

CITY OF RIVER FALLS
APPLICATION FOR BILLIARD HALL LICENSE

Original License Fee \$25.00
Background Check Fee \$50.00

Business Name

Business Phone Number

Business Address/Location in River Falls

Mailing Address of Business (if different than location)

First Name(applicant/owner)

Middle Name

Last Name

Phone Number

Address

City

State/Zip

County

Please list on other side of form your residences for the last 5 years.

Do you have current arrests with pending charges or have you been convicted of any violation of law other than minor traffic violations? Yes_____ No_____

An arrest record is defined as information that a person has been questioned, apprehended, taken into custody or detention, held for investigation, arrested, charged with, indicted or tried for any felony, misdemeanor or other offense by any law enforcement or military authority. A conviction record is defined as information indicating that a person has been convicted of any felony, misdemeanor or other offense, has been judged delinquent, has been less than honorably discharged, or has been placed on probation, fined, imprisoned or pardoned by any law enforcement or military authority.

Please be advised that this information will not automatically disqualify you, but will only be given consideration if the offenses are substantially related to the license in which you are applying for. If yes, give date, reason, address of court and disposition.

The undersigned does hereby respectfully make application for a Billiard Hall License for the year ending June 30,_____. If license is granted, I will obey all provisions of City ordinances and regulations. The information contained in this application is true and correct. Knowingly providing false information on this application will be grounds for refusal or revocation of license.

Applicant's Signature

Date

River Falls Police Department

Authorization for Release of Information

(for official use only)

I hereby empower an employee of the River Falls Police Department or other authorized representative bearing this release to, within one year of its' date, obtain information and records pertaining to me from any or all of the following sources:

- (1) Village, Township, Municipal, County, State or Federal law enforcement or government agencies, Wisconsin Department of Justice and Department of Transportation
- (2) Selective Service System
- (3) Any banking institution
- (4) Any place of business (for purposes of obtaining credit or employment data)
- (5) Credit rating bureaus or institutions maintaining individual credit rating files
- (6) Any previous employer or present employer, including employment history, discipline, personnel action, evaluations, training, etc.
- (7) Any school, college, university or other education institution
- (8) Any person, organization or agency the department chooses to contact or interview that may provide relevant background information
- (9) Other:

This information is to be used to assist the River Falls Police Department, Police and Fire Commission, and the City of River Falls in determining my qualifications and fitness for the position I am seeking with the River Falls Police Department and/or for investigation purposes. Please provide to the River Falls Police Department any information falling within the classes listed above, including any information which may be considered confidential or privileged and permit the River Falls Police Department to examine and copy that information if it so desires.

I hereby release any law enforcement agency, individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Exceptions to this blanket authorization:

Full Name (print) _____ Maiden Name _____

Full Name (signature) _____

Address, City, State, Zip _____

Date of Birth _____ Social Security Number (voluntary request) _____

Driver License Number and State Issued _____

Witness _____ Date _____

*****Please include a copy of your drivers' license with this application*****