AKRON, OHIO 44308
FAX # (330) 375-2221

GLEN A. STALCUP, JR.
ASSESSOR/ALARM
ADMINISTRATOR
(330) 375-2484

ARCADE

Arcade licenses expire on December 31, each year.

License requirements:

1. Completed license application
2. License fee of \$170.00 (check or money order made payable to the City of Akron).
3. Inspections by:
 - a. Fire Prevention Bureau at (330) 375-2211
 - b. Summit County Health Department at (330) 926-5600

CITY OF AKRON
TREASURY/LICENSE DIVISION
161 S HIGH STREET, SUITE 200
AKRON OH 44308

ARCADE LICENSE APPLICATION
(Please Print)

BUSINESS NAME _____ CITY OF AKRON
INCOME TAX # _____

BUSINESS LOCATION _____ PHONE # _____

NAME OF APPLICANT _____ TITLE _____

ADDRESS OF APPLICANT _____ PHONE # _____

NUMBER OF MACHINES/POOL TABLES _____

OWNER OF MACHINES/POOL TABLES:

NAME ADDRESS PHONE #

NAME ADDRESS PHONE #

IF PARTNERSHIP OR CORPORATION, LIST OFFICERS/PARTNERS:

NAME ADDRESS PHONE #

NAME ADDRESS PHONE #

NAME ADDRESS PHONE #

EMPLOYEE INFORMATION:

NAME ADDRESS PHONE #

DATE OF BIRTH SOCIAL SECURITY #

NAME ADDRESS PHONE #

DATE OF BIRTH SOCIAL SECURITY #

(Over)

EMPLOYEE INFORMATION (Continued)

NAME ADDRESS PHONE #

DATE OF BIRTH SOCIAL SECURITY #

NAME ADDRESS PHONE #

DATE OF BIRTH SOCIAL SECURITY #

HAS ANY PERSON ASSOCIATED WITH THE BUSINESS EVER BEEN ARRESTED?
_____ Yes _____ No

IF "YES" LIST ALL ARRESTS, DATES, PLACE, AND DISPOSITION OF EACH ARREST:

THE UNDERSIGNED STATES THAT ALL THE ABOVE INFORMATION IS TRUE. THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF THE LICENSING ORDINANCE AND UNDERSTANDS THE PROVISIONS THEREIN.

Signature of Applicant Date

FOR OUR OFFICE USE ONLY:

ZONING CLASS _____