



City of Willowick
PLAN REVIEW BOARD
Thursday, October 13, 2022 at 3:00 PM
Willowick Building & Service Center

ADA NOTICE

In compliance with the Americans with Disabilities Act, individuals needing special accommodations (including auxiliary communicative aids and services) during this meeting should notify the City of Willowick at 440-585-3700 at least three working days before the meeting.

AGENDA

- 1. Call meeting to order**
- 2. Roll call**
- 3. Approval of minutes**
 1. September 22nd, 2022
- 4. New Business**
 1. JD's All in One Customs - Located at 1101 E. 305th Street
 2. Touched by Keyz Essentials, LLC - Located at: 1241 E. 305th Street
 3. Break Time, LLC - Located at: 1269 E. 305th Street
 4. The Baller Zone, LLC - Located at 29900 Lakeshore Blvd.
- 5. Public portion**
- 6. Old business**
- 7. Miscellaneous**
- 8. Adjournment**

CITY OF WILLOWICK, LAKE COUNTY
MINUTES AND PROCEEDINGS OF THE
WILLOWICK PLAN REVIEW BOARD

Date: September 22nd, 2022

Place: Willowick Building and Service Center

Chairman: Chief Brennan called the meeting to order at 3:00 p.m.

PRESENT: Chief Brennan, Chief Turner, Chief Tennyson, Tim McLaughlin, Mike Lazor, Ken Pintar, Natalie Antosh and Monica Drake

Approval of Minutes

Motion by Chief Turner, seconded by Mike Lazor to approve the September 8th, 2022 Plan Review Board minutes. Discussion: none Vote: All Ayes motion carried

Sassy Stylz Fly Cutz LLC – 28904 Lakeshore Blvd.

Motion by Mike Lazor, Seconded by Tim McLaughlin to approve Sassy Stylz Fly Cutz LLC located at 28904 Lakeshore Blvd. Discussion: This is an established business with no changes other than ownership and the change in the name.
Vote: All Ayes motion carried

Public Portion: Chief Brennan opened and closed public portion as there was no one present.

Old Business: Mike Lazor asked what happened with Timber Kitchen and Social as he read online that they are no longer operating. Chief Tennyson advised that he is unable to comment at this time. Chief Brennan stated that Timber Kitchen and Social does not currently have a commercial establishment license to operate in the city and the he sent them a cease and desist until they comply.

Miscellaneous: None

Adjournment: Motion by Chief Tennyson, Seconded by Mike Lazor to adjourn the meeting.
Discussion: None. Vote: All ayes. Motion carried.

The meeting adjourned at 3:05 p.m.

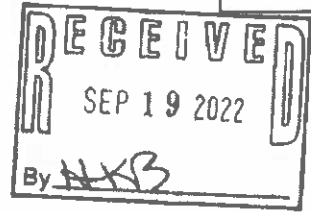
Chief Brennan, Chairman

Heather Boling, Secretary



CITY OF WILLOWICK PLAN REVIEW BOARD
 APPLICATION FOR PERMIT TO OCCUPY FOR
 BUSINESS, COMMERCIAL, INDUSTRIAL, ETC.
 YOU MUST FILL OUT ENTIRE APPLICATION
 440-516-3000

Item #1.



PERMIT FEE: \$50.00
 DATE: 9-2-22

Location of Occupancy: 000 Willowick Business Name: JP's All in one customs
 (ADDRESS)
 Business Owner's Name & Address: Jack Hribar
 CITY/STATE/ZIP: Willowick OH. 1101 305th 44092
 Telephone Number: 216-760-3449 Fax Number: _____ Federal ID Number: _____
 Or Social Security Number
 OWNER OF PROPERTY/NAME/ADDRESS/TELEPHONE NUMBER: Greg 216-526-5070

SUBMIT NEW DETAILED FLOOR PLAN: Yes SQ. FT. HABITABLE FLOOR AREA FOR OCCUPANCY: _____
 Building Size: 2800 sq. ft. Total Number Of Employees: 0
 Intended Number of Occupants: 0 Total Number of Seating: 0
 Site Plan With Number of Paved Parking Spaces _____ Hours Of Operation: 4:30 pm to 10:30 pm
 Letter of Intent: ✓ Previous Use: _____ Proposed Use: _____

NAME OF PRINCIPAL OR CONTACT PERSON FOR NEW BUSINESS: Jack Hribar
 Home Address/City/Zip: 1014 east 348th Street Eastlake OH 44095 Telephone Number: 216-760-3449

I hereby certify that the above questions have been answered correctly by me and that the premises will be used for the purpose stated above. Any change in the purpose of occupancy will not be made without approval from Lake County Building, Willowick Fire & Willowick Zoning Department. A final approval by The Willowick Building Dept. (440)516-3000 or a representative thereof, must be complied with before opening of business. I do hereby further agree to maintain the above premises in compliance with the ordinances of the City of Willowick.

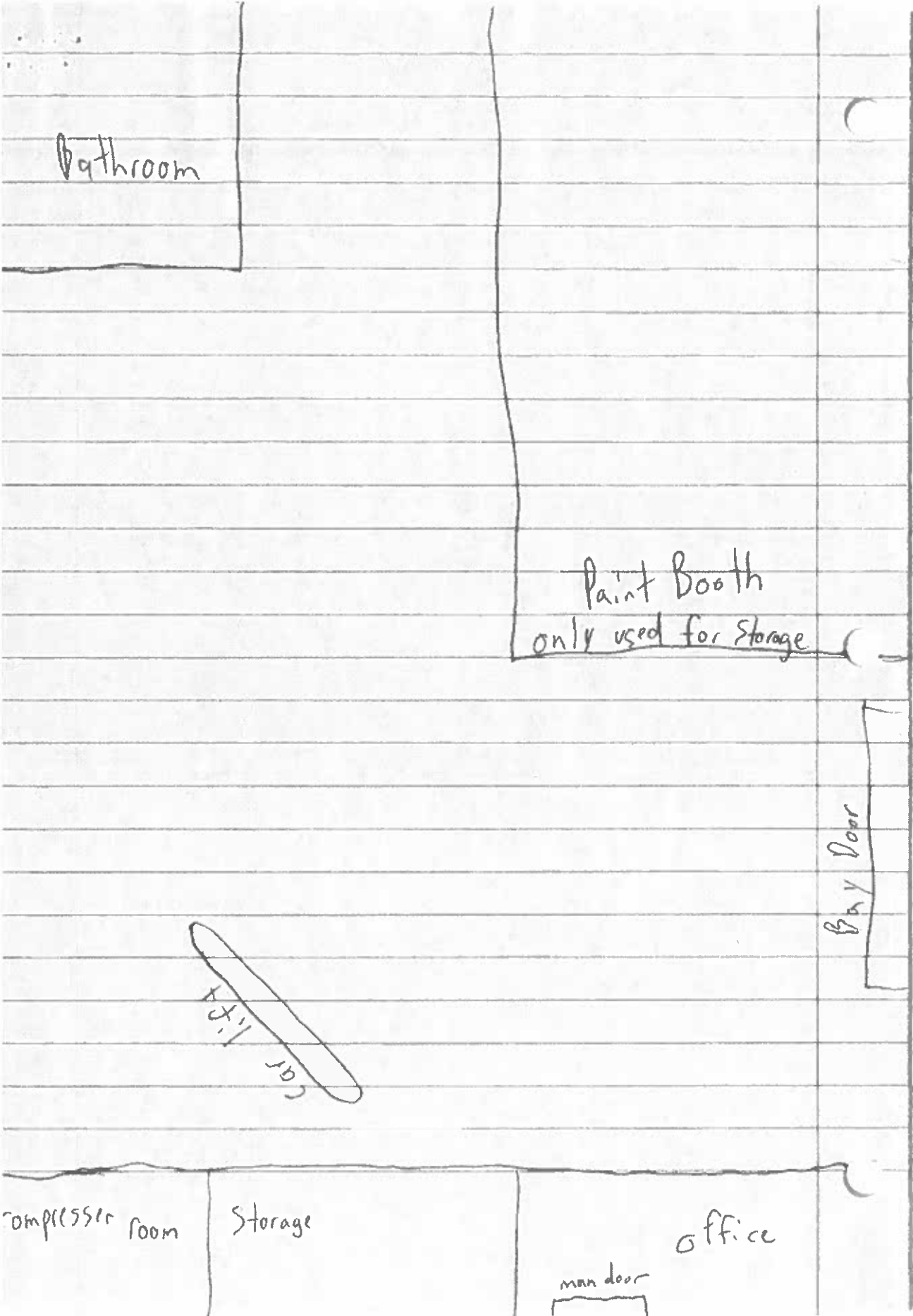
Applicant's Signature: Jack Hribar Date: 9-2-22

