BUSINESS DEVELOPMENT SERVICES
682 Cherry Street Suite 500· Macon, Georgia 31201
Phone (478) 803-0470
http://www.maconbibb.us/business-development-services/

BILLIARD OR POOL HALL APPLICATION

☐ New License ☐ Renewal ☐ Transfer of Location ☐ Transfer of Ownership

Application Fee: $87.00 ***Renewal Fee: $87.00**

Note: Unpaid renewal fees, plus penalty & interest for previous year(s) must be paid prior to current year fees being applied.

Name of Business_____

Address of Business_____
P O Box not acceptable City / State Zip

Business Telephone_____

AGENT / OWNER INFORMATION	
AGENT NAME:_____	OWNER NAME:_____
AGENT ADDRESS:_____	OWNER ADDRESS:_____
_____	_____
AGENT TELEPHONE:_____	OWNER TELEPHONE:_____
AGENT DATE OF BIRTH:_____	OWNER DATE OF BIRTH:_____
MAILING ADDRESS: *(If Different From Business Address)* _____ City / State Zip	OWNER / AGNET'S EMAIL ADDRESS: _____

CERTIFICATION

I (APPLICANT) _____ BEING THE (TITLE) _____
(PRINT NAME) *(EX; OWNER/PRESIDENT/MANAGER/AGENT)*
hereby certify the above information to be true, correct, and I have read and understand the application procedure and understand that I will not open or conduct any business until my license has been ***issued or renewed*** at this location.

APPLICANTS SIGNATURE_____ DATE _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____, 20____.

_____
Notary Public

_____
My Commission Expires

DO NOT WRITE IN THIS SPACE. OFFICE USE ONLY

Submitted to BSO:_____

Received from BSO:_____

******If license is not issued within 90 days of the above date, you must reapply******

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for the **BIBB SHERIFF'S OFFICE** to conduct an inquiry and receive any Georgia criminal history record information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia.

Full Name (print):			
Address:			
Sex	**Race**	**Date of Birth**	**Social Security Number**

☐ This authorization is valid for 90/180/_____ (circle one) days from date of signature.

☐ I, _____ give consent to the above name to perform periodic criminal history background checks for the duration of my employment with this company.

_____ _____

Signature Date

Date of Inquiry:_____ Time of inquiry:_____ Operator's initials:_____

Purpose Code used: (check one)

	Employment (E) - Provides ***Georgia*** Criminal History Record Information
	Employment with Mentally Disabled (M) – Provides ***Georgia*** Criminal History Record Information
	Employment with Elder Care (N) – Provides ***Georgia*** Criminal History Record Information
	Employment with Children (W) – Provides ***Georgia*** Criminal History Record Information
	Public Records (P) – Provides ***Georgia Felony Convictions*** Only

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The inquiry resulted in the following: (check all that apply)

	No Georgia CHRI results available.
	Georgia CHRI attached/released.

	No NCIC/GCIC Warrant results available.
	Possible NCIC/GCIC Warrant. Contact Agency listed below.
Wanting Agency Name:	
Agency Telephone:	

_____ _____

Agency Designee Signature and Title Date