

CITY OF CEDAR RAPIDS, IOWA
APPLICATION FOR POOL HALL LICENSE
\$35.00 for 1st table and \$15.00 for each additional table

NEW _____ FEE _____

RENEWAL _____ R# _____

1. Name of Business _____ Business Phone _____

2. Address of Business _____

3. Full Name of Corporation or Owner(s) _____

4. Address of Corporation or Owner(s) _____

5. Date of Birth _____ Social Security # _____

6. Number of Pool Tables provided in the establishment _____

7. If this is a corporation or partnership business, please answer the following:

Name of partners or directors of corporation	Title	Residence
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A. _____

B. _____

C. _____

8. Names of any other individuals, corporation officers, directors, stockholders, agents or employees that have any financial interest in this business:

Name	Address
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A. _____

B. _____

9. Do you fully understand that any falsification made hereinbefore will constitute grounds for revocation of your pool hall license? _____

I, (or we) _____

(If a corporation, this affidavit should be made by an officer thereof), being first duly sworn, upon oath depose and say that I (or we) am (or are) the proponent(s) of the foregoing information, and that the statements made and answers given above are true, and that I (or we) am (or are) authorized to execute the foregoing.

Signature of applicant or authorized
representative

Subscribed and sworn to before me by

This _____ day of _____, 20____

Notary Public

The City Clerk has received approvals from the following departments:

_____ Building Department _____ Fire Department 4/20/04