



**APPLICATION FOR LICENSE
FOR
BILLIARD HALL EMPLOYMENT**

This application is to be completed by the person to be licensed.
Application must be printed in ink or typewritten.

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 533.02.

Date _____ Signed _____

_____, _____, _____
Last Name First Name Middle Name

Date of Birth _____ Social Security Number _____

Place of Birth _____

Home Address _____
Number Street Apt #

_____, _____ ()
City State Zip Code Phone #

Business Name _____

Business Address _____
Number Street

_____, _____ ()
City State Zip Code Phone #



List ALL criminal convictions: (use separate sheet if needed)

Date	Offense	Court	Disposition

Do you understand that a violation of Whitehall City Codes or 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Has any license issued to you or your company by the City of Whitehall or any other Government agency ever been revoked, suspended or refused within the past three years? _____

Are you on Probation or Parole? _____

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

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.