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

BOWLING ALLEY
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 BOWLING LANES: _____

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 _____

_____
Code Enforcement Officer

LICENSING BOARD APPROVAL

_____
City Manager

_____
Police Chief

_____
Fire Chief

RELEASE OF INFORMATION AUTHORIZATION

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

This is to certify that I am applying for a license/permit from the City of Rochester, New Hampshire.

In connection with this application, I hereby authorize the Rochester Police Department to release information including but not limited to Criminal Records and/or Motor Vehicle 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 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 shall cease and be void without release being signed.