

CITY OF LOCUST GROVE
P.O. BOX 900 LOCUST GROVE, GEORGIA 30248
TELEPHONE: 770 957-5043

APPLICATION FOR BILLIARD ROOMS AND POOL HALLS

YEAR _____
TYPE OF APPLICATION: NEW _____ RENEWAL _____ AMENDED _____

BUSINESS OR CORPORATION NAME: _____
BUSINESS PHONE # _____
BUSINESS LOCATION: _____

LOCATION OF BILLIARD ROOM: _____

NUMBER OF POOL TABLES: _____

NAME OF OWNER/PRESIDENT: _____
ADDRESS: _____

NAME (S) OF OFFICERS: _____

NAME OF MANAGER(S): _____

HAVE YOU PREVIOUSLY OWN OR OPERATED A BILLIARD ROOM: _____
WHERE WAS THE BILLIARD ROOM LOCATED? _____

WHEN WAS THIS ROOM OPENED? _____
HOW LONG WAS THIS ROOM OPENED? _____

NAME & ADDRESS OF THE OWNER OF THE PROPERTY WHERE THE
BILLIARD ROOM IS LOCATED: _____

APPLICANT'S SIGNATURE: _____

**CITY OF LOCUST GROVE
APPLICATION FOR BILLIARD ROOMS & POOL HALLS
AFFIDAVIT OF THE APPLICANT**

I _____ STATE THAT I AM A
CITIZEN OF THE UNITED STATES; AND THAT I HAVE NOT BEEN
CONVICTED OF A FELONY; THAT I WILL NOT PERMIT VAGRANTS
OR PERSONS UNDER THE INFLUENCE OF INTOXICATING LIQUORS,
BEER OR WINE TO ENTER OR PLAY IN THIS PLACE; THAT I WILL
HAVE PERSONAL CHARGE IN MANAGEMENT OF THE BUSINESS;
THAT I WILL NOT PERMIT GAMBLING NOR PERMIT THE BILLIARD
TABLES TO BE USED IN ANY MANNER OTHER THAN AS PROVIDED
BY LAW.

PRINT NAME: _____

SIGNATURE: _____

Sworn to and subscribed before me this _____ day of _____ 20__

(Notary Public)

Seal:

My Commission Expires _____