Office use only:
 Zoning District: _____ Authorized Occupants: _____
 TEMPORARY APPROVED BY: _____ Date: _____
 Zoning Dept. Inspected by: _____ DATE: _____
 Zoning Permit # _____ Zoning Permit Fee \$ _____
 Fire Dept. Inspected By: _____ Date: _____

CITY OF WILLOWICK-APPLICATION FOR COMMERCIAL ESTABLISHMENT LICENSE REQUIRED AFTER APPROVAL
 Note* A separate permit is required for all new signs from the Willowick Building Department.

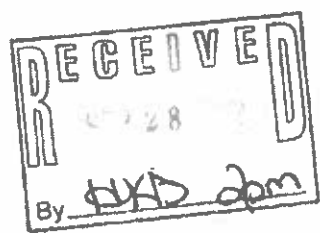
Shop space is being used for storage and little mechanic work. I use it for my own projects that I work on as a hobby after I get off working my full time job. Also, I work on a few friends cars here and there. My wife makes T-shirts for a hobby in the office space. Is not for running a business.

Jack Hink





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440-516-3000



PERMIT FEE: \$60.00

DATE: _____

Location of Occupancy: 1241 E 305 St Business Name: Touched By Keyz Essentials LLC

Business Owner's Name & Address: Liki Hardy 320 E 200th St

CITY/STATE/ZIP: Eudora OH 44119

Telephone Number: 216 702-3859 Fax Number: _____ Federal ID Number: 87-3252699
Or Social Security Number

OWNER OF PROPERTY/NAME/ADDRESS/TELEPHONE NUMBER: Mike Brker (216) 870-2661
305.01 Eudd Ave Willowick OH 44092

SUBMIT NEW DETAILED FLOOR PLAN: 1 SQ. FT. HABITABLE FLOOR AREA FOR OCCUPANCY: 980 sq ft

Building Size: 980 sq ft Total Number Of Employees: _____

Intended Number of Occupants: 1 Total Number of Seating: 15

Site Plan With Number of Paved Parking Spaces: _____ Hours Of Operation: Tue-Sat 9am-6pm

Letter of Intent: 1 Previous Use: Salon Proposed Use: Salon wellness retail

NAME OF PRINCIPAL OR CONTACT PERSON FOR NEW BUSINESS: Liki Hardy

Home Address/City/Zip: 320 E 200th St Eudora OH 44119 Telephone Number: 216 702 3859

I hereby certify that the above questions have been answered correctly by me and that the premises will be used for the purpose stated above. Any change in the purpose of occupancy will not be made without approval from Lake County Building, Willowick Fire & Willowick Zoning Department. A final approval by The Willowick Building Dept. (440)516-3000 or a representative thereof, must be complied with before opening of business. I do hereby further agree to maintain the above premises in compliance with the ordinances of the City of Willowick.

Applicant's Signature: [Signature] Date: 9-28-2022

Office use only:

Zoning District: _____ Authorized Occupants: _____

TEMPORARY APPROVED BY: _____ Date: _____

Zoning Dept. Inspected by: _____ DATE: _____

Zoning Permit # _____ Zoning Permit Fee \$ _____

Fire Dept. Inspected By: _____ Date: _____

CITY OF WILLOWICK-APPLICATION FOR COMMERCIAL ESTABLISHMENT LICENSE REQUIRED AFTER APPROVAL.
Note* A separate permit is required for all new signs from the Willowick Building Department.

Floor Plan

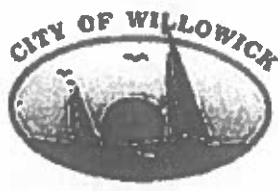
Item #2.



Business: Touched By Keyz Essentials LLC
Contact Number:216-230-7004
Email Touchedbykeyz@gmail.com
Attention: Building Department of Willowick, Ohio

Touched By Essentials LLC intent for a Certificate of Occupancy to operate at property 1241 East 305th St Willowick Ohio 44092 previously known as Image Bearer. There has been no work or alteration done. Kiki Hardy owner of Touched By Key Essentials LLC intent is to operate a salon that provides wellness resources and retail essentials within the lawful rights of Willowick, Ohio. Touched By Essentials LLC will provide customers with hair services, wellness services plus resources and retail items within a lawful right of Willowick Ohio.

9-19-122 Sign/Date
Owner: Kiki Hardy
Confirmed on behalf of Touched By Essentials by: Kiki Hardy



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440-516-3000

PERMIT FEE: \$60.00
DATE: _____

Location of Occupancy: 1269 E 305
WILLOWICK Business Name: BREAK TIME LLC
(ADDRESS)
Business Owner's Name & Address: ANTHONY MADDEN 1155 SPARROW RUN
CITY/STATE/ZIP: STEUBENBURG, OH 44241
Telephone Number: 216-4078 Fax Number: N/A Federal ID Number: 882183804
Or Social Security Number

OWNER OF PROPERTY/NAME/ADDRESS/TELEPHONE NUMBER: ED BRKIC (440-833-0222)
30501 Euclid Ave

SUBMIT NEW DETAILED FLOOR PLAN: SQ. FT. HABITABLE FLOOR AREA FOR OCCUPANCY: 2,766 ^{SF}

Building Size: Approx 10,000 ^{SF} Total Number Of Employees: 0

Intended Number of Occupants: _____ Total Number of Seating: 102

Site Plan With Number of Paved Parking Spaces: Google Earth Hours Of Operation: Tu-F 6p-10p
Sa-S 12p-10p

Letter of Intent: Previous Use: Karaoke/DJs Proposed Use: Party Room

NAME OF PRINCIPAL OR CONTACT PERSON FOR NEW BUSINESS: ANTHONY MADDEN
Home Address/City/Zip: 1155 Sparrow Run
Steubenburg, OH 44241 Telephone Number: 216-269-2152

I hereby certify that the above questions have been answered correctly by me and that the premises will be used for the purpose stated above. Any change in the purpose of occupancy will not be made without approval from Lake County Building, Willowick Fire & Willowick Zoning Department. A final approval by The Willowick Building Dept. (440)516-3000 or a representative thereof, must be complied with before opening of business. I do hereby further agree to maintain the above premises in compliance with the ordinances of the City of Willowick.

