

BILLIARD ROOM INFORMATION SHEET

REQUIREMENTS

- Billiard Room License Application
- Proof of Identity (e.g. State issued Driver's License/I.D. Card, Military I.D., Passport)
- Building & Zoning Inspection (New Applicants Only)
- Health Inspection
- Fire Inspection
- Letter of Good Standing from City Income Tax Division
- BCI Background Check/Fingerprints
(If conducted at another authorized WebCheck agency, results must be mailed to the License Section)

PRICING

- Application Fee - \$20.00
- BCI Background Check Fee - \$32.00
- Billiard Room License Fee - \$125.00

OFFICE LOCATION & HOURS

4252 Groves Road
Columbus, OH 43232

Monday - Friday
8:00 a.m. to 3:30 p.m.

Applications and supporting documents may be submitted via one of the following:

1. In person at the License Section (see above for location and hours)
- *2. Emailed to license_section@columbus.gov
- *3. Mailed to the License Section (see above for location)
- *4. Placed in the License Section drop box

***Application must be notarized prior to submission**

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OFFICE USE ONLY

License # _____

Issue Date _____

Expiration Date _____

DEPARTMENT OF PUBLIC
SAFETY LICENSE SECTIONDEPARTMENT OF
PUBLIC SAFETY**BILLIARD ROOM
APPLICATION****NEW RENEWAL****APPLICANT INFORMATION**

Full Name:

Residential Address:

City:

State:

Zip:

Phone:

Email:

Date of Birth:

Driver License #:

State:

Race:

Sex:

Height:

Weight:

Hair:

Eyes:

Have you had a City of Columbus license and/or permit revoked, refused, or suspended within the last three (3) years? Yes No

If yes, please explain:

Have you ever been convicted of a felony? Yes No

If yes, list all felony convictions that occurred in the United States over the past seven (7) years:

Are you on felony probation or parole? Yes No

If yes, date began:

Have you ever been required to register as a sexual offender? Yes No

If yes, date registered:

BUSINESS INFORMATION

Business Name:

Business Address:

City:

State:

Zip:

Business Phone:

Business Email:

Is this establishment located within 1000 ft. of any other licensed billiard room and/or card room? Yes No

How many pool/billiard tables are on site? _____

Are there any COIN/CARD OPERATED games or amusement devices on site? Yes No

RENEWAL APPLICATIONS ONLY, has there been any **STRUCTURAL CHANGES** to the establishment since last year? Yes No

If yes, please explain:

List all persons who have direct or indirect interest in said business (i.e. partners, stockholders, lien holders, etc.): (If your list extends over the allotted space attach a separate list to your application)

1. Name:	Title:	Date of Birth:
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Residential Address:

City:	State:	Zip:
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2. Name:	Title:	Date of Birth:
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Residential Address:

City:	State:	Zip:
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Please be advised this section is voluntarily optional and exists for the convenience of the applicant:

The applicant expressly authorizes the Licensing Division of the City of Columbus, Department of Public Safety to contact the Income Tax Division of the City of Columbus - City Auditor and in turn expressly authorizes the Income Tax Division of the City of Columbus - City Auditor to provide access to the Licensing Division of the City of Columbus, Department of Public Safety current municipal tax information related to the applicant listed above in relation to the Short-Term Rental Permit for which application is being made. Any information provided to the Licensing Division will be held in strict confidence at all times and shall not be disclosed to any other department or division of the City of Columbus, nor used for any other purpose other than as stated.

Yes No

ALL INFORMATION CONTAINED IN THIS APPLICATION IS SUBJECT TO DISCLOSURE AS A MATTER OF PUBLIC RECORD. ANY FALSE STATEMENT MADE OR GIVEN IN THIS APPLICATION SHALL RESULT IN THE DENIAL OF THE APPLICATION OR FUTURE REVOCATION OF THIS LICENSE. APPLICANT MAY ALSO BE REFERRED FOR CRIMINAL PROSECUTION.

State of Ohio, County of Franklin

_____, being duly sworn, deposes and says he or she is the
(Print Applicant's Name)

individual making the foregoing application; that he or she is knowledgeable with respect to that which is to be license; and that the answers to the foregoing questions and other statements contained herein are true of his or her own knowledge and belief.

(Applicant's Signature)

Sworn to before me and subscribed in my presence this ____ day of _____, 20____.

Notary or Agent of Director of Public Safety
Must be SIGNED, DATED, and NOTARIZED.