



RIVERSIDE POLICE DEPARTMENT
POOLROOM PERMIT APPLICATION

PRE-APPLICATION ZONING APPROVAL

Applicant Name: _____

Type of Business: _____

License/Permit Type: _____

Proposed Business Site: _____

City Planning Approval: Zoning Approved
 Zoning Not Approved

City of Riverside Planning Approver:
Staff Name: _____

Title: _____

Telephone: _____

The undersigned acknowledges and understands that the approval set forth on this form in no way represents that the business proposed to be conducted on the site listed above, complies with applicable zoning laws, planning requirements or use permits, and that additional conditions may need to be met prior to conducting business on the site.

Contact the Planning Department directly prior to beginning your business.

(Applicant Signature)

(Print or Type Name)

Poolroom Permit Application

What are you applying for? Poolroom Permit
 Renewal Poolroom Permit

1. OWNER'S PERSONAL INFORMATION

First Name Middle Name Last Name

Place of Birth: _____

City State Country

Driver's License or Identification Number: _____ State of Issuance: _____

Date of Birth: _____ SSN: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Current Residence Address:

Street Address City State Zip

Current Business Address:

Street Address City State Zip

Day Time Telephone Number: _____ Cell Phone Number: _____

List any and all names, nicknames or aliases you have used in the past:

2. List all the places you have lived for the past 5 years, if different from your current address:

Dates	Street Address	City	State

3. Employment History for the past 5 years (if different from current employment):

Dates	Employer	Address	Reason for Leaving

Riverside Police Department shall complete an investigation of the qualifications and moral character of the applicant and either grant or deny the permit within ninety (90) days after the submission of the completed application; provided, however, if good cause exists, the Riverside Police Department may extend the period of investigation for an additional thirty (30) days, provided the applicant is mailed notification or verbally notified that the investigation has not been completed.

1. I have read the provisions of Chapter 5.28.010 through 5.28.150 of the Riverside Municipal Code governing the operation of poolrooms within the city of Riverside.	Initials: ____
2. I understand that I am required to comply with all laws related to poolrooms. If this application is approved, I agree to abide by applicable laws and ordinances.	Initials: ____
3. I understand that I must apply for renewal of my permit or certificate before it expires. I also understand that if I do not apply for my renewal before the expiration date, I will be required to re-apply and pay all application fees.	Initials: ____
4. I have read this entire application and all of the answers provided above. I understand that any material misrepresentation or omission, intentional or not, may result in the denial of this application or revocation of any license, permit or certificate issued pursuant to this application.	Initials: ____
5. I hereby declare that I am authorized to submit this application on behalf of the entity or individual listed on the application because I am an owner of the entity, I have authority from the owner or am the owner.	Initials: ____
6. I acknowledge that any false, misleading, or fraudulent statement of material fact in this application by an agent of an owner, or an owner, will be held against the owner and is grounds for denial of this application, or suspension or revocation of the permit associated with this application.	Initials: ____
7. I hereby declare that I have read and understand all the laws, rules and regulations, and policies and procedures associated with this application; and that I fully understand the nature, meaning, and content of such laws, rules, and policies. I warrant and represent that I will adhere to all laws, rules, and policies, during the application process and after a permit is issued by the City.	Initials: ____
8. I hereby declare that I have conducted my own research and investigation regarding the compliance of the proposed location with state and local laws, including, but not limited to, location requirements, zoning regulations, and address requirements. I further declare that the proposed location of the poolroom fully complies with applicable state and local law.	Initials: ____
9. I acknowledge that any promise, representation, or any other statement made to me by any agent or employee of the City that is not contained within this application is null, void, and unenforceable and that I am not relying on any such promise, representation, or statement.	Initials: ____
10. I acknowledge the City will review this application for compliance with applicable laws, regulations, and ordinances, and that this application may be denied as allowed by laws, rule, or policies of the City.	Initials: ____
11. I acknowledge that this application does not confer an entitlement or a vested right to receive a permit, and I acknowledge that I must follow all rules and procedures to obtain a permit prior to operating or otherwise claiming that I have any such right to a permit or to operate.	Initials: ____

<p>12. I hereby declare that I have read this acknowledgement and advisement, that I have had the opportunity to consult with, and be represented by, legal counsel of my own choice prior to the execution and submission of this application, and that I am knowingly and voluntarily submitting this application in compliance with this acknowledgement and advisement and all applicable laws.</p>	<p>Initials: ____</p>
<p>13. I acknowledge that I am jointly and severally liable for any and all taxes, fees, and charges associated with the permit.</p>	<p>Initials: ____</p>
<p>14. I consent for the city of Riverside, by and through its appropriate officers, agents, and employees to verify and confirm the information contained in this application, and to conduct such other investigations as may be reasonably required by the City of Riverside, its officers, agents, and employees for the purpose of determining the capability, fitness, and capacity of the applicant to obtain a Poolroom Permit.</p>	<p>Initials: ____</p>
<p>15. Whenever there is a change in information that was required to be submitted in the application. Such notification shall be in writing to the Riverside Police Department within ten (10) business days of the change.</p>	<p>Initials: ____</p>
<p>I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p>	

Print Name

Applicant's Signature

Date

PROPERTY OWNER CONSENT AND AUTHORIZATION

OF POOLROOM ACTIVITIES

I, _____, declare under penalty of perjury that
(Name of Property Owner/Authorized Representative)

1. I am the Property Owner of record, or the duly authorized representative of the Property Owner, for the real Property located at _____ (“the
(Address)
Property”)

2. The Property Owner acknowledges and consents to the business, _____,
(Business Name)
_____, conducting the proposed
Tenant Applicant Name (Corporation/LLC/Partnership/Sole Owner)
poolroom activities at the Property.

3. No person shall engage in any massage activities on the proposed Property without all licenses and permits required by the Riverside Municipal Code (RMC) while a poolroom application is pending.

4. The city of Riverside may enter the property to conduct inspections of the Property during the application process in order to thoroughly investigate whether a massage permit should be granted.

5. I have read, understand, and will ensure compliance with the terms in RMC Section 5.28 (Poolrooms), as applicable. I further understand that as the legal owner of the property, I may be held responsible for any future violations and nuisance activity which may occur at the above-mentioned property, pursuant to RMC 1.17.020(g).

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(Signature of legal owner/owner representative) (Printed Name & Title) (Date)

(Authorized Representative Business Name) (Authorized Representative Business Address) (Business Telephone)

***This authorization form will not be valid without notarization. The authorization form automatically expires upon sale or transfer of the property to a new legal owner. If sale or transfer of the property occurs prior to the applicant obtaining a massage permit, the applicant must resubmit this notarized form with approval of the new legal owner of the property.**



Riverside Police Department PERMIT APPLICATION NOTARY ACKNOWLEDGMENT

CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)

County of _____)

On _____ before me, _____,
Date Here Insert Name and Title of the Officer

personally appeared _____
Name(s) of Signer(s)

_____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____
Signature of Notary Public

Place Notary Seal and/or Stamp Above