

APPLICATION FOR POOL TABLE LICENSE(S)
CITY OF KALAMAZOO
OFFICE OF THE CITY CLERK
241 W. SOUTH STREET - KALAMAZOO, MICHIGAN 49007
(Please Print)

For Office Use Only
Received by: _____ Date _____
Amt. Paid: _____
Date Circulated: _____

Applicant: _____ Date: _____

Address: _____

Telephone: _____

Exact Name & Location of Establishment: _____

Number of Pool Tables to be licensed: _____

(Fee Schedule as set forth by Res. #85-82: \$25.00 per year per table (1st two tables); \$10.00 per year per additional table.)

Character Reference:

I vouch for the good standing of the individual making this application (Must be someone other than applicant):

Signature: _____ Address: _____

(Print Name)

Applicant's Statement:

I will faithfully observe the Charter and Ordinances of the City of Kalamazoo and the Statutes and Regulations of the State with respect to the operation of the tables above specified.

Also, I will faithfully agree that the license applied for herein, is issued, may be revoked by a majority vote of the Kalamazoo City Commission at any time the City Commission may deem or determine that I, as the applicant, am not a fit or proper person to conduct or operate a pool table within the limits of the City, or that the place or room where such tables are operated is not being conducted in conformity with this article, or is an immoral and improper place.

Signature: _____ Date: _____

(Print Name)

For Clerk's Office Use Only

Zoning Check: The establishment above is located in a Zone in which the requested use is permitted.

Signature of Zoning Official Date: _____

Public Safety Check: Above applicant and character reference have been reviewed and are recommended for approval.

Signature: _____ Date: _____
Signature of Chief of Public Safety (or designee)

Approved by: _____ Date: _____
City Clerk or Deputy City Clerk