



PLAIN TOWNSHIP ZONING DEPARTMENT

2600 Easton Street NE, Canton, Ohio 44721-2655

Phone (330) 492-4686 • Fax (330) 492-5136

E-mail: Zoning@plaintownship.com

Zoning Application for Skill-Based Amusement Machine Use

Date: _____ Business Name: _____

Location of Business Use: _____

For the Year: _____ For the Months of: _____ Through: _____

Name of Business Owner: _____ Date of Birth: _____ Home Phone: _____

Business Owner Address: _____

Business Owner Emergency Phone Number: _____

Business Manager Name: _____ Business Manager Phone: _____

Type and Number of Machines: _____

Name of Land Owner: _____ Phone Number: _____

Address of Land Owner: _____

Number of Parking Spaces for Business: _____ Hours of Business: _____

Zoning Classification: _____ Section No. _____

This permit is valid from JANUARY 1ST through DECEMBER 31ST for the year in which the permit was issued.

Permits must be renewed on an annual basis no later than JANUARY 15TH.

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.

Have you completed your registration with the Ohio Casino Control Commission; Date Completed: _____

Have you obtained a license from the Ohio Casino Control Commission; License # _____ ***Date:*** _____

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 Skill-Based Amusement Machine Use and will not be used in violation of ORC Chapters 2915 OR 3772 OR Ohio Admin. Code 3772-50 or other Ohio 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: _____

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DO NOT WRITE BELOW THIS LINE: FOR OFFICE USE ONLY

Receipt Number: _____ Permit Number: _____

Annual Fee: _____ # of Machines: _____ x \$100.00 = _____ Total Fee: _____

Date Issued: _____ Expiration Date: _____

Zoning Official's Signature