Applicant's Signature: [Signature] Date: 10/1/22

Office use only:

Zoning District: _____ Authorized Occupants: _____

TEMPORARY APPROVED BY: _____ Date: _____

Zoning Dept. Inspected by: _____ DATE: _____

Zoning Permit # _____ Zoning Permit Fee \$ _____

Fire Dept. Inspected By: _____ Date: _____

CITY OF WILLOWICK-APPLICATION FOR COMMERCIAL ESTABLISHMENT LICENSE REQUIRED AFTER APPROVAL
Note* A separate permit is required for all new signs from the Willowick Building Department.

Break Time LLC.
1269 E. 305th Street
Willowick, Ohio 44095

October 3, 2022

City of Willowick
Plan Review Board
31230 Vine Street
Willowick, Ohio 44095

City of Willowick Review Board:

Please allow this to serve as Break Time LLC's letter of intent (LOI) to open a rage room at 1269 E. 305th Street, Willowick, Ohio.

Our goal is to open an establishment for people to provide themselves a fun opportunity for self-therapy, by breaking up items provided.

We have joined the Chamber of Commerce and look forward to a long business relationship with the community.

Thank you in advance for your consideration.

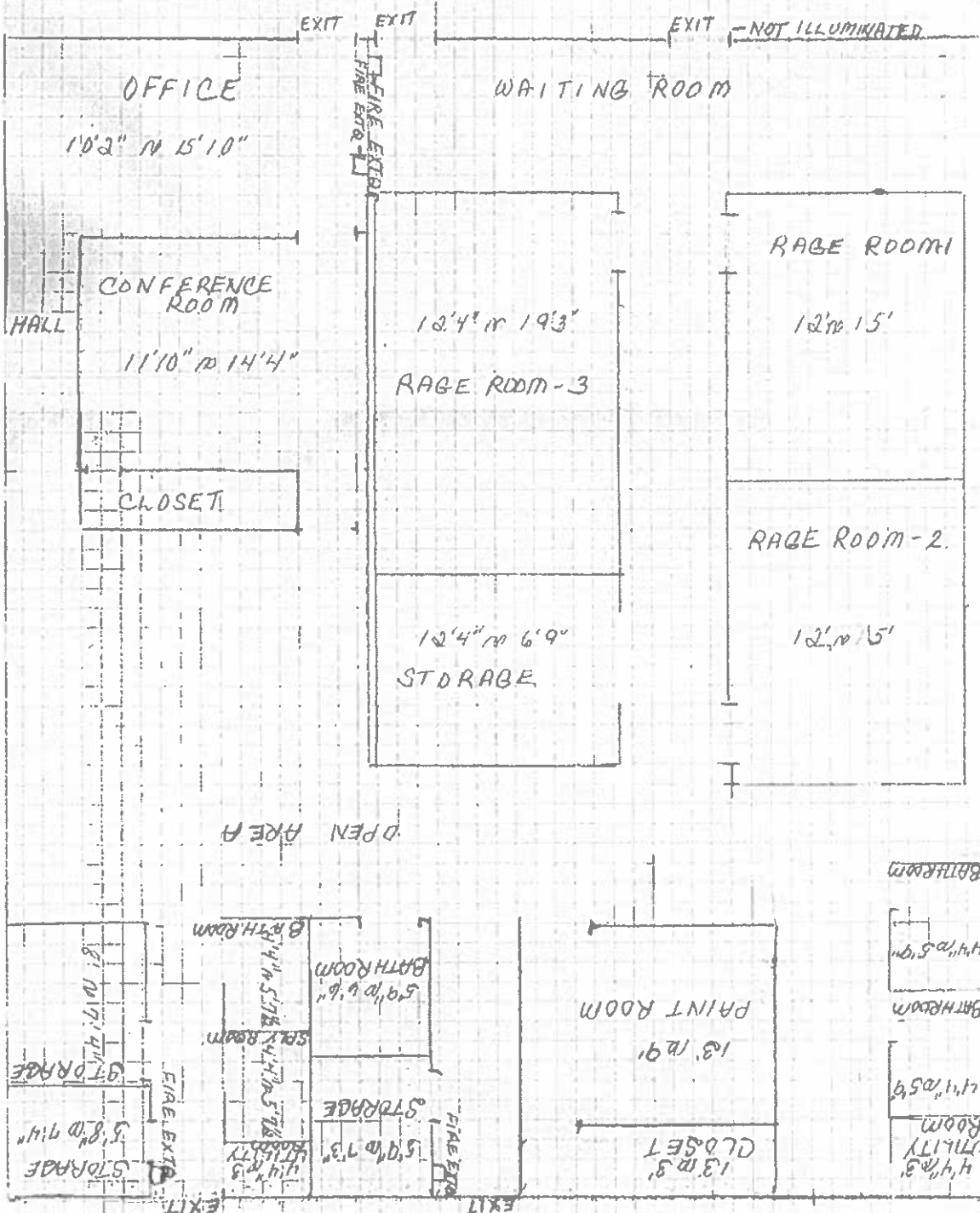
Respectfully,

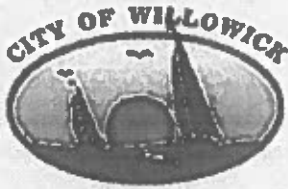


Claudia Madden

49.3' x 59'

1069 E 305TH ST
WILLOWICK OHIO 44095





**CITY OF WILLOWICK PLAN REVIEW BOARD
APPLICATION FOR PERMIT TO OCCUPY FOR
BUSINESS, COMMERCIAL, INDUSTRIAL, ETC.
YOU MUST FILL OUT ENTIRE APPLICATION
440-516-3000**

RECEIVED
OCT 04 2022
By HKB 315

Item #4.

PERMIT FEE: \$60.00
DATE: 9-30-2022

Location of Occupancy: 29900 LAKESHORE BND Business Name: THE BALLERZONE, LLC
(ADDRESS) WILLOWICK, OH 44095

Business Owner's Name & Address: TERESA KING 226 RIVES ROAD

CITY/STATE/ZIP: MARTINSVILLE, VA 24112

Telephone Number: 276 806 3299 Fax Number: _____ Federal ID Number: 92-0483830
Or Social Security Number

OWNER OF PROPERTY/NAME/ADDRESS/TELEPHONE NUMBER: ROBIN BALLINGER (503 753 2656)

PHILLIPS EDISON & COMPANY 11501 NORTHLAKE DR CINCINNATI, OH 45249

SUBMIT NEW DETAILED FLOOR PLAN: _____ SQ. FT. HABITABLE FLOOR AREA FOR OCCUPANCY: _____

Building Size: 5000 sq ft Total Number Of Employees: 2

Intended Number of Occupants: _____ Total Number of Seating: 65

Site Plan With Number of Paved Parking Spaces: _____ Hours Of Operation: 10 AM TO 1 AM

Letter of Intent: _____ Previous Use: _____ Proposed Use: _____

NAME OF PRINCIPAL OR CONTACT PERSON FOR NEW BUSINESS: TERESA KING

Home Address/City/Zip: 226 RIVES RD MARTINSVILLE VA 24112 Telephone Number: 276 806 3299

I hereby certify that the above questions have been answered correctly by me and that the premises will be used for the purpose stated above. Any change in the purpose of occupancy will not be made without approval from Lake County Building, Willowick Fire & Willowick Zoning Department. A final approval by The Willowick Building Dept. (440)516-3000 or a representative thereof, must be completed with before opening of business. I do hereby further agree to maintain the above premises in compliance with the ordinances of the City of Willowick.

