

CITY OF MILLVILLE

POOL HALLS & BILLIARD PARLORS

Pool Hall- A building or the entire floor of a building open to the public containing billiard tables, pool tables, bagatelle tables or pigeonholed tables. Billiard Parlor- A room in a building open to the public containing billiard tables, pool tables, bagatelle tables or pigeonholed tables.

LICENSE APPLICATION (Article 15 – Chapter 33)

(Any commercial establishment with more than four (4) tables of the type described herein must be licensed and regulated under Chapter 33 – Article 15. The number of licensed premises shall be limited to two (2) in The City of Millville.)

\$10.00 Application Fee Due Payable at Time of Application

\$50.00 Per Year for Each Table

Copy of State of New Jersey Business Registration Certificate

Copy of State of New Jersey Tax Sale Certificate

DATE OF APPLICATION: _____ APPLICATION FEE PAID: \$ _____

BUSINESS INFORMATION:

NAME OF BUSINESS: _____ PHONE#: _____
Attach Copy of State of New Jersey Tax Sale Certificate

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

No Person Who Has Been Convicted of a Criminal Offense Shall Be Eligible to Receive a License Under Chapter 33-Article 15. No Person so Convicted Shall Be Employed By a Licensee

OWNER INFORMATION:

NAME OF OWNER: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

D.O.B: ____/____/____ DL#: _____ SS#: ____ - ____ - ____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

GENERAL PARTNER INFORMATION:

NAME OF PARTNER: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

D.O.B: ____/____/____ DL#: _____ SS#: ____ - ____ - ____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

POOL HALLS AND BILLIARD PARLORS – CONTINUATION PAGE – 2

MANAGER INFORMATION (Person who will be operating the business at abovementioned premises)

NAME OF MANAGER: _____ **PHONE#:** _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

D.O.B: ____/____/____ **DL#:** _____ **SS#:** ____ - ____ - ____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

EMPLOYEE INFORMATION:

NAME OF EMPLOYEE: _____ **PHONE#:** _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

D.O.B: ____/____/____ **DL#:** _____ **SS#:** ____ - ____ - ____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

NAME OF EMPLOYEE: _____ **PHONE#:** _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

D.O.B: ____/____/____ **DL#:** _____ **SS#:** ____ - ____ - ____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

NAME OF EMPLOYEE: _____ **PHONE#:** _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

D.O.B: ____/____/____ **DL#:** _____ **SS#:** ____ - ____ - ____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

NUMBER OF TABLES TO BE PLACED ON PREMISES: _____

No Obstruction of View: All Such Tables Shall at all Times be Located in Plain View of any Person Inspecting or Visiting the Licensed Premises. During the Hours of Operation the Licensed Premises Shall Be Open at All Times

BUSINESS HOURS: _____
Shall not begin before 8:00 a.m. or continue after 12:00 Midnight on Weekdays and Saturdays

CHIEF OF POLICE:

APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Police Chief _____
Signature Date

A brief explanation, if license was denied: _____

CONSTRUCTION OFFICIAL:

APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Fire Inspector _____
Signature Date

A brief explanation, if license was denied: _____

ZONING OFFICER:

APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Zoning Officer _____
Signature Date

A brief explanation, if license was denied: _____

APPROVED: DENIED: City Clerk _____
Signature Date