



Office of Planning and Zoning

Electronic Game Room Facility Application

APPLICATION SHALL BE SUBMITTED BY MARCH 25, 2021

Date: _____

Property Owner Information

Owner/Entity/Corporation Name: _____

Owner's Address: _____

Phone No.: _____ Email Address: _____

Applicant Information

This application is to be issued to: Individual Person Partnership Corporation

Name: _____ Title: _____

Applicant's Address: _____

Phone No.: _____ Email Address: _____

Establishment Information

Establishment Name: _____

Establishment's Address: _____

Phone No.: _____ Email Address: _____

Establishment Email Address: _____

Is the name of the proposed establishment a "Fictitious Name" under Section 865.09, Florida Statutes?

Yes No

Proof of Establishment Operation

Date of Establishment Operation: _____

Please be advised that you shall submit demonstration that proves date of commencement of operation. Commencement of operation or establishment shall have begun prior to February 23, 2021.

Application Fee

Non-refundable Application Fee: \$20,000.00. Please be advised that you shall submit an application per operator and establishment.

Fees are to be made payable to the Lake County Board of County Commissioners. You may pay with a debit or credit card, however, an additional fee equal to 2% of the transaction total will be added for the convenience fee of using a debit or credit card.

Authorization and Certification

I hereby authorize the *Office of Planning & Zoning, and Code Enforcement* to obtain all data and information needed to examine and review this application and the proposed establishment. I hereby authorize each of the above-referenced Offices or Departments to conduct an inspection(s) of the proposed location of the proposed establishment.

I hereby swear under penalty of perjury that I am authorized by the named applicant to make this application and that the foregoing statements are true and correct. I understand that, in the event that the application is granted based upon false information, misrepresentation of fact, or mistake of fact, the Lake County Code provides that the application shall be revoked.

I hereby swear under penalty of perjury that the establishment named in this application commenced operation, or that the establishment has begun operations, prior to February 23, 2021 and this can be demonstrated by (proof shall be submitted with the application):

Signature of Applicant

Capacity

Print name

State of Florida

County of Lake

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____, 2021, by _____ as _____ for _____.

Personally Known OR Produced Identification

Type of Identification Produced _____

Notary Signature
(SEAL)

Required Information

1. Demonstration of the operation commencement date.
2. Copy of the Applicant's proposed rules governing the drawing by chance, sweepstakes, or game promotion, which includes the odds of winning, and the prize table;
3. If the application is for sweepstakes, or game promotion over \$5,000.00, a copy of the Applicant's certification of a bond or trust account provided to the Florida Department of Agriculture and Consumer Services;
4. Complete list of all products, and services offered, and the prices charged therefore;
5. For every principal, officer, and director of the Operator, a fingerprint card, and letter certifying the results of a criminal background check generated by the Lake County Sheriff's Office or Florida Department of Law Enforcement;
6. Sworn affidavit containing the following:
 - a. Identity of the applicant;
 - b. Description, including the number of pieces, of the electronic equipment;
 - c. Statement of whether any of the individuals listed has, within the five (5) years prior immediately preceding the date of the application, been convicted of any felony under the laws of Florida, the United States, or any other state, or has had adjudication withheld, and if so, the particular criminal act involved, and the place of the conviction;
 - d. Street address of the electronic game room;
 - e. Name and address of an individual in Lake County who is authorized to receive notices from the County: and
 - f. Statement certifying that all information on the application, and any attachments thereto is true and that the Applicant understands that any misstatement of material fact in the application will result in the denial of the permit or, if it has been issued, in the suspension or revocation of the permit.

***** FOR OFFICIAL USE ONLY *****

License must be granted or denied within 60 days.

Notifications must be sent by certified mail, return receipt requested.

1. Date application forwarded to Offices/Departments listed below. Date: _____
 - A. County Attorney: Date Responded: _____ Name: _____
 - B. Planning & Zoning: Date Responded: _____ Name: _____
 - C. Sheriff's Office: Date Responded: _____ Name: _____
 - D. Code Enforcement: Date Responded: _____ Name: _____
2. **Granted Application:**
 - E. Date application was issued: _____
 - F. Classification of application: _____
 - G. Name of Licensee: _____
 - H. Date of notification to applicant of new application being granted: _____
 - I. Name of official issuing application and notice: _____
3. **Denied Application:**
 - A. Date application was denied: _____
 - B. Date of notification to applicant of application being denied: _____
 - C. Name of official sending notice of application being denied: _____