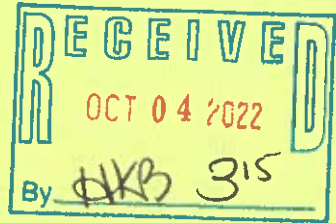




**CITY OF WILLOWICK PLAN REVIEW BOARD
APPLICATION FOR PERMIT TO OCCUPY FOR
BUSINESS, COMMERCIAL, INDUSTRIAL, ETC.
YOU MUST FILL OUT ENTIRE APPLICATION
440-516-3000**



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

Location of Occupancy: 29900 LAKESHORE BLVD 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
GA 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 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: 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: _____

**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!

ITEM #	DESCRIPTION	UNIT/AMOUNT	STATUS
1	PLUMBING		
2	MECHANICAL		
3	ELECTRICAL		
4	PAINT		
5	CEILING		
6	FLOORING		
7	WALLS		
8	DOORS		
9	WINDOWS		
10	STAIRS		
11	ELEVATORS		
12	MECHANICAL ROOMS		
13	RESTROOMS		
14	LOCKERS		
15	STORAGE		
16	RECEPTION		
17	OFFICE		
18	CONFERENCE		
19	TRAINING		
20	RECEPTION		
21	OFFICE		
22	CONFERENCE		
23	TRAINING		
24	RECEPTION		
25	OFFICE		
26	CONFERENCE		
27	TRAINING		
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96	RECEPTION		
97	OFFICE		
98	CONFERENCE		
99	TRAINING		
100	RECEPTION		

ITEM #	DESCRIPTION	UNIT/AMOUNT	STATUS
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93	OFFICE		
94	CONFERENCE		
95	TRAINING		
96	RECEPTION		
97	OFFICE		
98	CONFERENCE		
99	TRAINING		
100	RECEPTION		

NO.	DOOR	TYPE	STATUS
1	101	SWING	NEW
2	102	GLASS	NEW
3	103	SLIDING	NEW
4	104	GLASS	NEW
5	105	SWING	NEW
6	106	GLASS	NEW
7	107	SLIDING	NEW
8	108	GLASS	NEW
9	109	SWING	NEW
10	110	GLASS	NEW
11	111	SLIDING	NEW
12	112	GLASS	NEW
13	113	SWING	NEW
14	114	GLASS	NEW
15	115	SLIDING	NEW
16	116	GLASS	NEW
17	117	SWING	NEW
18	118	GLASS	NEW
19	119	SLIDING	NEW
20	120	GLASS	NEW
21	121	SWING	NEW
22	122	GLASS	NEW
23	123	SLIDING	NEW
24	124	GLASS	NEW
25	125	SWING	NEW
26	126	GLASS	NEW
27	127	SLIDING	NEW
28	128	GLASS	NEW
29	129	SWING	NEW
30	130	GLASS	NEW
31	131	SLIDING	NEW
32	132	GLASS	NEW
33	133	SWING	NEW
34	134	GLASS	NEW
35	135	SLIDING	NEW
36	136	GLASS	NEW
37	137	SWING	NEW
38	138	GLASS	NEW
39	139	SLIDING	NEW
40	140	GLASS	NEW
41	141	SWING	NEW
42	142	GLASS	NEW
43	143	SLIDING	NEW
44	144	GLASS	NEW
45	145	SWING	NEW
46	146	GLASS	NEW
47	147	SLIDING	NEW
48	148	GLASS	NEW
49	149	SWING	NEW
50	150	GLASS	NEW
51	151	SLIDING	NEW
52	152	GLASS	NEW
53	153	SWING	NEW
54	154	GLASS	NEW
55			

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



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 WILLOWICK 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/TIN:	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 state and 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

- Log In | Create Profile
- My Profile
- Business Filings ▾
- Recent Filings ▾
- My Carr
- Certified Copy
- Certificates of Good Standing
- UCC Filings
- Resources
- Log Out



MY PROFILE

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

[Change Password](#)

Name:

Service Company, Law Firm or other Filing Entity:

Address:

Country:

Phone:

[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
THE BALLER ZONE LLC	4930722	<input checked="" type="checkbox"/>
To unsubscribe, simply uncheck the box and click "Update"		Update

STATUS: OWNER / MANAGER.

