

Division of Tax and Treasury
One Government Center Suite 2000
Toledo, Ohio 43604
Telephone: (419) 245-1650 Fax: (419) 936-2318

License Hours: M-F 8:00 am-4:00 pm

LICENSE APPLICATION – SWEEPSTAKE TERMINAL CAFES

(This application MUST BE completed and accompanied with required non-refundable fees)

All documents and attachments submitted with this application are subject to public review under Ohio's Open Records laws. Applications will not be considered complete until all required information and documents are received and reviewed by the Division of Taxation and Treasury. It is recommended that you submit your application and appropriate documents as soon as possible so that we may assist you in resolving potential problems. Please make sure to answer all questions and if it does not apply, do not leave line blank but instead fill in with "n/a". PLEASE TYPE OR PRINT.

1. ___ New License ___ Annual (renewal) License

2. Full Legal Name of Applicant _____
First- Middle- Last

Residential Address _____
Street Unit/Suite City/State/Zip

Home Phone # _____ Personal Cell Phone # _____ Personal Email _____

3. Name of Business _____

Business Address _____
Street Unit/Suite City/State/Zip

If operating location is different, list address _____
Street Unit/Suite City/State/Zip

Business Telephone # _____ Business Fax # _____

Federal Tax Identification Number _____

Date Business Started Operating in Lucas County, Ohio _____

Date Business Obtained City of Toledo Sweepstakes Terminal Cafe License _____

Identify who manages the day-to-day operations of the business; include name, job duties, home address, telephone and cellular numbers, personal email _____

Any changes in ownership of the business since license issued? Yes No
If yes, please explain. _____

5. Is the Business a **Limited Liability Company or Partnership?** Yes No

If yes, complete the information below.

Full Legal Name & Job Title _____
First- Middle- Last

Residential Address _____
Street Unit/Suite City/State/Zip

Home Phone # _____ Personal Cellular Phone # _____ Personal Email _____

List all Sweepstake Terminal Cafes located in Ohio where you or a family member have an interest, including but not limited to, ownership, partnership or investment. Include business name, street address, suite/unit, city, state, zip code, and type of interest _____

Full Legal Name & Job Title _____
First- Middle – Last

Residential Address _____
Street Unit/Suite City/State/Zip

Home Phone # _____ Personal Cellular Phone # _____ Personal Email _____

List all Sweepstake Terminal Cafes located in Ohio where you or a family member have an interest, including but not limited to, ownership, partnership or investment. Include business name, street address, suite/unit, city, state, zip code, and type of interest _____

**Attachment Required With Application: Certificate of good standing with OH Secretary of State.
Attach additional sheets as needed for all officers, principals, directors, agents, etc.**

6. Is the Business a **Corporation?** Yes No

If yes, complete the information below.

Business Legal Name _____

Business Address _____

Date of Incorporation and list all states incorporated in _____

Agent/Registrar Name, Address, and Telephone Number _____

List all officers, principals or stockholders:

Full Legal Name & Job Title Residential Address, Home & Cellular Telephone Principal Occupation

List all Sweepstake Terminal Cafes located in Ohio where each officer, principal or stockholder or a family member have an interest, including but not limited to, ownership, partnership or investment. Include business name, street address, suite/unit, city, state, zip code, and type of interest for each _____

7. Employee Information. Gov't identification required with application on each employee. When an employee is hired or terminated or address/phone number changes; licensee must notify City of Toledo Division of Taxation and Treasury within 48 hours.

Number of Employees: _____

Full Legal Name _____

First- Middle – Last

Residential Address _____

Street

Unit/Suite

City/State/Zip

Home Phone # _____ Personal Cellular Phone # _____ Hire Date _____

Job Title & Responsibilities _____

Full Legal Name _____

First- Middle – Last

Residential Address _____

Street

Unit/Suite

City/State/Zip

Home Phone # _____ Personal Cellular Phone # _____ Hire Date _____

Job Title & Responsibilities _____

Full Legal Name _____

First- Middle – Last

Residential Address _____

Street

Unit/Suite

City/State/Zip

Home Phone # _____ Personal Cellular Phone # _____ Hire Date _____

Job Title & Responsibilities _____

Full Legal Name _____

First- Middle – Last

Residential Address _____

Street

Unit/Suite

City/State/Zip

Home Phone # _____ Personal Cellular Phone # _____ Hire Date _____

Job Title & Responsibilities _____

Full Legal Name _____

First- Middle – Last

Residential Address _____

Street

Unit/Suite

City/State/Zip

Home Phone # _____ Personal Cellular Phone # _____ Hire Date _____

Job Title & Responsibilities _____

Full Legal Name _____

First- Middle – Last

Residential Address _____

Street

Unit/Suite

City/State/Zip

Home Phone # _____ Personal Cellular Phone # _____ Hire Date _____

Job Title & Responsibilities _____

Attachment required if checked New License or Install/Change. If own devices, provide copy of a detailed invoice showing devices purchased, amount paid, and method of payment (front & back check from bank). If lease devices, provide copy of signed lease agreement with terms and conditions along with copy of government identification.

