

## ARCADE LICENSE INFORMATION SHEET

### REQUIREMENTS

- Arcade License Application
- Proof of Identity (e.g. State issued Driver's License/I.D. Card, Military I.D., Passport)
- Building & Zoning Inspection (New applicants only)
- Health Inspection
- Fire Inspection
- BCI Background Check/Fingerprints  
(If conducted at another authorized WebCheck agency, results must be mailed to the License Section)

### PRICING

- Application fee - \$20.00
- BCI Background Check fee - \$32.00
- Arcade License fee - \$600.00

### OFFICE LOCATION & HOURS

4252 Groves Road  
Columbus, OH 43232  
  
Monday - Friday  
8:00 a.m. to 3:30 p.m.

Applications and supporting documents may be submitted via one of the following:

1. In person at the License Section (see above for location and hours)
- \*2. Emailed to [license\\_section@columbus.gov](mailto:license_section@columbus.gov)
- \*3. Mailed to the License Section (see above for location)
- \*4. Placed in the License Section drop box

\* Application must be notarized prior to submission

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**ARCADE  
 APPLICATION**

**OFFICE USE ONLY**

License # \_\_\_\_\_

Issue Date \_\_\_\_\_

Expiration Date \_\_\_\_\_

**NEW      RENEWAL**

**APPLICANT INFORMATION**

Full Name:

Residential Address:

City:

State:

Zip:

Phone:

Email:

Date of Birth:

Driver License #:

State:

Have you had a City of Columbus license and/or permit revoked, suspended, or refused within the past three (3) years?

Yes      No

If yes, please explain:

Have you ever been convicted of a felony? Yes      No

If yes, list all felony convictions that occurred in the United State within the past five (5) years:

Are you on felony probation or parole? Yes      No

If yes, date began:

Have you ever been required to register as a sexual offender? Yes      No

If yes, date registered:

**BUSINESS INFORMATION**

Business Name:

Business Phone:

Business Address:

Federal ID #:

City:

State:

Zip:

Does this business have a valid Liquor Permit? Yes      No

Is this establishment located within 500 ft. of a church or school? Yes      No

How many coin operated games or amusement devices will be on site? \_\_\_\_\_

Are there any pool/billiard tables on site? Yes      No

<b>RENEWAL APPLICANTS ONLY</b> , has there been any structural changes to the establishment since last year? Yes      No		
If yes, please explain:		
List all persons who have direct or indirect interest in said business (i.e. partners, stockholders, lien holders, etc.): (If additional space is needed, attach on a separate sheet)		
1. Name:	Title:	Date of Birth:
Address:		
City:	State:	Zip:
2. Name:	Title:	Date of Birth:
Address:		
City:	State:	Zip:
All information contained in this application is subject to disclosure as a matter of public record. Any false statement made or given in this application shall result in denial, or future revocation of this license, as well as criminal prosecution under Chapter 2321.13 (A-3), (A-5), and C.C.C. 501 and 540.		
I hereby acknowledge the above statement regarding public records disclosure, by checking this box. I submit that I am or a member of my immediate family is, a person who is a designated public service worker employed in a position as listed under R.C. 149.43(A)(7).” Please provide proof by listing the name and primary residence of such person. _____ _____		
State of _____, County of _____		
_____ (Print Applicant's Name), being duly sworn, deposes and says he or she is the individual making the foregoing application; that he or she is knowledgeable with respect to that which is to be license; and that the answers to the foregoing questions and other statements contained herein are true of his or her own knowledge and belief.		
_____ (Applicant's Signature)		
Sworn to before me and subscribed in my presence this _____ day of _____, 20____.		
_____ Notary or Agent of Director of Building and Zoning Services Application must be signed, dated, and notarized.		

**MEMORANDUM**

To: Fire Prevention Bureau (614)645-7641

From: License Section - LaTasha Kerns (614) 724-7062

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

The below named business has applied for an Arcade license. Please advise if named business complies with all provisions of your department.

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_

**Fire Inspector Use Only**

Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Inspector: \_\_\_\_\_

Failed: \_\_\_\_\_ Date: \_\_\_\_\_ Inspector: \_\_\_\_\_

Re-Inspection: \_\_\_\_\_ Date: \_\_\_\_\_ Inspector: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_



**MEMORANDUM**

To: Columbus Public Health (614)645-7243  
From: License Section - LaTasha Kerns (614) 724-7062

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

The below named business has applied for an Arcade license. Please advise if named business complies with all provisions of your department.

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_

**Health Inspector Use Only**

Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Inspector: \_\_\_\_\_

Failed: \_\_\_\_\_ Date: \_\_\_\_\_ Inspector: \_\_\_\_\_

Re-Inspection: \_\_\_\_\_ Date: \_\_\_\_\_ Inspector: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

