

Application for Billiards License

Date Received:		Date Issued:	
A Billiards			
<input type="checkbox"/> New		<input type="checkbox"/> Renewal	
B Billiards License			
<input type="checkbox"/> Billiards Table (1-4)		<input type="checkbox"/> Billiards Tables (more than 4)	
C. Application Requirements			
The following documents must be included with this application:			
<input type="checkbox"/> Copy of floor plan with dimensions			
<input type="checkbox"/> Fee			
D. Business Information			
Last name:		First name:	Company:
Street address:			Unit number:
Municipality:	Postal code:	Province:	E-mail:
Telephone number: ()	Fax ()		Cell number ()
E. Business Contacts			
Last name:		First name:	Company:
Street address:			Unit number:
Municipality:	Postal code:	Province:	E-mail:
Telephone number: ()	Fax ()		Cell number ()
F. Declaration of Applicant			
I _____ certify that: (print name)			
By signing this application the Owner/Applicant agrees that all information provided is true. The Owner/Applicant further agrees that any false information may result in a revocation of any license that may be issued.			
_____ Date		_____ Signature of Applicant	
This application may contain personal information as defined under the <i>Municipal Freedom of Information and Protection of Privacy Act</i> . The information collected is required pursuant to the terms of the <i>Municipal Act</i> and will be used by the Town of Newmarket to process the application, and to determine whether to issue a license. Information will also be used for administration of such license, and for law enforcement purposes to ensure compliance with all applicable statutes, regulations and by-laws.			
OFFICE USE ONLY			
Date:		Approved By:	
Billiards Tables (1-4 tables)		Account Number: 13121.7714.01	
Billiards Tables (more than 4 tables)		Account Number: 13121.7714.02	