



Mayor  
Susan Shin Angulo

Patti Chacker  
Township Clerk  
Registrar of Vital Statistics

# POOL & BILLIARDS LICENSE APPLICATION

COMPANY NAME \_\_\_\_\_

TRADE NAME (if different) \_\_\_\_\_

BUSINESS LOCATION ADDRESS \_\_\_\_\_

MAILING ADDRESS (if different) \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

Names and addresses of all partners \_\_\_\_\_  
(ATTACH A SEPARATE SHEET IF NECESSARY)

Names and addresses of all stockholders \_\_\_\_\_

Names and addresses of all officers \_\_\_\_\_

Has any owner, partner, officer of the corporation or stockholder ever been convicted of a violation of any Federal, State or Municipal crime? Yes  No

If yes, please attach a separate sheet with an explanation

Number of pool tables \_\_\_\_\_ Number of billiard tables \_\_\_\_\_

Applicant's signature  X  Address \_\_\_\_\_

FEES: \$300.00 (for the first pool or billiard table on premises)

\$50.00 ( for each additional pool or billiard table)

**(PLEASE NOTE: All Licenses are assessed a late fee if renewed after January 31<sup>st</sup>)**

\*\*\*\*\*

The undersigned duly authorized agent of the applicant does hereby state that the above facts are true and correct and hereby authorizes the Cherry Hill Township Police Department to Conduct full investigations into the Background and activities of all persons listed on this application.

\_\_\_\_\_  
DATE

X   
SIGNATURE

Police Chief:      Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_  
Tax Collector:    Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_  
Township Council: Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_  
Amount Paid \_\_\_\_\_ Date \_\_\_\_\_ Receipt # \_\_\_\_\_