



**APPLICATION FOR LICENSE  
TO CONDUCT BUSINESS  
AS A BILLIARD ROOM**

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This application is to be completed by the owner, stockholder or partner of that which is to be licensed. Application must be printed in ink or typewritten.

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I, \_\_\_\_\_, understand that my answers to all of the questions on this application must be sworn to and any false statement given by myself may result in my application being denied or revoked, and may also result in a criminal prosecution under Whitehall City Code Section 523.02.

Date \_\_\_\_\_ Signed \_\_\_\_\_

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Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Number Street

\_\_\_\_\_, \_\_\_\_\_ ( ) \_\_\_\_\_

City State Zip Code Phone #

If owner is corporation, firm or partnership,

Name \_\_\_\_\_

Business Address \_\_\_\_\_

Number Street

\_\_\_\_\_, \_\_\_\_\_ ( ) \_\_\_\_\_

City State Zip Code Phone #

List the name, date of birth, social security number, address and title of all persons that have a direct or indirect interest in the business (include partners, stockholders, lien holders and corporate officers):

1. \_\_\_\_\_  
Name

\_\_\_\_\_

Date of Birth	Social Security No.	Title	
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\_\_\_\_\_

Home Address	City	State	Zip
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2. \_\_\_\_\_  
Name

\_\_\_\_\_

Date of Birth	Social Security No.	Title	
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\_\_\_\_\_

Home Address	City	State	Zip
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3. \_\_\_\_\_  
Name

\_\_\_\_\_

Date of Birth	Social Security No.	Title	
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\_\_\_\_\_

Home Address	City	State	Zip
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List all criminal arrests and convictions within the past five years of any persons having a direct or indirect interest in that which is to be licensed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach a sheet to the back of application if more room is needed.

Does that which is to be licensed conform to the Whitehall City Codes, including, but not limited to, building, health and fire, and the State of Ohio and Federal Laws applicable thereto? \_\_\_\_\_

Do you understand that a violation of Whitehall City Codes of State and Federal laws may result in the revocation of all licenses issued pursuant to Chapter 733 of the Whitehall City Code? \_\_\_\_\_

Do you further agree to conform to and abide by all the Rules and Regulations of the City of Whitehall and Whitehall Ordinances pertaining to this license? \_\_\_\_\_

Has any license issued to you or your company by the City of Whitehall or any other Government agency ever been revoked, suspended or refused within the past three years?  
\_\_\_\_\_

State of Ohio, County of Franklin

\_\_\_\_\_, being duly sworn, deposes and says he or she is the individual making the forgoing application; that he or she is knowledgeable with respect to which is to be licensed; that the answers to the forgoing questions and other statements contained therein are true of his or her own knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary

All information obtained in this application is subject to disclosure as a matter of public record.