

## BILLIARD ROOM INFORMATION SHEET

### REQUIREMENTS

- Completed Billiard Room License Application (Attached)
- Building & Zoning Inspection (New Applicants Only)
- Health Inspection (Attached)
- Fire Inspection (Attached)
- Letter of Good Standing from City of Columbus Tax Division (Attached)
- BCI Background Check/Fingerprints  
(Considered the final step before issuance, and will be initiated at the License Section.)

### PRICING

- Application Fee – \$10.00
- BCI Background Check Fee – \$32.00
- Arcade License Fee – \$125.00

### OFFICE HOURS

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

**If you have any further questions, you may contact:**

**Kyle Sours**

**Email: [klsours@columbus.gov](mailto:klsours@columbus.gov)**

**Phone: (614) 645-8366 Ext. 65857**



**ALL applicants are required to provide both Proof of Lawful Presence in the United States and Proof of Identity.  
The following are examples of valid documents:**

<b>Proof of Lawful Presence</b>	<b>Proof of Identity</b>
<ul style="list-style-type: none"><li>• U.S Passport or Passport Card</li><li>• U.S. Birth Certificate</li><li>• Consular Report of Birth Abroad</li><li>• Certificate of Naturalization</li><li>• Employment Authorization Card</li><li>• Permanent Resident Card</li></ul>	<ul style="list-style-type: none"><li>• Ohio Driver's License</li><li>• State issued I.D.</li><li>• U.S. Military I.D.</li></ul>



**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:

Are you legally authorized to work in the United States?      Yes      No

**All applicants will be required to prove Lawful Presence in the United States and provide Proof of Identity.**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 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? 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:
Residential Address:		
City:	State:	Zip:
2. Name:	Title:	Date of Birth:
Residential Address:		
City:	State:	Zip:
<p><b>PER REGULATIONS SET IN COLUMBUS CITY CODE 501.05(E), THE LICENSE SECTION HAS THE POWER TO MAKE RULES REGARDING THE "QUALIFICATIONS OF THE APPLICANTS AND THE CONDITIONS PRECEDENT THE APPLICANTS MUST MEET PRIOR TO THE ACQUISITION OF LICENSES." FOLLOWING THIS DIRECTION, ALL APPLICANTS <u>MUST BE ABLE TO READ, SPEAK, AND COMPREHEND THE ENGLISH LANGUAGE</u> IN ORDER TO OBTAIN A VALID LICENSE. BY INITIALING ON THE LINE BELOW YOU AGREE THAT YOU ARE ABLE TO FULFILL THIS REQUIREMENT.</b></p> <p style="text-align: center;">_____ INITIALS</p>		
<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>		
<p>_____, being duly sworn, deposes and says he or she is the (Print Applicant's Name)</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>		
<p>_____ (Applicant's Signature)</p>		
<p><b>Sworn to before me and subscribed in my presence this _____ day of _____, 20_____.</b></p>		
<p>_____ Notary or Agent of Director of Public Safety</p>		
<p><b>Must be SIGNED, DATED, and NOTARIZED.</b></p>		

**BILLIARD ROOM INSPECTION SHEET**

Your Billiard Room license expires on December 31<sup>st</sup> each year. You must have both inspections **COMPLETED** before submitting your application. You may initiate both inspections prior to the expiration date.

Below are the departments' contact information:

**City of Columbus, Division of Fire**

3639 Parsons Ave  
(614) 645-7641  
Hours: Mon. – Fri. 7:00 a.m. to 3:00 p.m.

**City of Columbus, Health Dept.**

240 Parsons Ave  
(614) 645-7243  
Hours: Mon. – Fri. 7:00 a.m. to 3:00 p.m.

**Division of Fire**

Inspector Use Only

Approved       Failed

Inspector's Name: \_\_\_\_\_

Inspector's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Health Department**

Inspector Use Only

Approved       Failed

Inspector's Name: \_\_\_\_\_

Inspector's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_