Applicant's Signature: Teresa King Date: 9-30-2022

Office use only:

Zoning District: _____ Authorized Occupants: _____

TEMPORARY APPROVED BY: _____ Date: _____

Zoning Dept. Inspected by: _____ DATE: _____

Zoning Permit # _____ Zoning Permit Fee \$ _____

Fire Dept. Inspected By: _____ Date: _____

CITY OF WILLOWICK-APPLICATION FOR COMMERCIAL ESTABLISHMENT LICENSE REQUIRED AFTER APPROVAL
Note* A separate permit is required for all new signs from the Willowick Building Department.

**777 JACKPOT
29900 Lakeshore Blvd.
Willowick, OH 44095**

Letter of Intent

Chirag Patel of Arcade Willowick LLC Tax ID # 85-3473470 doing business as 777 Jackpot intends to transfer ownership of its current business located at 29900 Lakeshore Blvd. Willowick, OH 44095 to Teresa King of Baller zone LLC Tax ID # 92-0483830. With the new ownership everything will remain the same as the current business. No construction will take place at the business. Floor Plan, number of devices, employees, service, hours of operation and all minor details will remain the same. We request kindly to please grant the transfer of ownership. Thank You



**Chirag Patel
1456 Clearbrooke Dr
Brunswick, OH 44212**

777 Jackpot 29900 Lakeshore Blvd.

Willowick, OH 44095

Letter of Intent- Date 10/2/2022

Arcade Willowick LLC intends to open a sweepstakes cafe business in Willowick, OH under the name – 777 Jackpot. our sweepstake cafe will be a place where adults over 21 years of age will come and enjoy Fun games, sporting events, movies, and their favorite TV shows in the relaxing environment of our Stores to patronize our business. The location of our business will be at 29900 Lakeshore Blvd, Willowick, OH 44095. The hours of operation for the business will be 10am to 1pm Monday thru Sunday. We intend to have 65 seats available for customers to sit and enjoy our games. With the current pandemic in full Effect, we will provide masks, hand sanitizers, proper cleaning supplies to our customers and Employees. Employees will also sanitize every station after each use. Our business will practice social Distancing and Fallow all the rules set forth by the state and local government agencies. We will be a valuable part of The Willowick business community by promoting local businesses within the city and Helping local Charities. We will have two employees who will work inside and help the customers. We will NOT do any construction and keep the space “as is” except run some electrical outlets to plug the computers into. Thank You!

ROOM SCHEDULE

Room No.	Room Name	Area (sq. ft.)	Notes
101	Office	1,200	
102	Office	1,200	
103	Office	1,200	
104	Office	1,200	
105	Office	1,200	
106	Office	1,200	
107	Office	1,200	
108	Office	1,200	
109	Office	1,200	
110	Office	1,200	
111	Office	1,200	
112	Office	1,200	
113	Office	1,200	
114	Office	1,200	
115	Office	1,200	
116	Office	1,200	
117	Office	1,200	
118	Office	1,200	
119	Office	1,200	
120	Office	1,200	
121	Office	1,200	
122	Office	1,200	
123	Office	1,200	
124	Office	1,200	
125	Office	1,200	
126	Office	1,200	
127	Office	1,200	
128	Office	1,200	
129	Office	1,200	
130	Office	1,200	
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134	Office	1,200	
135	Office	1,200	
136	Office	1,200	
137	Office	1,200	
138	Office	1,200	
139	Office	1,200	
140	Office	1,200	
141	Office	1,200	
142	Office	1,200	
143	Office	1,200	
144	Office	1,200	
145	Office	1,200	
146	Office	1,200	
147	Office	1,200	
148	Office	1,200	
149	Office	1,200	
150	Office	1,200	

ELECTRICAL SYMBOLS

Symbol	Description
(Circle with dot)	Light Fixture
(Circle with 'X')	Outlet
(Circle with 'S')	Switch
(Circle with 'R')	Receptacle
(Circle with 'B')	Breaker
(Circle with 'T')	Transformer
(Circle with 'C')	Control
(Circle with 'M')	Motor
(Circle with 'F')	Fuse
(Circle with 'D')	Device
(Circle with 'E')	Equipment
(Circle with 'G')	Generator
(Circle with 'H')	Heater
(Circle with 'I')	Inverter
(Circle with 'J')	Junction
(Circle with 'K')	Keypad
(Circle with 'L')	Load
(Circle with 'N')	Neutral
(Circle with 'O')	Other
(Circle with 'P')	Panel
(Circle with 'Q')	Quantity
(Circle with 'R')	Rating
(Circle with 'S')	Size
(Circle with 'T')	Type
(Circle with 'U')	Unit
(Circle with 'V')	Voltage
(Circle with 'W')	Weight
(Circle with 'X')	Material
(Circle with 'Y')	Finish
(Circle with 'Z')	Zone

MECHANICAL SYMBOLS

Symbol	Description
(Circle with 'A')	Air
(Circle with 'B')	Boiler
(Circle with 'C')	Chiller
(Circle with 'D')	Condenser
(Circle with 'E')	Evaporator
(Circle with 'F')	Filter
(Circle with 'G')	Gas
(Circle with 'H')	Heater
(Circle with 'I')	Inverter
(Circle with 'J')	Junction
(Circle with 'K')	Keypad
(Circle with 'L')	Load
(Circle with 'M')	Motor
(Circle with 'N')	Neutral
(Circle with 'O')	Other
(Circle with 'P')	Panel
(Circle with 'Q')	Quantity
(Circle with 'R')	Rating
(Circle with 'S')	Size
(Circle with 'T')	Type
(Circle with 'U')	Unit
(Circle with 'V')	Voltage
(Circle with 'W')	Weight
(Circle with 'X')	Material
(Circle with 'Y')	Finish
(Circle with 'Z')	Zone

FINISHES

Finish	Description
1	Acoustic Ceiling
2	Carpet
3	Concrete
4	Drywall
5	Paint
6	Tile
7	Wood
8	Other

NOTES

1. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL ELECTRICAL CODE (NEC) AND THE NATIONAL MECHANICAL CODE (NMC).
2. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL AUTHORITIES.
3. THE CONTRACTOR SHALL MAINTAIN ACCESS TO ALL EXISTING UTILITIES AND STRUCTURAL ELEMENTS.
4. ALL MATERIALS AND WORKMANSHIP SHALL BE SUBJECT TO INSPECTION AND APPROVAL BY THE ARCHITECT.
5. THE CONTRACTOR SHALL PROTECT ALL EXISTING WORK AND ADJACENT AREAS.
6. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
7. THE CONTRACTOR SHALL MAINTAIN A NEAT AND ORDERLY WORK SITE AT ALL TIMES.
8. ALL MATERIALS SHALL BE STORED PROPERLY AND PROTECTED FROM THE ELEMENTS.
9. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION AND REPAIR OF ALL EXISTING UTILITIES AND STRUCTURAL ELEMENTS.
10. ALL WORK SHALL BE COMPLETED IN ACCORDANCE WITH THE SPECIFICATIONS AND NOTES.

