



*City of Rochester, New Hampshire*

DEPARTMENT OF CODE ENFORCEMENT  
31 Wakefield Street • Rochester, NH 03867  
(603) 332-3508 • Fax (603) 332-8601

**BILLIARD / POOL TABLES  
LICENSE APPLICATION**

**NAME OF APPLICANT:** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

**LEGAL ADDRESS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **PLACE OF BIRTH:** \_\_\_\_\_

Have you ever been convicted of a crime or misdemeanor? \_\_\_\_\_

If so, what for: \_\_\_\_\_

**NAME OF BUSINESS:** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**NUMBER OF BILLIARD / POOL TABLES** \_\_\_\_\_

I agree to comply with all rules and regulations pertaining to the City Ordinance adopted by the City of Rochester and all State Statues, where applicable, pertaining to the license applied for.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**OFFICIAL USE ONLY:**

**Approved:**  
City Council \_\_\_\_\_  
Zoning Board \_\_\_\_\_  
Miscellaneous \_\_\_\_\_

Date of Issue \_\_\_\_\_  
Date of Expiration \_\_\_\_\_  
License Number \_\_\_\_\_  
Amount Paid \_\_\_\_\_

**LICENSING BOARD APPROVAL**  
\_\_\_\_\_  
City Manager

\_\_\_\_\_  
Police Chief

\_\_\_\_\_  
Fire Chief

\_\_\_\_\_  
Code Enforcement Officer

## RELEASE OF INFORMATION AUTHORIZATION

**NAME:** \_\_\_\_\_

**D.O.B.** \_\_\_\_\_

**S.S.N.** \_\_\_\_\_

This is to certify that I am applying for a license from the City of Rochester.

In connection with this application I hereby authorized the Rochester Police Department to conduct a criminal record check for the purpose of this application. The results to be forwarded to the Chief of Police or his designee, for review and disposition. This information will be kept in the strictest confidence, and no other agency will have access to same without written permission from me.

I understand that the information so released may prove unfavorable to me. I agree to hold any source of information blameless for any error in reporting this information. I release all persons whomsoever from any liability arising out of or resulting from the release of this information.

I am willing that a photostat of this authorization be accepted with the same authority as the original.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**WITNESSED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Applicant Note:**

You may refuse to sign this authorization, however all processes related to any application you are filing shall cease and be void without release being signed.