



Cleveland Heights Police Department  
 40 Severance Circle  
 Cleveland Heights, OH 44118  
 216-291-4974



**APPLICATION FOR 2017  
 NEW NON-BANK AUTOMATED TELLER MACHINE PERMIT**

**753.02 - LICENSE AND REGISTRATION REQUIRED**

No operator of an Automated Teller Machine shall install and/or maintain an ATM unless such Operator shall register with and obtain a license for ATM from the City Manager or designee in accordance with the requirements of this chapter.

**DIRECTIONS:**

Supply the information requested below. Incomplete applications will be returned to applicants.  
**License fee is \$150.** Please make checks payable to the City of Cleveland Heights.  
*Individuals wishing to have their license mailed to them must enclose a self-addressed, stamped envelope.*

*(TYPE or PRINT the following information)*

Address of Where ATM will be installed \_\_\_\_\_  
(ADDRESS) (CITY) (STATE) (ZIP)

Location of ATM within Business \_\_\_\_\_

*ATM Operator*

Name \_\_\_\_\_

Address \_\_\_\_\_  
(ADDRESS) (CITY) (STATE) (ZIP)

Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_ .com

*Store Owner*

Name \_\_\_\_\_

Address \_\_\_\_\_  
(ADDRESS) (CITY) (STATE) (ZIP)

Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_ .com

*Property Owner*

Name \_\_\_\_\_

Address \_\_\_\_\_  
(ADDRESS) (CITY) (STATE) (ZIP)

Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_ .com

*Person Primarily Responsible for Placing, Servicing & Maintaining the ATM*

Name \_\_\_\_\_

Address \_\_\_\_\_  
(ADDRESS) (CITY) (STATE) (ZIP)

Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_ .com

Global Positioning System Provider \_\_\_\_\_

Company Name \_\_\_\_\_