NEW TENANT BUILD OUT FOR 777 JACK POT LEASE SPACE - 500
29900 LAKESHORE BLVD.
WILLOWICK, OHIO 44095

777 JACK POT

Date of this notice: 09-27-2022

Employer Identification Number:
92-0483830

Form: SS-4

Number of this notice: CP 575 G

BALLER ZONE
TERESA L KING SOLE MBR
226 RIVES RD
MARTINSVILLE, VA 24112

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 92-0483830. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

Filing Notification for "THE BALLER ZONE LLC"

From: donotreply@ohiosos.gov

To: teresaking123@yahoo.com

Date: Tuesday, September 27, 2022 at 12:08 AM EDT

The Office of Ohio Secretary of State Frank LaRose has generated this message in accordance with your requested subscription to the Business Filing Notification System.

An OHIO LLC - ARTICLES OF ORGANIZATION with the effective date of September 23, 2022 has been added to the records of 'THE BALLER ZONE LLC', Registration Number 4930722.

You may review the filing in detail using this link to the Business Searches on the Ohio Secretary of State website:
<https://businesssearch.ohiosos.gov/?=businessDetails/4930722>

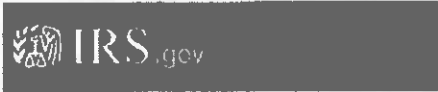
Should you have further questions after reviewing the business records, please call toll free at 877-SOS-FILE (877-767-3453) or send an e-mail to the business services staff at Business@ohiosos.gov

Please do not reply to this e-mail message.

You may unsubscribe from this service any time at
https://bsportal.ohiosos.gov/OBCFiling/bs_email/EmailNotification.aspx

Thank you!

Office of Ohio Secretary of State Frank LaRose
The Business Services Division



Item #4.

EIN Assistant

Your Progress: 1. Identity 2. Authenticate 3. Addresses 4. Details **5. EIN Confirmation**

Summary of your information

Please review the information you are about to submit. If any of the information below is incorrect, you will need to [start a new application](#).

Click the "Submit" button at the bottom of the page to receive your EIN.

Organization Type: LLC

LLC Information

Legal name:	BALLER ZONE
County:	LAKE COUNTY
State/Territory:	OH
Start date:	SEPTEMBER 2022
State/Territory where articles of organization are (or will be) filed:	OH

Addresses

Physical Location:	29900 LAKESHORE BLVD WILLOWCK OH 44095
Phone Number:	278-808-3299
Mailing Address:	226 RIVES RD MARTINSVILLE VA 24112 UNITED STATES

Responsible Party

Name:	TERESA L KING SOLE MBR
SSN/ITIN:	XXX-XX-4740

Principal Business Activity

What your business/organization does:	OTHER
Principal products/services:	ENTERTAINMENT

Additional LLC Information

Owns a 55,000 pounds or greater highway motor vehicle:	NO
Involves gambling/wagering:	NO
Involves alcohol, tobacco or firearms:	NO
Files Form 720 (Quarterly Federal Excise Tax Return):	NO
Has employees who receive Forms W-2:	NO
Reason for Applying:	STARTED A NEW BUSINESS

We strongly recommend you print this summary page for your records as this will be your only copy of the application. You will not be able to return to this page after you click the "Submit" button.

Click "Submit" to send your request and receive your EIN.

Once you submit, please wait while your application is being processed. It can take up to two minutes for your application to be processed.



Logged in as: TERESAKING123@YAHOO.COM

Log In | Create Profile

My Profile

Business Filings

Recent Filings

My Cam

Certified Copy

Certificates of Good Standing

UCC Filings

Resources

Log Out



REGISTERED BUSINESS INFORMATION

[Go Back to Search Another Business](#)

Your Entity Number brought back the following business information. Please review this information to verify if this is your business.

Registration Number: 4930722

Business Name: THE BALLER ZONE LLC

Incorporation/Registration Date: 09/23/2022

Status: Active (what is status?)

Statutory Agent on Record: TERESA KING

Agent Address on Record: 29900 LAKESHOR

THIS IS THE CORRECT BUSINESS.
[CLICK HERE TO CONTINUE.](#)

Warning: Any unlawful access to this system, unauthorized attempts to file or change information contained herein, may be considered by the Ohio Secretary of State will fully cooperate with local law enforcement agencies that help them investigate potential criminal activity.

STATUS

The status of the business will either be "active," "hold," or "cancel." "Active" means the business has complied with all filing requirements with the Ohio Secretary of State. In the case of most business entities, the business also has exclusive right to the business name. "Hold" means the business entity has been canceled and to return to active status a filing or multiple filings are required to be submitted. A business status may be on hold for one year to protect the right to the business name, but after one year the status will change to cancel. "Cancel" means the business is not an active entity in Ohio, a reinstatement is required to return to active status, but the business name has not been protected. To reinstate, our office must verify if the business name is still available.

Close



Logged in as: TERESAKING123@YAHOO.COM

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MY PROFILE

User Name (E-mail address): TERESAKING123@YAHOO.COM

[Change Password](#)

Name: TERESA LYNNE KING

Service Company, Law Firm or other Filing Entity:

Address: 226 RIVES ROAD MARTINSVILLE VA 24112

Country: US

Phone: 2768063299

[Edit Profile](#)

Ohio Secretary of State's Business Filing Notification System

In an effort to protect your business identity and information, you are signed up to receive e-mail notifications each time our office receives a change or update for the business entity or entities listed below.

[Click here](#) to read more about business identity theft or the Business Filing Notification System.

Business Name	Entity Number	select All
		<input type="checkbox"/>
THE BALLER ZONE LLC	4930722	<input checked="" type="checkbox"/>
To unsubscribe, simply uncheck the box and click "Update"		Update

COMPANY NAME: D.R- AMUSEMENT 9THE COMPANY NAME UNDER OH STATE)

OWNER NAME: RONNIE RIDLEY

Phone NO: (770) 845 3014

ANNISTON P.O.BOX. 68 TALLAPOOSA GA 30176

ADDRESS: 29900 LAKESHORE BLVD, WILLOWICK, OHIO 44098

Mc no.	ITEM	SERIAL NUMBER
1.	SKILL GAME 1	AGT-008G2018D3CF
2.	SKILL GAME2	AGT-008G2018D3CF
3.	SKILL GAME3	AGT-008G2018D3CF
4.	SKILL GAME4	AGT-008G2018D3CF
5.	SKILL GAME5	AGT-008G2018D3CF
6.	SKILL GAME6	TS2003AA000376B0
7.	SKILL GAME7	TS2003AA000376B0
8.	SKILL GAME8	TS2003AA000376B0
9.	SKILL GAME9	TS2003AA000376B0
10.	SKILL GAME10	TS2003AA0007F2F0
11.	SKILL GAME11	AGT-008G2018D3CF
12.	SKILL GAME12	AGT-008G2018D3CF
13.	SKILL GAME13	IGT-001
14.	SKILL GAME14	IGT-002
15.	SKILL GAME15	IGT-003
16.	SKILL GAME16	IGT-004

17.	SKILL GAME17	IGT-005
18.	SKILL GAME18	IGT-006
19.	SKILL GAME19	IGT-007
20.	SKILL GAME20	IGT-008
21.	SKILL GAME21	IGT-009
22.	SKILL GAME22	IGT-0010
23.	SKILL GAME23	IGT-0011
24.	SKILL GAME24	IGT-0012
25.	SKILL GAME25	IGT-0013
26.	SKILL GAME26	IGT-0014
27.	SKILL GAME27	IGT-0015
28.	SKILL GAME28	IGT-0016
29.	SKILL GAME29	IGT-0017
30.	SKILL GAME30	IGT-0018
31.	SKILL GAME31	IGT-0019
32.	SKILL GAME32	IGT-0020
33.	SKILL GAME33	IGT-0021

PRIMETIME GAMES OF ALABAMA, LLC
PO BOX 848
ANNISTON, AL 36202

Item #4.

