



LICENSE APPLICATION FOR – **POOL HALLS** MUNICIPAL CODE SECTION – **4-36**

DEFINITION:

Pool Hall or Billiard Hall: Any establishment which keeps, maintains, or operates for hire on the premises four (4) or more pool or billiard tables.

GENERAL INSTRUCTIONS:

1. Print legibly and complete all sections to ensure efficient processing.
2. Assemble all required information and materials before filing application.
3. Thoroughly review all applicable Municipal Code Sections listed above.
4. Licenses expire January 31.
5. Add 10% to license fee for renewal after January 31.
6. Include \$5.00 license application fee payable to City of South Bend.
7. License fee payable to City of South Bend due at issuance - \$100.00.

REQUIRED INFORMATION AND MATERIALS:

1. Facility seating capacity and number of employees.

APPLICATION PROCESS:

1. Submit Application with \$5.00 Processing Fee.
2. Police background check of applicant.
3. Inspection by Fire and Building Departments, as required.
4. License issued upon approval and payment of the license fee.
5. See Municipal Code Section 4-16 for denial or revocation.

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I. APPLICATION TYPE Check One: **New** _____ **Renewal** _____

II. BUSINESS DATA

A. Business Name: _____

B. Business Address: _____

City: _____ State: _____ Zip: _____

C. Mailing Address (If different from above): _____

City: _____ State: _____ Zip: _____

D. Business Telephone Number: _____

E. Business Fax Number: _____

F. E-Mail Address: _____

G. Maximum Seating Capacity: _____

H. Number of Employees: _____

I. Zoning of Business Location: _____

III. OWNER'S PERSONAL DATA

A. Owner's Legal Name: _____

B. Residential Address: _____

City: _____ State: _____ Zip: _____

C. Residential Telephone Number: _____

D. Cellphone Number: _____

E. Social Security Number: _____ F. Gender: _____

G. Date of Birth: _____ H. Race: _____

For Office Use Only

Application Filed _____ Building Dept. Approval _____

Application Fee Paid _____ Fire Dept. Approval _____

Sent to Dept. _____ License Fee Paid _____

Police Dept. Approval _____ License Number _____

Not Approved _____

Reason _____

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IV. OPERATOR'S PERSONAL DATA (If same as owner, skip to Section V)

A. Operator's Legal Name: _____

B. Residential Address: _____

City: _____ State: _____ Zip: _____

C. Residential Telephone Number: _____

D. Cellphone Number: _____

E. Social Security Number: _____ F. Gender: _____

G. Date of Birth: _____ H. Race: _____

V. INCLUDE \$5.00 PROCESSING FEE WITH APPLICATION

VI. AFFIRMATION

I, hereby, certify and affirm that all of the information I have given in this application is true and accurate to the best of my knowledge. I further certify that I have in no way attempted to mislead the City in this application by omitting facts known to me. I have read and understand the regulations of the Pool Halls license found in the City of South Bend Municipal Code, Section 4-36.

Signature

Date