



City of Canal Winchester

36 South High Street
Canal Winchester, Ohio 43110

Development Department
Phone (614) 837-7501 Fax (614) 837-0145

AMUSEMENT DEVICE LICENSE APPLICATION

rev. 6/21/2010

PROPERTY OWNER

Name _____

Address _____

Daytime Phone _____ Email _____

APPLICANT

Name _____

Address _____

Daytime Phone _____ Email _____

Address of Subject Property _____

Proposed Use _____

Attach required supporting information as listed in the included attachment.

I certify that the information provided with this application is correct and accurate to the best of my ability.

Property Owner's or Authorize Agent's Signature

Date

DO NOT WRITE BELOW THIS LINE

Date Received: ___ / ___ / _____

Fee: \$ _____

Historic District: ___ Yes ___ No

Paid

Preservation Area: ___ Yes ___ No

Date of Action: ___ / ___ / _____

Application ___ No

Expiration Date: ___ / ___ / _____

Approved: ___ Yes

___ Yes, with conditions

Tracking Number: ADL - _____

Amusement Arcade Device Application Attachment

Required Materials per Section 701.03

1. A description of the amusement device to be licensed, including the name, make, model and any other identifying information.
2. An affidavit of the owner as to its good moral character and the truth of the matters set forth in the application for the amusement device license.
3. An affidavit of the exhibitor as to its good moral character and the truth of the matters set forth in the application for the amusement device license.