DELIVERY RECEIPT

(770) 845 - 3014

Delivery Date: 10-3-2022

Delivered To: KINOR

Company Name: The baller zone

Address: 29900 Lakeshore Blvd, Willowick, OH - 44095

Quantity Delivered	Item	Description
1	Platinum 2	7009
2	Fortune Bay	70010
3	Platinum 3	70011
4	Skill Nudge	70012
5	Zoo Freeze	70013
6	Cheers	70014
7	Futti Fritti	70015
8	Carnival	70016

By signing below I agree that I am a representative of the customer company I agree that all items, in quantity and description listed above were delivered to the address undamaged and in whole. By signing this receipt I understand the customer company I represent takes full responsibility of the listed items. These items must stay at the address delivered to, undamaged and in working order while in the customers company's care. If anything should happen to the items listed above, whether it be theft, damage, etc. that causes the items to no longer be at the delivered address, damaged, or no longer in working order I understand that I and the customer company are responsible for replacement of these items.

Only representatives of COMPANY NAME should remove items listed above from the delivered address.

Customer Company Representative

Date

10/3/2022

Company Name Representative

Date

PRIMETIME GAMES OF ALABAMA, LLC
PO BOX 848
ANNISTON, AL 36202

DELIVERY RECEIPT

Item #4.

Delivery Date: _____

Delivered To: _____

Company Name: _____

Address: _____

Quantity Delivered	Item	Description
9.	Billy IEM	70018
10	outlaw	70019
11.	POCK	70020
12.	POCK	70021
13.	Skill Nudge	70022
14.	IORS Age of five	70023
15.	platinum touch	70024
16.	BEST OF NUDGE	70025
17.	SKILL NUDGE	70026

By signing below I agree that I am a representative of the customer company I agree that all items, in quantity and description listed above were delivered to the address undamaged and in whole. By signing this receipt I understand the customer company I represent takes full responsibility of the listed items. These items must stay at the address delivered to, undamaged and in working order while in the customers company's care. If anything should happen to the items listed above, whether it be theft, damage, etc. that causes the items to no longer be at the delivered address, damaged, or no longer in working order I understand that I and the customer company are responsible for replacement of these items.

Only representatives of COMPANY NAME should remove items listed above from the delivered address.

Customer Company Representative

Date

Company Name Representative

Date

PRIMETIME GAMES OF ALABAMA, LLC
PO BOX 848
ANNISTON, AL 36202

Item #4.

DELIVERY RECEIPT

Delivery Date: _____

Delivered To: _____

Company Name: _____

Address: _____

Quantity Delivered	Item	Description
18.	Twin spin	70027
19.	Best of Nudge	70028
20.	POG	70029
21.	Platinum Skills.	70030
22.	Platinum Skills	70031
23.	POUR.	70032
24	All 6064.	70033

25. Player Fish table 70034.

By signing below I agree that I am a representative of the customer company I agree that all items, in quantity and description listed above were delivered to the address undamaged and in whole. By signing this receipt I understand the customer company I represent takes full responsibility of the listed items. These items must stay at the address delivered to, undamaged and in working order while in the customers company's care. If anything should happen to the items listed above, whether it be theft, damage, etc. that causes the items to no longer be at the delivered address, damaged, or no longer in working order I understand that I and the customer company are responsible for replacement of these items.

Only representatives of COMPANY NAME should remove items listed above from the delivered address.

Customer Company Representative

Date

Company Name Representative

Date

PRIMETIME GAMES OF ALABAMA, LLC
 PO BOX 848
 ANNISTON, AL 36202

Item #4.

DELIVERY RECEIPT

Delivery Date: _____

Delivered To: _____

Company Name: _____

Address: _____

Quantity Delivered	Item	Description
26.	D Skill Fiction	7001
27.	DS Fiction 3	7002
28.	Platinum 3.	7003
29.	Fortunes 88.	7004
30	Platinum 1	7005
31.	Adventure Nudge	7006
32.	Platinum 3	7007.
33.	TOTTON	7008.

By signing below I agree that I am a representative of the customer company I agree that all items, in quantity and description listed above were delivered to the address undamaged and in whole. By signing this receipt I understand the customer company I represent takes full responsibility of the listed items. These items must stay at the address delivered to, undamaged and in working order while in the customers company's care. If anything should happen to the items listed above, whether it be theft, damage, etc. that causes the items to no longer be at the delivered address, damaged, or no longer in working order I understand that I and the customer company are responsible for replacement of these items.

Only representatives of COMPANY NAME should remove items listed above from the delivered address.

