



VILLAGE OF PORT CHESTER

222 Grace Church Street, Port Chester, NY 10573

(914) 939-5226
Fax: (914) 305-2560

BILLIARD TABLE APPLICATION

Submit 2 copies of Floor Plan Showing Tables.

2 Table Maximum - Fee: \$450.00

APPLICANT INFORMATION

BUSINESS INFORMATION

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Number of Tables already on Premises _____ Number of Tables requesting: 1 or 2: _____

Has any previous application been made for license at this location? _____ If so, was license:

Approved _____ Denied _____ Suspended _____ Revoked _____. If refused, suspended or revoked, please state reason in detail.

Have you or anyone in your employ been convicted of a crime? _____ if yes, give name, date, place and nature.

AFFIRMATION

I subscribe and affirm, under the penalties of perjury, that the statements made in this application (including statements made in accompanying papers) have been examined by me to the best of my knowledge are true and correct.

Dated: _____ Signed _____ Title _____

Building Dept. - Approved _____ Disapproved _____ Signed _____

Police Dept. - Approved _____ Disapproved _____ Signed _____

If application is disapproved, please attach a letter of disapproval.

FEE: _____

DATE: _____

PERMIT # _____