



# RIVERSIDE POLICE DEPARTMENT POOLROOM ESTABLISHMENT PERMIT INFORMATION SHEET

## GENERAL INFORMATION

The city of Riverside Municipal Code 5.28 has the following Poolroom Establishment Permit requirements.

- A. It shall be unlawful for any person, association, firm or corporation to engage in a business where games of snooker, billiards or pool are conducted for profit, and which premises contains three or more pool or billiard tables, without first having obtained a permit issued.
- B. Any person desiring to obtain a permit for the operation of a poolroom shall first file with the Police Department an application in writing upon a form as prescribed by the Chief of Police and accompanied by a non-refundable application fee in such amounts established by resolution of the City Council.

## THE FOLLOWING STEPS MUST BE COMPLETED TO OBTAIN A POOLROOM ESTABLISHMENT PERMIT WITHIN THE CITY OF RIVERSIDE:

- |   |   |
|---|---|
| <b>1</b> Review Riverside Municipal Code Chapter 5.28                                     | <b>5</b> Copy of Lease/Proof of Ownership (Rental Agreement/Mortgage, etc.)         |
| <b>2</b> Application: Completed in full (Including Property Owner Acknowledgement/Notary) | <b>6</b> Copy of Alcohol Beverage Control License                                   |
| <b>3</b> Pre-Application Form (Zoning Approval)   | <b>7</b> Valid Photo Identification (Color copy)                                    |
| <b>4</b> Riverside Business Tax License (Copy of current license)                         | <b>8</b> Corporate Articles or Limited Partnership Docs with Bylaws (If applicable) |

Submit items 3-8 along with the completed application. Application processing may take up to 90 days. Once the application has been approved, the Poolroom Establishment Permit will be issued.

## FEES (Credit/Debit Card or Cash/Check/Money Order Payable to City of Riverside)

<b>\$561.00</b>	Poolroom Establishment Permit Fee (New business/Change in Ownership)
<b>\$561.00</b>	Poolroom Establishment Permit Renewal Fee

### THIS PERMIT MUST BE RENEWED EVERY THREE YEARS

The permit will be valid for three (3) years from issue date listed on permit. There is no grace period for renewals. Renewal applications must be received before the expiration of your permit or you will have to reapply and pay any applicable fees.

**Complete applications will be accepted by appointment only (walk-ins will not be seen).**

To schedule an appointment, visit our website at: [RiversideCA.gov/RPD/Permits](https://RiversideCA.gov/RPD/Permits)  
Appointments will be seen at the Riverside Police Department – Magnolia Station located at 10540 Magnolia Avenue, Riverside, CA 92505.

**For further questions, contact the Special Investigations Division - Vice Unit:**

Telephone: (951) 353-7614 | Email: [RPDVice@RiversideCA.gov](mailto:RPDVice@RiversideCA.gov)



# RIVERSIDE POLICE DEPARTMENT

## POOLROOM ESTABLISHMENT PERMIT

— PRE-APPLICATION ZONING APPROVAL —

Applicant Name:	
Business Name:	
Type of Business:	License Permit Type:
Proposed Business Site:	

City Planning Approval:	<input type="checkbox"/> Zoning <b>Approved</b>	<input type="checkbox"/> Zoning <b>Not Approved</b>
<b>City of Riverside Planning Approver</b>		
Staff Name:		
Title:		
Phone Number:		

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 at (951) 826-5800 directly prior to beginning your business.  
3900 Main St., 3rd Floor, Riverside, CA 92522**

Signature of Applicant:
Print or Type Name:



# RIVERSIDE POLICE DEPARTMENT POOLROOM ESTABLISHMENT PERMIT

PERMIT	FEES
<input type="checkbox"/> Poolroom Establishment Permit Fee (New Business/Change of Ownership)	\$561.00
<input type="checkbox"/> Poolroom Establishment Permit Renewal Fee	\$561.00

## SECTION A - APPLICANT INFORMATION

### 1. Owner's Personal Information

First Name:	Middle Name:	Last Name:
Driver's License or Identification Number:		State of Issurance:
Date of Birth:		SSN:

### Current Residence Address

Street Address:	City:	State:	Zip:
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### Current Business Address

Street Address:	City:	State:	Zip:
Day Time Telephone Number:		Cell Phone Number:	

