



**Office of the City Clerk  
Room 202 City Hall  
Albany, New York 12207  
Phone: 518-434-5090  
Fax: 518-434-5081**

**Kathy M. Sheehan  
Mayor**

**Danielle Gillespie  
City Clerk**

### **APPLICATION FOR A BILLIARD/POCKET BILLIARD ROOM LICENSE**

Please answer all questions completely and accurately. An incomplete application will not be processed. A \$625 bond must accompany each application to the City of Albany to insure proper and appropriate maintenance and operation of the billiard room. Upon approval of this license, a fee of \$15 per table will be collected per year or per fraction thereof. Licenses expire on the first day of April of each year and must be renewed prior to that date in order to continue operation. You must attach a scale drawing indicating the floor and location for each table and any obstructions preventing a clear view of the tables from the street or floor entrance.

Name under which business will be conducted: \_\_\_\_\_  
(NOTE: If you operate under a trade name or a partnership name, you must file a copy of your New York State incorporation papers with this application.)

Name of person filing application: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Drivers License Number \_\_\_\_\_

Business address \_\_\_\_\_  
Street City State Zip

Business telephone \_\_\_\_\_  
Fax Email

Address where billiard room is located: \_\_\_\_\_  
Street City State Zip

Telephone where billiard room is located: \_\_\_\_\_  
Fax Email

Number of tables in establishment: billiard \_\_\_\_\_ pool \_\_\_\_\_ combination \_\_\_\_\_  
(NOTE: Following the issuance of this permit, permission must be obtained from the City Clerk prior to the addition of any tables and additional fees must be paid.)

Will this room be operated in connection with any other kind of business? If yes, please provide a full description of the business. Attach additional documents if necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of facility manager: \_\_\_\_\_

Address of manager: \_\_\_\_\_  
Street City State Zip

Length of manager's residency in Albany, NY: \_\_\_\_\_

Has this applicant and manager previously engaged in conducting a pool or billiard room, either together or independent of each other? If yes, please give details of location, names, under which operations have been conducted, and dates of operation. Attach additional documents if necessary:

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**CORPORATIONS/PARTNERSHIPS**

Please provide the following information for all partners. If a corporation, give the names and complete resident addresses and titles of all officers. Attach additional documents if necessary.

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Name: \_\_\_\_\_

Resident Address: \_\_\_\_\_

Title of Position with Corporation/Partnership: \_\_\_\_\_

Length of Residency in Albany, NY: \_\_\_\_\_

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Name: \_\_\_\_\_

Resident Address: \_\_\_\_\_

Title of Position with Corporation/Partnership: \_\_\_\_\_

Length of Residency in Albany, NY: \_\_\_\_\_

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Name: \_\_\_\_\_

Resident Address: \_\_\_\_\_

Title of Position with Corporation/Partnership: \_\_\_\_\_

Length of Residency in Albany, NY: \_\_\_\_\_

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Has the manager or any member(s) of the corporation or partnership been convicted of a felony or misdemeanor? If so, what was the offense, when was it and in what court was it adjudicated? Attach additional documents if necessary: \_\_\_\_\_

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Has anyone associated with this application ever had a license to operate a pool or billiard room revoked? If yes, provide details. Attach additional documents, if necessary:

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***I affirm, under the penalties of perjury, that the statements made in this application and all accompanying documents are true and accurate and that I have provided all the information that has been requested.***

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Title (owner, partner, officer)** \_\_\_\_\_

***This application must be notarized in this space:***