 Customer Company Representative

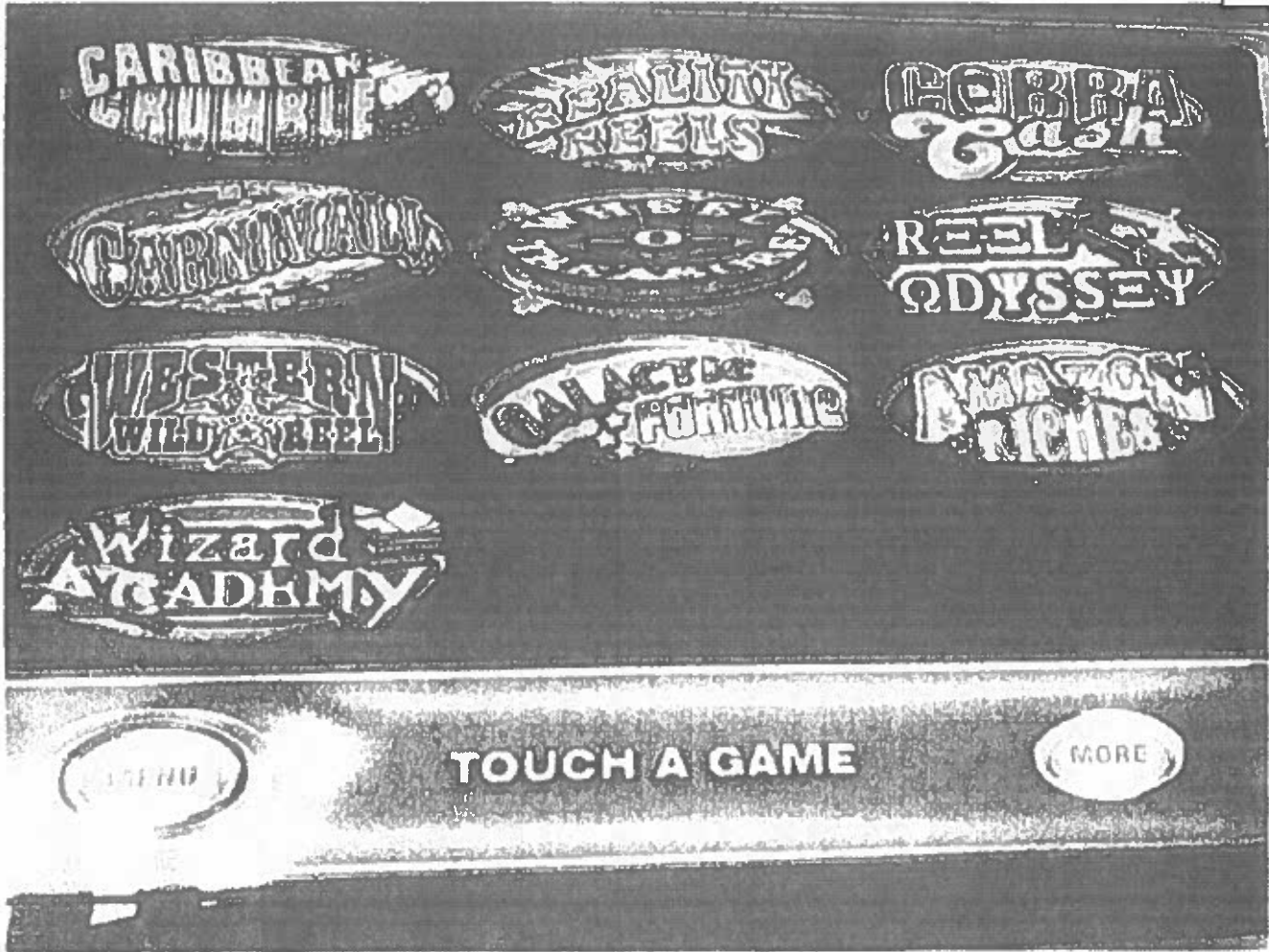
 Date

 Company Name Representative

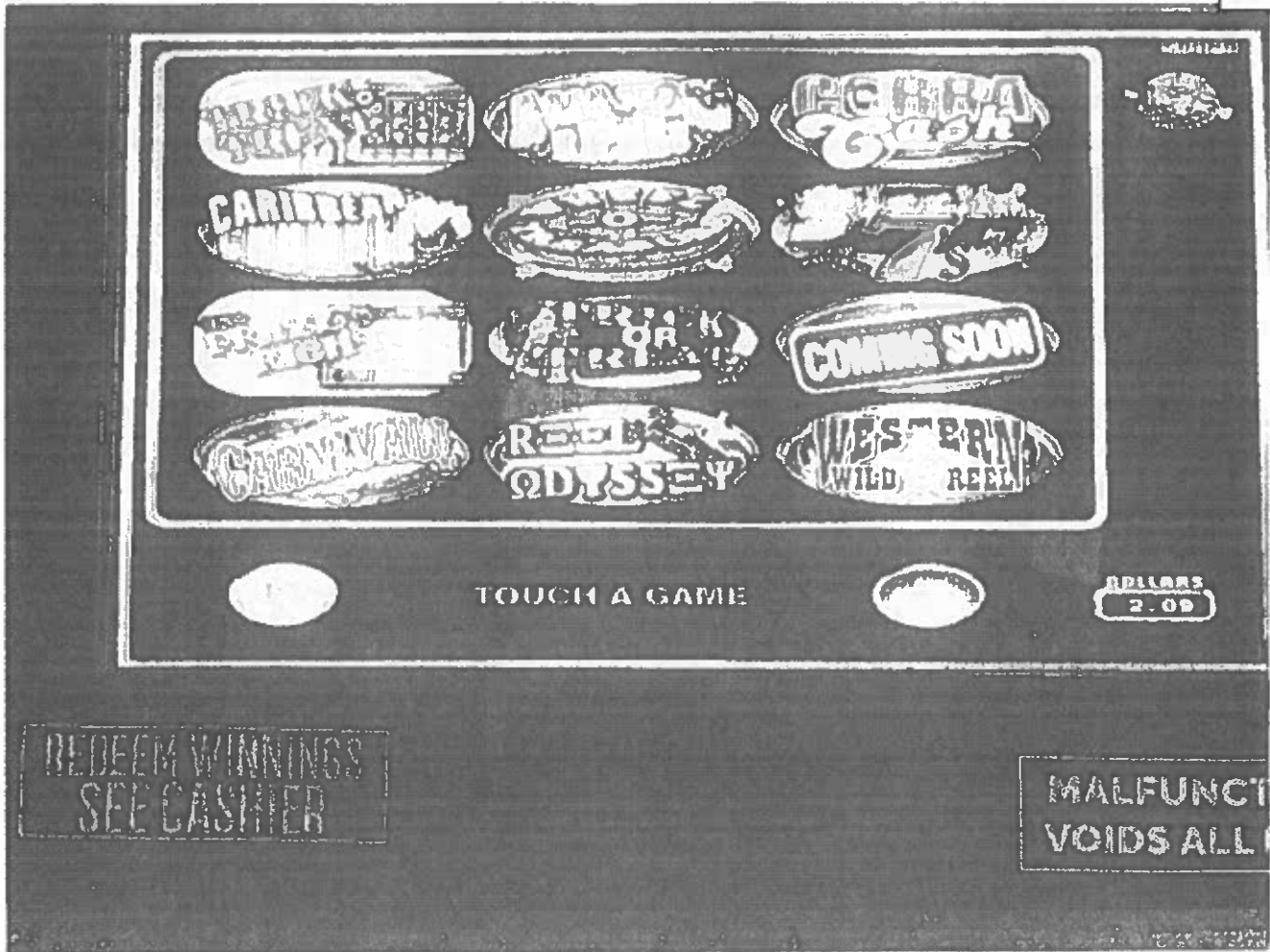
 Date



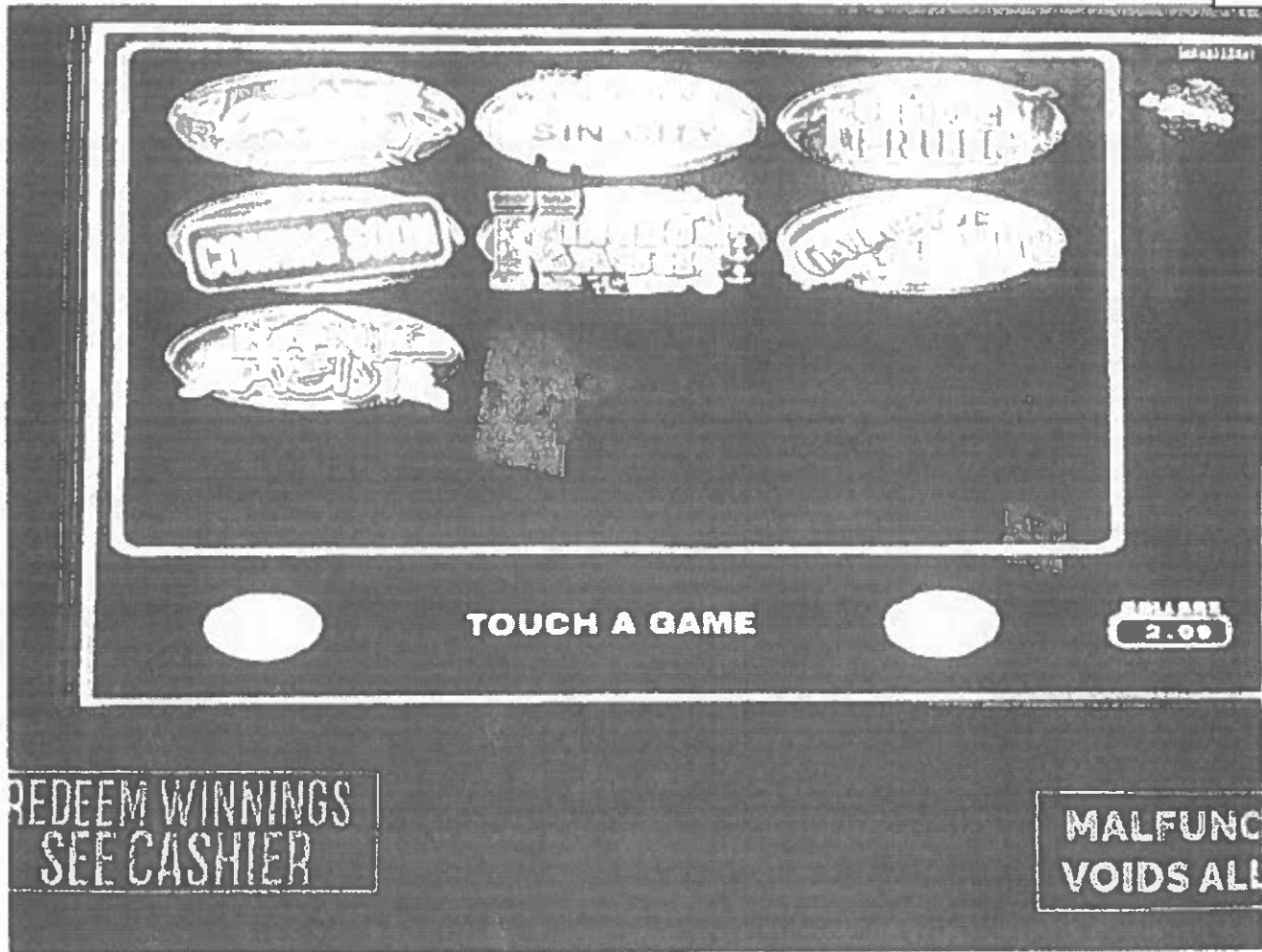








Item #4.



LIST OF MACHINES AND GAMES**1. PLATINUM MULTI-GAME**

- >CARIBBEAN CRUMBLE
- >CARNIVALI
- >WESTERN WILD REEL
- >WIZARD ACADEMY
- >REALITY REELS
- >WHEEL TREASURE
- >GALACTIC FORTUNE
- >COBRA CASH
- >REEL
- >AMAZON RICHES
- >TRICKS OR TREAT 2010
- >CARIBBEAN CRUMBIE
- >THE PRIZE RIGHT
- >CARNIVALI
- >TRICK OR TREAT
- >SIZZLIN 7" S BAR
- >WESTERN WILD REEL.
- >COCKTAIL HOUR
- >BANK HEIST
- >WELCOME SIN CITY NEVADA
- >FORBIDDEN FRUIT
- >GALACTIC FORTUNE
- >KINGDOM ASH

2. TONS OF FUN!

- >AMERICAN TREASURES
- >SUPERBALL KENO
- >TURB POKER
- >DRAGONS
- >MOO MONEY
- >SIZZLIN 7" S
- >DEUCES WILD
- >CASH CAR
- >ROUTE 66
- >DIAMOND DOUBLE

- >TRICK OR TREAT
- >REEL WORLD
- >BULLET POKER
- >BONUS BALL KENO
- >POT OF GOLD POKER
- >FUNKY FRUIT
- >THE PRIZE RIGHT
- >MOO MONEY 25
- >COLD CASH
- >TRICK OR TREAT 2010
- >CASH CAR 25
- >ROCK 7
- >THREE SEVENS B-LINE

3. PURE SKILL

- >SWORD OF
- >AIR FORCE
- >WILD ROYALS
- >BANK IT!
- >DIAMOND TOWER
- >REAL REELS
- >PINK DIAMOND 7" S NUDGE
- >LUCKY BELLS NUDGE
- >NEON CLASSIC NUDEE
- >CRONUS LEADER OF THE TITANS

4. FUSION

- >BUFFALLO
- >VIP LOUNGE
- >FESTIVAL OF DRAGONS
- >CRUMBLE CAUE
- >CAPTAIN CALAMARI

5. SPARKY'S FIREHOUSE

6. JACKPOT

- >THE DUCK FIREHOUSE

7. FISH TABLE

MAXIMUM WINNING AMOUNT OF ALL GAME: \$1000

MAXIMUM AMOUNT OF PAY OUT FOR ALL GAME: \$600 (OVER \$600

DOLLARS WE SHOULD HAVE REPORT TO CITY)

ALL WINNING AMOUNT PAY OUT IN CASH

761.03 LICENSE; APPLICATION; REQUIREMENTS.

Item #4.

(a) **License to Operate.** No person, partnership, corporation, or other entity shall operate or conduct an entertainment device arcade without first obtaining an annual license to operate therefor as provided in this chapter from the Building Department. The license to operate shall first be obtained prior to the initial operation of the entertainment device arcade and annually thereafter, with the subsequent annual application and associated fee due prior to the first day of January of each calendar year.

(b) **Application.** Every person, partnership, corporation, organization or other entity shall make an application in writing to the Building Department, which application shall set forth:

- (1) The name and Federal tax identification number under which the business is to be conducted;
- (2) The location where the business is conducted, with a description of the premises, including a scaled diagram;
