

## BILLIARD ROOM INFORMATION SHEET

### REQUIREMENTS

- Billiard Room License Application
- Proof of Identity (i.e. 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 of Columbus 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.

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**OFFICE USE ONLY**

License # \_\_\_\_\_

Issue Date \_\_\_\_\_

Expiration Date \_\_\_\_\_

DEPARTMENT OF PUBLIC SAFETY  
LICENSE SECTIONTHE CITY OF  
**COLUMBUS**  
ANDREW J. GINTHER, MAYORDEPARTMENT 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

<b>RENEWAL APPLICATIONS ONLY</b> , has there been any STRUCTURAL CHANGES to the establishment since last year? <div style="text-align: center;">Yes      No</div>		
If yes, please explain:		
List all persons who have direct or indirect interest in said business (i.e. partners, stockholders, lien holders, etc.): <small>(If your list extends over the allotted space attach a separate list to your application)</small>		
1. Name:	Title:	Date of Birth:
Residential Address:		
City:	State:	Zip:
2. Name:	Title:	Date of Birth:
Residential Address:		
City:	State:	Zip:
<p><b>Please be advised this section is voluntarily optional and exists for the convenience of the applicant:</b></p> <p>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.</p> <div style="text-align: center;">Yes      No</div>		
<p><b>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.</b></p>		
<b>State of Ohio, County of Franklin</b>  <div style="border-bottom: 1px solid black; margin-bottom: 5px; min-height: 20px;"></div> <div style="text-align: center; font-size: small;">(Print Applicant's Name)</div> <p>_____, being duly sworn, deposes and says he or she is the</p> <p><b>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.</b></p> <div style="text-align: right; margin-top: 100px;"> <div style="border-bottom: 1px solid black; width: 200px; margin: 0 auto;"></div> <div style="text-align: center; font-size: small;">(Applicant's Signature)</div> </div> <p><b>Sworn to before me and subscribed in my presence this _____ day of _____, 20____.</b></p> <div style="text-align: center; margin-top: 20px;"> <div style="border-bottom: 1px solid black; width: 200px; margin: 0 auto;"></div> <div style="text-align: center; font-size: small;">Notary or Agent of Director of Public Safety</div> </div> <p style="text-align: center; font-weight: bold; margin-top: 10px;">Must be SIGNED, DATED, and NOTARIZED.</p>		