



Pool/Billiards Table Application (only one table)

Type of Application

New

Prior Planning Department Approval

Before submitting a Police Department Application for a Pool/Billiards Table you **must first** obtain Planning Department approval. Contact the City of Campbell Planning Department at 408-866-2140 for further information.

Business Ownership Information

<input type="checkbox"/> Sole Ownership	<input type="checkbox"/> Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited	<input type="checkbox"/> Corporation
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Business Location Information

Business Name:
Business Physical Address:
Business Mailing Address: <input type="checkbox"/> Same as above

Property Owner or Manager Information

<input type="checkbox"/> Owned by Applicant	<input type="checkbox"/> Leased	<input type="checkbox"/> Rented
Owner's/Manager's Name:		
Address:		
Phone Number:		

Applicant Identifying Information

Last Name:	First Name:	Middle Initial:
Address (No P.O. Box):		
Date of Birth:	Social Security #:	
California Driver's License #:		

Applicant Contact Information

Home Phone #:	Work Phone #:
Cell Phone #:	Email Address:

Applicant's Residence History – Past Five Years

Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

Applicant's Employment History – Past Five Years

Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

Business Partner Identifying Information NA

Last Name:	First Name:	Middle Initial:
Address (No P.O. Box):		
Date of Birth:	Social Security #:	
California Driver's License #:		

Business Partner Contact Information

Home Phone #:	Work Phone #:
Cell Phone #	Email Address:

Business Partner's Residence History – Past Five Years

Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

Business Partner's Employment History – Past Five Years

Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

Corporation Information **NA**

Name of Corporation:
Date of Incorporation:
Name of the Registered Corporate Agent:
Address of the Registered Office for service of process:

Names and Capacity of all Officers and Directors

Name:	Capacity:

Type of Business

Description:
Number of employees:
Hours of operation:
Anticipated fees: (This may be an attachment)

Fingerprinting Information

Pool/Billiards Table applicants must be fingerprinted. Read the "Request for Livescan Instruction Sheet," which can be found on the website under Pool Hall/Billiards Fingerprint Application. Once you have completed your fingerprint appointment, notify the Permits office (866-2188) that you have completed your appointment so they can monitor the results from the Department of Justice.

Attachment Checklist

- Completed fingerprint application and copy of receipt.
- Two portrait photographs at least 2” x 2” in size of all applicants.
- If it is a partnership, a copy of the partnership agreement and whether or not it is general or limited.
- If it is a corporation, evidence that it is in good standing under the laws of California.
- If the applicant intends to operate the business under a name other than that of the applicant, proof of registration of the fictitious name.
- A detailed diagram of your interior floorplan.

Signature & Verification

- I affirm that the information provided in this application, including in all attachments, is true, correct, complete and accurate.
- I understand that a material omission or misstatement of fact in this license application is grounds for denial, suspension, or revocation of an adult oriented business permit.
- No alcoholic beverages shall be sold, served or distributed where minors under the age of 21 are permitted to enter.
- The business shall be closed between the hours of 2-6 a.m. each day.
- No person shall keep any door or entrance to the business locked, barred or barricaded to make it difficult of access or ingress to police officers while two or more persons are present in such room, except exits used exclusively for emergency purposes.
- No person shall permit gaming or gambling of any kind for money or anything of value in the business.
- No card tables shall be kept, or any card games played or allowed in any business.
- It shall be the duty of the proprietor or manager for the business to maintain and enforce a notice at the front entrance that persons under the age of fourteen years are prohibited from entering unless accompanied by a parent or legal guardian.

Signature: _____ Date: _____

Signature: _____ Date: _____

Turning in the Application

Bring with you the completed application, all attachments and the Police Department Application Fee. Once received, a City Council Report will be prepared for an upcoming City Council meeting. Once the City Council renders a decision on your application, you will be contacted with the results. Provide the address to which the notice of action on the application is to be mailed:

Name: _____

Address: _____

City/State/Zip: _____

**Pool/Billiards Table Applications to the Police Department are accepted
by Appointment Only - 408-866-2188**

FOR CAMPBELL PD INTERNAL USE ONLY

Application Received	Fingerprints Cleared	City Council Meeting	Application Granted	Application Denied	Permit Issued
_____	_____				
Date	Date				
_____	_____	_____	_____	_____	_____
Name	Name	Date	Date	Date	Date