- (3) The name, address and government issued photo identification of the manager, supervisor and all other employees;
- (4) The name, address and government issued photo identification of the owner or owners of the entertainment devices;
- (5) The name, address and government issued photo identification and principal occupation of every person with an interest in the business. If the business is conducted by:
 - A. A sole proprietorship, the name, home address and government issued photo identification and principal occupation of that individual;
 - B. A firm, limited liability company or partnership, the names, home addresses and government issued photo identification and principal occupation of each member of the firm or partnership; and
 - C. A corporation, the names, home addresses and government issued photo identification and principal occupations of all officers and shareholders and the statutory agent.
- (6) If a corporation, or limited liability company, a certificate of good standing from the Ohio Secretary of State;
- (7) The name, description, model number and serial number of each entertainment device on the premises and any other device on the premises that is necessary to the operation of the entertainment device;
- (8)
 - A. A list of each separate prize that may be given out and each separate dollar amount that may be given; and
 - B. 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.
- (9) The name and address of any and all persons, businesses or organizations that provide games, computer software, equipment, or services or operate devices linked to the licensee's entertainment devices or to devices necessary to operate the entertainment devices, whether any such provisions are sold, leased or licensed; and
- (10) A certificate or report, provided by an authorized independent testing laboratory, identifying the components of the entertainment devices and related systems, identifying the operational characteristics of the entertainment device and systems and verifying that each entertainment device identified in paragraph (b)(7) above, and the software therein, is either a skill-based amusement machine, as defined in Ohio R.C. 2915.01, or is part of a sweepstakes game format. If the certificate or report verifies that the entertainment device and the software therein is part of a sweepstakes game format, the certificate or report shall verify the following information:

Page 38





October 3, 2022

Teresa King
226 Rives Road
Martinsville, Va 24112
276 806 3299
teresaking123@yahoo.com

The Baller Zone, LLC
29900 Lakeshore Blvd
Willowick, OH 44095

EIN 92-0483830