

**ZONING APPLICATION for SKILLED GAME/INTERNET SWEEPSTAKES CAFÉ USE  
JACKSON TOWNSHIP, STARK COUNTY, OHIO**

DATE: \_\_\_\_\_ BUSINESS NAME: \_\_\_\_\_

LOCATION OF BUSINESS USE: \_\_\_\_\_

FOR THE YEAR \_\_\_\_\_ FOR THE MONTHS OF: \_\_\_\_\_ THROUGH \_\_\_\_\_

NAME OF BUSINESS OWNER: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

BUSINESS OWNER ADDRESS: \_\_\_\_\_

BUSINESS OWNER EMERGENCY PHONE NUMBER: \_\_\_\_\_

BUSINESS MANAGER NAME: \_\_\_\_\_ BUSINESS MANAGER PHONE NUMBER: \_\_\_\_\_

TYPE AND NUMBER OF MACHINES: \_\_\_\_\_

NAME AND ADDRESS OF LAND OWNER: \_\_\_\_\_

LAND OWNER PHONE NUMBER: \_\_\_\_\_

NUMBER OF PARKING SPACES FOR BUSINESS : \_\_\_\_\_ HOURS OF BUSINESS: \_\_\_\_\_

ZONING CLASSIFICATION: \_\_\_\_\_ SECTION NO. \_\_\_\_\_

THIS PERMIT IS VALID FROM JANUARY 1<sup>ST</sup> THROUGH DECEMBER 31<sup>ST</sup> FOR THE YEAR IN WHICH THE PERMIT WAS ISSUED.  
PERMITS MUST BE RENEWED ON AN ANNUAL BASIS NO LATER THAN JANUARY 15<sup>TH</sup>.  
FEES ARE PAYABLE AT THE TIME OF ISSUANCE OF PERMIT.  
AN INTERIOR FLOOR PLAN DRAWN TO SCALE SHOWING LOCATION OF MACHINES, EXITS, RESTROOMS, OFFICE AREAS, ETC. MUST BE SUBMITTED WITH THE APPLICATION ON AN ANNUAL BASIS.  
PERMIT FEES ARE NON-REFUNDABLE.  
PERMIT AND FEES DO NOT TRANSFER TO NEW BUSINESS OWNERS.

I HEREBY ACKNOWLEDGE THAT USE OF THE BUILDING WHICH I PROPOSE TO OPERATE ON THE ABOVE CAPTIONED PROPERTY PURSUANT TO THIS PERMIT WILL BE USED ONLY FOR SKILLED GAME/INTERNET SWEEPSTAKES CAFÉ USE IN COMPLIANCE WITH THE JACKSON TOWNSHIP ZONING CODE AND WILL NOT BE USED IN VIOLATION OF ORC CHAPTERS 2915 OR 3772 OTHER GAMBLING LAWS, AND I HEREBY CERTIFY THAT I, THE UNDERSIGNED, AM MAKING THIS APPLICATION ON BEHALF OF AND WITH THE FULL AUTHORITY OF \_\_\_\_\_  
AND, THAT THE STATEMENTS MADE HERE ARE TRUE. (BUSINESS NAME)

\_\_\_\_\_  
APPLICANT SIGNATURE  
By signing this application, you are giving permission to the Zoning Department to access your property for purposes of inspection of this permit request.

PRINT APPLICANT NAME: \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_ APPLICANT PHONE #: \_\_\_\_\_

**DO NOT WRITE BELOW THIS SECTION: FOR OFFICE USE**

APPLICATION NUMBER: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_

BASIC FEE \_\_\_\_\_ PLUS ADD'L FEE \_\_\_\_\_ PENALTY \_\_\_\_\_ TOTAL \_\_\_\_\_

RECEIPT NO. \_\_\_\_\_ DATE ISSUED \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

\_\_\_\_\_  
ZONING INSPECTOR SIGNATURE