



Kathy M. Sheehan
Mayor

Office of the City Clerk
City Hall - Room 202
Albany, New York 12207
Phone (518) 434-5090 Fax (518) 434-5081

Nala R. Woodard
City Clerk

APPLICATION FOR A BILLIARD/POCKET BILLIARD ROOM LICENSE

Please answer all questions completely and accurately. An incomplete application will not be processed. A \$625.00 bond must accompany each application to the City of Albany to insure proper and appropriate maintenance and operation of the billiard room. Upon approval of this license, a fee of \$15.00 per table will be collected per year or per fraction thereof. Licenses expire on the first day of April of each year and must be renewed prior to that date in order to continue operation. You must attach a scale drawing indicating the floor and location for each table and any obstructions preventing a clear view of the tables from the street or floor entrance.

Name under which business will be conducted: _____

(NOTE: If you operate under a trade name or a partnership name, you must file a copy of your New York State incorporation papers with this application.)

Name of Applicant: _____

Date of Birth: _____ Social Security Number: _____

Drivers License Number: _____

Business address: _____
Street City State Zip

Business telephone: _____
Fax Email

Address where billiard room is located: _____
Street
City State Zip

Telephone where billiard room is located: _____
Fax Email

Number of tables in establishment: Billiard _____ Pool _____ Combination _____

(NOTE: Following the issuance of this permit, permission must be obtained from the City Clerk prior to the addition of any tables and additional fees must be paid.)

Will this room be operated in connection with any other kind of business? Yes No

If yes, please provide a full description of the business. Attach additional documents if necessary:

Name of facility manager: _____

Address of manager: _____
Street City State Zip

Length of manager's residency in Albany, NY: _____

Has this applicant and manager previously engaged in conducting a pool or billiard room, either together or independent of each other? Yes No If yes, please give details of location, names, under which operations have been conducted, and dates of operation. *Attach additional documents if necessary:*

CORPORATIONS/PARTNERSHIPS

Please provide the following information for all partners. If a corporation, give the names and complete resident addresses and titles of all officers. *Attach additional documents if necessary.*

Name: _____

Resident Address: _____

Title of Position with Corporation/Partnership: _____

Length of Residency in Albany, NY: _____

Name: _____

Resident Address: _____

Title of Position with Corporation/Partnership: _____

Length of Residency in Albany, NY: _____

Has the manager or any member(s) of the corporation or partnership been convicted of a felony or misdemeanor? Yes No If so, what was the offense, when was it and in what court was it adjudicated? *Attach additional documents if necessary:* _____

Has anyone associated with this application ever had a license to operate a pool or billiard room revoked? Yes No If yes, provide details. *Attach additional documents, if necessary:* _____

I affirm, under the penalties of perjury, that the statements made in this application and all accompanying documents are true and accurate and that I have provided all the information that has been requested.

Date: _____

Signature: _____

Title (owner, partner, officer): _____

Sworn before me this _____ Day
of _____ 20

Commissioner of Deed or Notary Public



Approved NOT Approved _____
Chief of Police

Approved NOT Approved _____
Chief of Fire Department

ACTION BY CITY CLERK

Application: Approved NOT Approved License #: _____