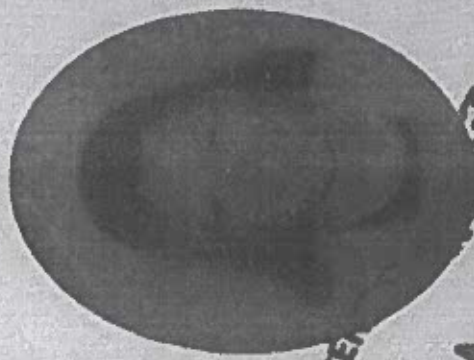
Virginia DRIVER'S LICENSE

VA USA

Customer Identifier
T61719452

Name
**KING
TERESA, LYNNE**

Address
**226 RIVES RD
MARTINSVILLE, VA 24112-3829**



Teresa King

Sex	F	Class	D	Date of birth	03/06/1964
Eyes	HAZ	Endorsements	NONE	Iss REN	02/10/2017
Height	5FT 10IN	Restrictions	NONE	Exp	03/06/2025

DD 077576330



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

DELIVERY RECEIPT

Delivery Date: 10-3-2022.

(770) 845-3014

Delivered To: KINCF.

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

10/3/2022.

Date

Company Name Representative

Date

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

DELIVERY RECEIPT

Delivery Date: _____

Delivered To: _____

Company Name: _____

Address: _____

Quantity Delivered	Item	Description
9.	Billy leu	70018
10	Outlaw.	70019
11.	POCC	70020
12.	POCC	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

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.	8 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

