



# City of Augusta Billiards/Bowling License Application

Fee: \$50.00

Applicant/Business Name: \_\_\_\_\_

Business Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Applicant Contact Number(s): \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

Business Structure:  Proprietorship  Partnership  Corporation

List Proprietors, Partners or Directors:

Name	Address	Telephone	Title

Name	Address	Telephone	Title

**As per the City of Augusta Code of Ordinances:**

§ 115-5 Bowling alley, shooting gallery, pool, billiard room and mechanical ride license; fee.

No person shall operate a bowling alley, shooting gallery, pool or billiard room, merry-go-round, ferries wheel, roller coaster, riding gallery or other mechanical ride without obtaining a license from the City and paying the required fee. A schedule of such fees is on file in the City Clerk's office. Any license issued pursuant to this section shall be renewed annually on or before the first day of May.

By signing this application for a billiards license permit, I hereby affirm that I have truthfully answered all questions contained hereon, in full recognition of the fact that a false statement will be grounds for revocation of the permit and will subject my to such other penalties as are provided by law.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Note:** Billiards Licenses expire on April 30 and require an annual renewal.

Please send application to:  
City Clerk's Office, 16 Cony Street, Augusta, ME 04330  
Fax: 207-620-8127 [treasury@augustamaine.gov](mailto:treasury@augustamaine.gov)

Make check payable to: City of Augusta (if applicable)

<b>Office use only:</b>	Received in Clerk's Office by: _____	Date: _____
Licensing Board: Approved / Denied	Police: _____ CEO: _____	Date: _____
Fee Paid: _____	Cash / Check / CC License Number: # _____	Expires: _____

CITY OF AUGUSTA, MAINE

16 Cony Street  
Augusta, ME 04330

In accordance with Order #273 passed by the Augusta City Council on November 18, 1963, all applicants upon applying for any Municipal business or professional permit or license requiring the approval of the Municipal Officers must indicate in writing whether he/she owes the City any past due taxes or other financial obligations. Such information shall be verified by the City Treasurer who shall state what arrangements for payment have been made thereto. Such information to be made available to the City Council at the time such application is considered.

Date: \_\_\_\_\_ Type of License Requested: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

	Real Estate Taxes	Personal Tax
Present Year (past due)	_____	_____
Prior Years Total (list years) _____ _____ _____	_____	_____
Accounts Receivables Date: _____	_____	_____
Other	_____	_____
TOTAL:	=====	=====

Signature of Applicant

Print Name

This is to certify that the above statement is correct. Arrangements have been made with the City Treasurer as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check here if no outstanding taxes or accounts with the City: \_\_\_\_\_

Verified: \_\_\_\_\_ Date: \_\_\_\_\_  
City Treasurer/Tax Collector Staff (Deputy and Assistants)