



CITY OF GLENDALE, CALIFORNIA
City Clerk

613 East Broadway, Room 110
Glendale, California 91206-4393
(818) 548-2090 Fax (818) 241-5386
www.ci.glendale.ca.us

Application for Billiard Room Permit
GMC Code Sections 5.24.010-5.24.150

Application Fee: \$50.00
Permit Fee: \$200.00 (upon approval)
Requirements:

Supplement to Application: Yes
Personal Affidavits: Yes
Photographs: New Applications Only
Fingerprints: New Applications Only

First Application _____
Renewal _____
Permit #: BIL _____

Date: _____

Business Name: _____

Address: _____
(street) (city) (zip)

Phone: _____ Hours of Operation: _____

Description of Business: _____

Ownership: Individual _____ Partnership _____ Corporation _____

Individual: Name: _____

Home Address: _____

City and Zip: _____ Phone: _____

Partnership: Name: _____

Home Address: _____

City and Zip: _____ Phone: _____

Name: _____

Home Address: _____

City and Zip: _____ Phone: _____

Corporation: Officer's Name: _____

Home Address: _____

City and Zip: _____ Phone: _____

Officer's Name: _____

Home Address: _____

City and Zip: _____ Phone: _____

Officer's Name: _____

Home Address: _____

City and Zip: _____ Phone: _____

Manager or Person in Charge:

Name: _____

Home Address: _____

City and Zip: _____ Phone: _____

(continued on reverse)



Have you or any partnership or corporation of which you were a member or officer had any license or permit denied, suspended or revoked by any state, territory or governmental agency? _____

If you answered "Yes" to the preceding question, attach a supplementary statement giving a complete and detailed explanation, including dates, names used, license or permit numbers, reasons and convictions. Any plea of nolo contendere must be disclosed.

ATTACH COMPLETED SUPPLEMENTARY PAGE IF REQUIRED

.....
I have read and understand the provisions, rules and regulations of the City of Glendale, California and the Municipal Code governing the type of license or permit for which I am applying.

I declare under penalty of perjury that all of the information contained in this application and any accompanying documents is true and correct, with full knowledge that all statements made in this form are subject to investigation. Any false or dishonest answer to any question may be grounds for denial or subsequent revocation of license or permit.

(signature)

(title)

(date)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____

(Notary Public or any other person authorized to administer oaths.)

SUPPLEMENT TO LICENSE/PERMIT APPLICATION

ADULT MOTION PICTURE/VIDEO ARCADE OR PEEP SHOW

Number of video arcade devices: _____

Number of peep show devices: _____

BILLIARD ROOM

List number and type of proposed and existing tables:

DISTRIBUTING ADVERTISING

Submit sample of advertising with application. New samples are required with each change.

PLACE OF AMUSEMENT

Specific description of proposed place of amusement:

Method of operation: _____

SOLICITATION (COMMERCIAL ONLY)

Will there be any telephone solicitation? _____

State kind of goods to be sold or type of service to be performed:

List any subcontractors or companies hired to perform solicitations. Include addresses and phone numbers:

Length of solicitation: Start _____ End _____

NOTE: This is a weekly license. Maximum length of solicitation is three (3) months.



818-548-2090

**CITY OF GLENDALE
PERSONAL AFFIDAVIT IN SUPPORT OF APPLICATION**

PLEASE PRINT OR TYPE

DATE: _____

FULL NAME _____
Last First Middle

RESIDENCE _____
Street City State/Zip **HOME PHONE ()** _____

BUSINESS _____
Street City State/Zip **BUSINESS PHONE ()** _____

DESCRIPTION _____
Date of Birth Sex Hgt. Wgt. Hair Color Eye Color

DRIVER'S LICENSE NO. _____ **SOCIAL SECURITY** _____

List any and all other names used for legal identification:

Have you **ever** been convicted of a felony and/or misdemeanor? If answer is "YES" list the dates, specify the conviction, and identify the court and case number.

I HAVE READ AND UNDERSTAND THE PROVISIONS, RULES AND REGULATIONS OF THE CITY OF GLENDALE, CALIFORNIA AND THE MUNICIPAL CODE GOVERNING THE TYPE OF LICENSE OR PERMIT FOR WHICH I AM APPLYING.

Organization: _____

Signed: _____

Title: _____