DEPARTMENT OF PUBLIC SAFETY
LICENSE SECTION

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR
DEPARTMENT OF PUBLIC SAFETY

BILLIARD ROOM INFORMATION SHEET

REQUIREMENTS

- Billiard Room License Application
- 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
- Arcade License Fee – $125.00

OFFICE LOCATION & HOURS

4252 Groves Road
Columbus, OH 43232

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

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OFFICE USE ONLY

License # _____

Issue Date _____

Expiration Date _____

DEPARTMENT OF PUBLIC SAFETY
LICENSE SECTION

BILLIARD ROOM APPLICATION

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF PUBLIC SAFETY

☐ **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:

All applicants are required to 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/CARD OPERATED games or amusement devices on site? ☐ Yes ☐ No

Rev 11/05/2018

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

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 MUST BE ABLE TO READ, SPEAK, AND COMPREHEND THE ENGLISH LANGUAGE IN ORDER TO OBTAIN A VALID LICENSE. BY INITIALING ON THE LINE BELOW YOU AGREE THAT YOU ARE ABLE TO FULFILL THIS REQUIREMENT.

_____ INITIALS

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.

NED PETTUS, JR.
Director

THE CITY OF
COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF
PUBLIC SAFETY

MEMORANDUM

To: Fire Prevention (614) 645-7641

From: License Section – Kyle Sours (614) 645-3820

Date: _____

The below named business has applied for a Billiard Room license. Please advise if named business complies with all provisions of your department.

Business Name: _____

Business Address: _____

City, State Zip: _____

Applicant's Name: _____

Applicant's Phone Number: _____

Fire Inspector Use Only

Approved: _____ Date: _____ Inspector: _____

Failed: _____ Date: _____ Inspector: _____

Re-Inspection: _____ Date: _____ Inspector: _____

Comments: _____

_____

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NED PETTUS, JR.
Director

THE CITY OF
COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF
PUBLIC SAFETY

MEMORANDUM

To: Columbus Public Health (614) 645-7243

From: License Section – Kyle Sours (614) 645-3820

Date: _____

The below named business has applied for a Billiard Room license. Please advise if named business complies with all provisions of your department.

Business Name: _____

Business Address: _____

City, State Zip: _____

Applicant's Name: _____

Applicant's Phone Number: _____

Health Inspector Use Only

Approved: _____ Date: _____ Inspector: _____

Failed: _____ Date: _____ Inspector: _____

Re-Inspection: _____ Date: _____ Inspector: _____

Comments: _____

_____