SAN JOSE POLICE DEPARTMENT
PERMITS UNIT
(408) 277-4452
www.sjpd.org

CITY OF SAN JOSE
CAPITAL OF SILICON VALLEY

POOL HALL APPLICATION

☐ **Original** ☐ **Renewal**

Business Name: _____

Business Address: _____

Business Phone No.:_____ Business Email: _____

Hours of Operation: _____ to _____ Square Footage of Premises: _____

No. of Pool/Billiard Tables: _____ _____
coin/token operated non-coin/token operated

No. of Amusement Devices & Type:_____ Is Alcohol Served? ☐ Yes ☐ No

Owner's Name: _____ _____ _____
Last First Middle Initial

Home Address: _____ _____ _____ _____
Street City State Zip

Contact Info: _____ _____
Home Phone Cell Phone

Email Address: _____

DOB: _____ Height: _____ Weight: _____ Hair _____ Eyes: _____

Approved Government ID with Photo: _____ Expiration Date: _____

Have you ever been convicted of a crime? ☐ Yes ☐ No

If so, when, where and for what? _____

Have you ever had a permit from any city/state denied, suspended or revoked? ☐ Yes ☐ No

If so, when, where and for what? _____

I certify under penalty of perjury that the statements I have made on this form are true and correct. I authorize the San Jose Police Department, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in this application and my qualifications for the license. I FURTHER UNDERSTAND THAT ANY OMISSIONS, FALSIFICATIONS OR MISREPRESENTATIONS, WILL BE GROUNDS FOR THE LICENSE DENIAL, OR FUTURE REVOCATION.

_____ _____
Applicant's Signature Date

DO NOT WRITE BELOW FOR OFFICE USE ONLY

Check No.	Permit No.:	Exp. Date:
Planning Occupancy	Exp. Date:	Business Fee: $
Planning Approval:	Exp. Date:	Co-Owner Fee: $
Business License:	Exp. Date:	TOTAL COLLECTED: $
Fire Occupancy:	Exp. Date:	Clerk ID/Receipt No.
ABC License:	Exp. Date:	

Approval: ☐ YES ☐ NO _____
Permits Unit Approval Badge # Date