8. Provide the name, description, model and serial number of any other device on the premises that is necessary to the operation of the entertainment devices (such as modems, server, etc.)

Name of Device	Purpose of Device	Device Model and Serial Numbers	Own or Lease Device	Where device is located in business, device identification #

9. Total Number of Computerized sweepstake terminals at business location _____ and provide details on each device. Copy and attach more pages as needed. Circle the following that applies to the devices in your business:

- A. All are considered Internet Sweepstakes
- B. All are considered Skilled Games
- C. All devices are owned by the business
- D. All devices are leased by the business

Description of Device and Game Theme(s) on Device	Device Model and Serial Numbers (For all device components)	Where device is located in business, your device identification #

10. Additional attachments **required** with application.

A copy of government issued photo identifications of all owners, principals, stockholders, managers, supervisors, and employees. Fax copies of identification are unacceptable as they are unreadable.

All identification attached: Yes No If not, why _____

A scaled diagram of the business premises that includes placement of each entertainment device, measurements of each room by square foot, and identify each room purpose.

Complete diagram attached: Yes No If not, why _____

A copy of the posting listing each separate prize that may be given out and each separate dollar amount that may be given.

Attached copy of posting: Yes No If not, why _____

A copy of the posting listing the odds of winning any offered prize or dollar amount awarded for the participation in any game, activity, program, scheme or play, use or participation in any way in an entertainment device or participating in any other activity or promotion in the entertainment device arcade, whether or not the determination of the giving of the thing of value or the delivery of the thing of value occurs totally within the confines of the premises or requires some event, occurrence or happening at another location.

Attached copy of posting: Yes No If not, why _____

A copy of the complete statement of the rules and conditions pertaining to the giving of any prizes or value.

Attached copy of rules: Yes No If not, why _____

11. Fees:

_____ New License			
Annual fee	\$5,000.00 x _____ business locations		\$ _____
Annual fee of entertainment devices	\$ 200.00 x _____ number of devices		\$ _____
(Due on or before July 1)			
_____ Annual (renewal) License			
Annual fee	\$5,000.00 x _____ business locations		\$ _____
Annual fee of entertainment devices	\$ 200.00 x _____ number of devices		\$ _____
(Due on or before July 1)			

NOTE TO APPLICANT

I, the undersigned, understand that this is solely an application to operate a business, and is not permission to operate until the City of Toledo's fire department has inspected premises and notifies the Division of Taxation and Treasury of its approval.

I, the undersigned, understand that the proprietor of a public place or place of employment shall comply with Chapter 3794 of the Ohio Revised Code regarding no smoking.

I, the undersigned, understand that a license shall not be issued to any person, partnership, corporation, or other entity if any of the persons with an interest in the business or if any of the employees of the business have been convicted of a violation of federal or state statute or of any local ordinance pertaining to gambling or other crime of moral turpitude within five (5) years preceding the application. *If a license is issued and the Division of Taxation and Treasury is made aware of a violation after the fact, the entertainment device arcade must cease operations immediately until matter is resolved.*

I, the undersigned, understand that the license must be renewed each year and fees payable on or before July 1 of each calendar year and entertainment devices are subject to annual fees payable each calendar year that the business remains in operation. *Failure to pay annual fee by June 1, the entertainment device arcade must cease operation immediately until the annual device fee is paid along with a daily late fee of \$100.*

I, the undersigned, understand that any entertainment device arcade that engages in the sale of internet time or computer usage time in exchange for anything of value shall provide to the Division of Taxation and Treasury, no later than the 2nd Tuesday of each month a report detailing the daily amount of time sold in the preceding calendar month. *Failure to provide internet time or computer usage time by due date will result in a daily late fee of \$100.*

I, the undersigned, understand that it is the duty of the entertainment device arcade to keep the Division of Taxation and Treasury aware of any changes to the application submitted. A copy of City of Toledo Ordinance, Chapter 736 Sweepstake Terminal Cafes has been provided to me.

I, the undersigned, understand that neither this application for a license nor the issuance of the license authorized the opening or operation of any business in the City of Toledo unless the business operated and maintained in compliance with all laws of the State of Ohio, ordinances of the City of Toledo in which the business is located, and all rules and regulations promulgated thereunder.

DECLARATION

I declare under penalty of perjury that this application and any attachments thereto have been examined by me; that to the best of my knowledge and belief the statements made herein are true and correct; that the applicant business is to the best of my knowledge and belief neither prohibited by any ordinance of the City of Toledo or in violation of any ordinance of the State of Ohio for which the business is located.

Date Signed: _____ Applicant Printed Full Legal Name & Job Title _____

Applicant Signature: _____

If application was not completed by Owner or President of business, he or she must review application & sign below:

Date Signed: _____ Printed Legal Name & Job Title _____

Signature: _____

Partners' signatures are required with application. (Attach additional sheets as needed)

Date: _____

Printed Legal Name: _____

Signature: _____

Date: _____

Printed Legal Name: _____

Signature: _____

Date: _____

Printed Legal Name: _____

Signature: _____

Date: _____

Printed Legal Name: _____

Signature: _____