### 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 your current employment:**

DATES	EMPLOYER	STREET ADDRESS	REASON FOR LEAVING

**4. If Owner is a Corporation or Partnership or will have an on-sight Manager, complete the following information:**

Name of Business:

State of Incorporation:

State Corporate No.:

Incorporation Date:

**5. Attach copies of articles of Incorporation and Bylaws, if applicable.**

**6. Provide the following information for managers, partners, directors, and officers:**

First Name:

Middle Name:

Last Name:

Street Address:

City:

State:

Zip:

Business Street Address:

City:

State:

Zip:

Title:

Date of Birth:

Driver's License or Identification Number:

State of Issurance:

Business Phone Number:

Cell Phone Number:

First Name:

Middle Name:

Last Name:

Street Address:

City:

State:

Zip:

Business Street Address:

City:

State:

Zip:

Title:

Date of Birth:

Driver's License or Identification Number:

State of Issurance:

Business Phone Number:

Cell Phone Number:

First Name:		Middle Name:		Last Name:	
Street Address:		City:		State: Zip:	
Business Street Address:		City:		State: Zip:	
Title:				Date of Birth:	
Driver's License or Identification Number:				State of Issurance:	
Business Phone Number:			Cell Phone Number:		
First Name:		Middle Name:		Last Name:	
Street Address:		City:		State: Zip:	
Business Street Address:		City:		State: Zip:	
Title:				Date of Birth:	
Driver's License or Identification Number:				State of Issurance:	
Business Phone Number:			Cell Phone Number:		
<b>7. In the past 10 years, have you been arrested and/or convicted of a crime?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," provide the following:					
OFFENSE	DATE OF ARREST/ CONVICTION	LOCATION	PAROLE OR PROBATION		

**8. In case of an emergency, provide a name, address, and 24-hour emergency contact number:**

First Name:	Middle Name:	Last Name:	
Street Address:	City:	State:	Zip:
24-Hour Telephone Number for Emergencies:			

**9. How many pool tables at the location?**

**10. Will alcohol be served?**  Yes  No

If "Yes," provide alcohol license number:

Type:

**11. Will live entertainment ever be provided?**  Yes  No

*If "Yes," YOU MUST also obtain an Entertainment Permit.*

**12. Hours of Operation**

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Open AM/PM							
Close AM/PM							

**13. Have you read and understand Riverside Municipal Code Chapter 5.28 which applies to the poolroom permit?**  Yes  No

## SECTION B - DECLARATIONS

- |  |                 |
|--|-----------------|
| 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: _____ |
| 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.             | Initials: _____ |

13. I acknowledge that I am jointly and severally liable for any and all taxes, fees, and charges associated with the permit.	Initials: _____
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.	Initials: _____
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.	Initials: _____

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.

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

Print Name:	Applicant's Signature:	Date:
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# RIVERSIDE POLICE DEPARTMENT

## POOLROOM ESTABLISHMENT PERMIT

### PROPERTY OWNER ACKNOWLEDGEMENT OF POOLROOM ACTIVITIES

I, \_\_\_\_\_, declare under penalty of prejry 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 \_\_\_\_\_.  
(Address/"The Property")

2. The Property Owner acknowledges and consents to the business, \_\_\_\_\_,  
(Business Name)  
\_\_\_\_\_  
(Tenant Applicant (Corporation/LLC/Partnership/Sole Owner))

conducting the proposed poolroom activities at the Property.

3. No person shall engage in any poolroom activities on the proposed Property without all licenses and permits required by the Riverside Municipal Code (RMC) while a Poolroom Permit 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 poolroom permit should be granted.

5. I have read, understand, and will ensure compliance with the terms in RMC Section 5.28 (Poolrooms) and RMC 1.17.020 (G), as applicable.

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

Print Name & Title:	Signature of legal owner/owner representative:	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 firearm dealer license, the applicant must resubmit this notarized form with approval of the new legal owner of the property.**



# RIVERSIDE POLICE DEPARTMENT POOLROOM ESTABLISHMENT PERMIT – NOTARY ACKNOWLEDGEMENT –

## CALIFORNIA ACKNOWLEDGEMENT | 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.

PLACE NOTARY SEAL AND/OR STAMP ABOVE

**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 of Notary Public)