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

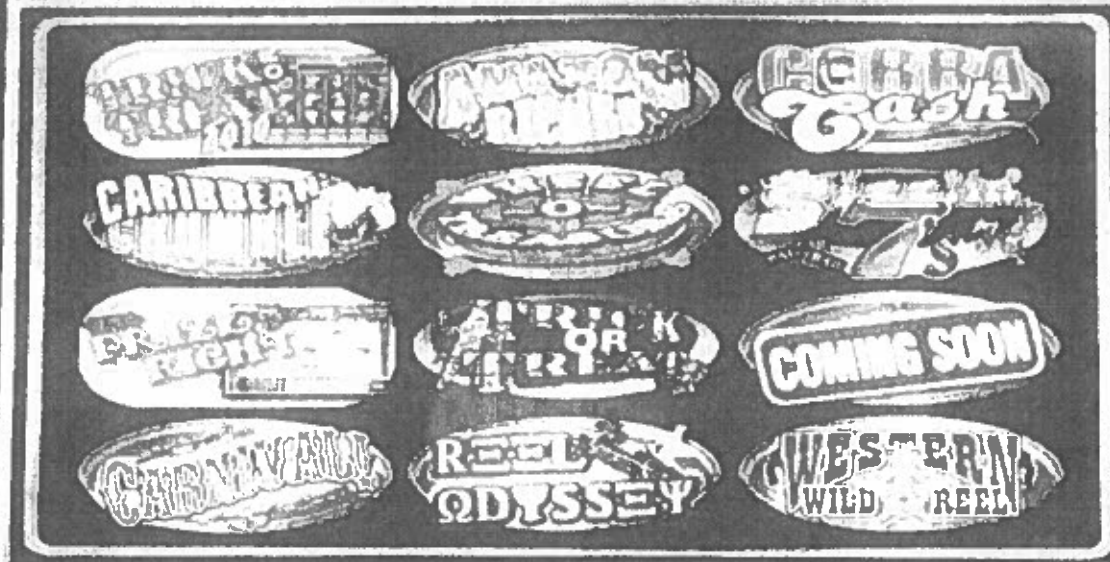
Date











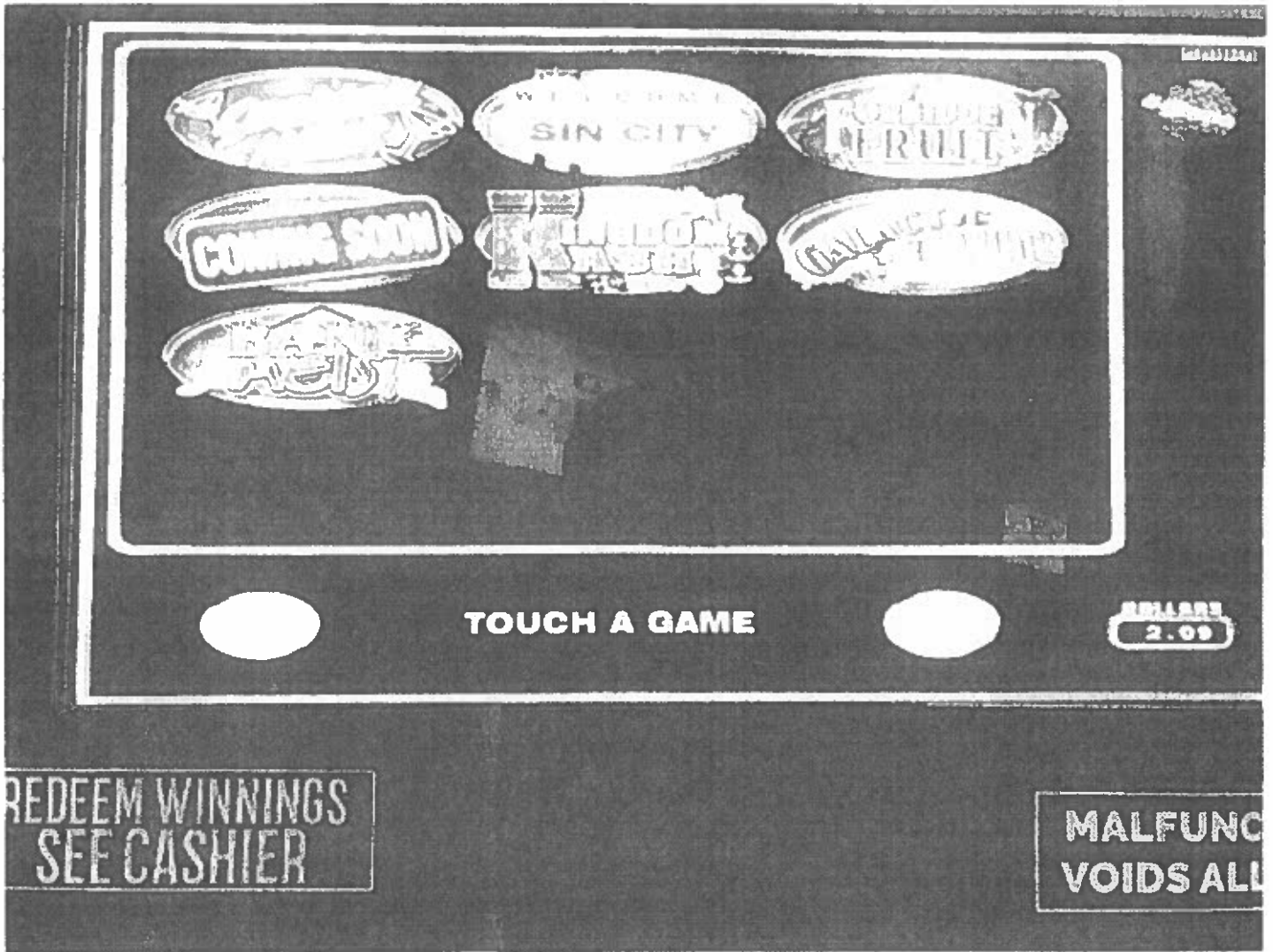
TOUCH A GAME



DOLLARS
2.09

REDEEM WINNINGS
SEE CASHIER

MALFUNCTION
VOIDS ALL



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.

(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:

DISNEY SPEED GAMES RUSH

GREAT AMERICAN BUFFALO \$1,862.34
BUCKETS

VIP LOUNGE \$1,556.81
BUCKETS

FESTIVAL OF DRAGONS \$1,522.32
BUCKETS

CRUMBLE CAVE \$1,451.18
BUCKETS

CAPTAIN GALEMARI \$1,447.42
BUCKETS

PLEASE CHOOSE A GAME

GREAT AMERICAN BUFFALO	FESTIVAL OF DRAGONS	VIP LOUNGE	CAPTAIN GALEMARI	CRUMBLE CAVE
\$1,862.34	\$1,522.32	\$1,556.81	\$1,447.42	\$1,451.18
PLAY	PLAY	PLAY	PLAY	PLAY

BUCKETS **CREDITS** **\$5.00**





October 3, 2022

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