



**APPLICATION FOR POOL AND BILLIARD HALL
 BUSINESS LICENSE**

APPLICANT INFORMATION:			
Name of Applicant:	Last: _____	First: _____	Middle Initial: _____
Physical Address:	_____	City: _____	Zip: _____
Mailing Address:	_____	City: _____	Zip: _____
Contact Phone Number:	_____	Alternate Number:	_____
Driver's License Number:	_____	Social Security #:	_____
		Date of Birth:	_____

BUSINESS INFORMATION:			
Name of Business: _____			
Physical Address:	_____	City: _____	State: _____ Zip: _____
Mailing Address:	_____	City: _____	State: _____ Zip: _____
Telephone Number:	_____	Alternate Number:	_____

LIST RESIDENCE ADDRESS HISTORY FOR PAST FIVE (5) YEARS:			
From (Date):	_____	To (Date):	_____
Address:	_____	City: _____	State: _____ Zip: _____
From (Date):	_____	To (Date):	_____
Address:	_____	City: _____	State: _____ Zip: _____
From (Date):	_____	To (Date):	_____
Address:	_____	City: _____	State: _____ Zip: _____
From (Date):	_____	To (Date):	_____
Address:	_____	City: _____	State: _____ Zip: _____

Have you ever used another name:	Yes	No
If yes, list other names used including alias, nickname, married or maiden name: _____		

BUSINESS/EMPLOYMENT HISTORY FOR PAST THREE (3) YEARS:			
Business Name:	_____	Address:	_____
City:	_____	State:	_____ Zip: _____
From (Date):	_____	To (Date):	_____
Business Name:	_____	Address:	_____
City:	_____	State:	_____ Zip: _____
From (Date):	_____	To (Date):	_____
Business Name:	_____	Address:	_____
City:	_____	State:	_____ Zip: _____
From (Date):	_____	To (Date):	_____
Business Name:	_____	Address:	_____
City:	_____	State:	_____ Zip: _____
From (Date):	_____	To (Date):	_____
Business Name:	_____	Address:	_____
City:	_____	State:	_____ Zip: _____
From (Date):	_____	To (Date):	_____



IS THIS BUSINESS A PARTNERSHIP?	Yes	No	If yes, provide information about each partner:
Name: First: _____	Last: _____		
Address: _____	City: _____	State: _____	Zip: _____
Mailing Address: _____	City: _____	State: _____	Zip: _____
Telephone Number: _____	Driver's License Number: _____		
Name: First: _____	Last: _____		
Address: _____	City: _____	State: _____	Zip: _____
Mailing Address: _____	City: _____	State: _____	Zip: _____
Telephone Number: _____	Driver's License Number: _____		

IS THIS BUSINESS A CORPORATION?	Yes	No	If yes, attach a copy of the Articles of Incorporation and provide information about each officer of the corporation:
Name: First: _____	Last: _____		
Address: _____	City: _____	State: _____	Zip: _____
Mailing Address: _____	City: _____	State: _____	Zip: _____
Telephone Number: _____	Driver's License Number: _____		
Name: First: _____	Last: _____		
Address: _____	City: _____	State: _____	Zip: _____
Mailing Address: _____	City: _____	State: _____	Zip: _____
Telephone Number: _____	Driver's License Number: _____		
Name: First: _____	Last: _____		
Address: _____	City: _____	State: _____	Zip: _____
Mailing Address: _____	City: _____	State: _____	Zip: _____
Telephone Number: _____	Driver's License Number: _____		
Name: First: _____	Last: _____		
Address: _____	City: _____	State: _____	Zip: _____
Mailing Address: _____	City: _____	State: _____	Zip: _____
Telephone Number: _____	Driver's License Number: _____		

I, the undersigned, hereby declare that I have carefully read the Sections of the San Bernardino County Code relating to this business; that I understand it thoroughly and will carry out every provision thereof; that to the best of my knowledge, I have complied with the regulations as outlined. I further state that the statements and answers contained in this application are true to the best of my knowledge and belief, knowing that any false statement will be sufficient cause for denial or revocation of said license.

Signature: _____ Date: _____

**Please return completed/signed form to: San Bernardino County Clerk of the Board,
 385 N. Arrowhead Avenue, 2nd Floor, San Bernardino, CA 92415-0130.**



COUNTY USE ONLY

Sheriff's Department Use Only

Recommendation:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Comments: _____
Signature: _____	Title: _____	Date: _____	

Board of Supervisors Use Only

Recommendation:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Comments: _____
Signature: _____	Title: _____	Date: _____	

Clerk of the Board of Supervisors (909) 387-3841

Please Note: All fees are non-refundable. Make checks payable to Clerk of the Board.

Initial Application Fee	\$75.00	Date Received: _____	Accepted By: _____	
		Receipt #: _____		Deputy Clerk of the Board of Supervisors
Initial License Fee	\$199.00	Date Received: _____	Accepted By: _____	
		Receipt #: _____		Deputy Clerk of the Board of Supervisors
Renewal Fee	\$199.00	Date Received: _____	Accepted By: _____	
		Receipt #: _____		Deputy Clerk of the Board of Supervisors
Check When Completed:	Fingerprints <input type="checkbox"/>	Copy of Photo ID (Proof of Age) <input type="checkbox"/>		
Date Sent to Sheriff's Department: _____	New <input type="checkbox"/>	Renewal <input type="checkbox"/>		