



City of Dallas

## BILLIARD HALL LICENSE APPLICATION

### CITY LICENSE APPLICATION PROCEDURES

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**STEP 1.** Applications must be turned into this office either in person, via certified mail, Courier. Go to the County Tax Office at 500 Elm Street, 1st Floor, (214) 653-7615 to check for any back taxes, fees, fines or penalties owed to the City of Dallas. Submit the form provided by the County with your application. Any back taxes, fees, fines or penalties owed to the City of Dallas must be paid before the license will be issued.

**Dallas Water Dept. / Special Collections Unit**  
**1500 Marilla St., Room 2DS, Dallas, TX 75201**  
**(214) 670-3438**

**(Mailing Address: PO Box 139076, Dallas, TX 75313-9076)**

**It is your responsibility to make sure that the application is complete and that all the documents requested in the application are attached or your license will be denied.**

### **STEP 2. Dallas Police Department / Strategic Deployment Bureau / Vice Unit / Licensing Squad**

The licensing squad will review the application, zoning verification letter, and survey to determine if it meets all provisions of the ordinance. You will be notified when your license is approved. It is then your responsibility to pick up the license and pay a fee of **\$52.00** per table at the **Dallas Water Dept. / Special Collections Unit**. If your application is denied, you will be notified by certified mail. If you have not been notified of your application status within thirty (30) days after you have submitted your application, contact the **Vice Unit / Licensing Squad, Dallas Police Department**. (*NOTE: You may not operate as a BILLIARD HALL BUSINESS until you have picked up your license from Dallas Water Dept. / Special Collections Unit*)

### **RENEWALS**

Renewals are processed in the same manner as a new application. You should submit your renewal application at least thirty (30) days before it expires. No temporary license will be issued while your application is being processed. For your convenience, a renewal application will be sent to you, populated with the current information in our system. Applications can be downloaded from our website at [www.dallascityhall.com](http://www.dallascityhall.com). If your license expires, you will be required to complete a new application and pay all applicable fees. If there has been an ownership change for this establishment, please complete a new application.

The licensing squad will review the renewal application to determine if it meets all provisions of the ordinance. You will be notified when your license is approved. It is then your responsibility to pick up the license and pay the applicable fee at **Dallas Water Dept. / Special Collections Unit**. If your application is denied, you will be notified by certified mail. If you have not been notified of your application status within thirty (30) days after you have submitted your application, contact the **Vice Section / Licensing Squad, Dallas Police Department, (214) 671-3230**. (*NOTE: You may not operate as a BILLIARD HALL BUSINESS until you have picked up your license from Dallas Water Dept. / Special Collections Unit*)

\*\*\*\*\***IMPORTANT**\*\*\*\*\*

Make sure that you submit all requested documents with your application. Failure to submit these documents could result in the denial of your application:

- 1) Current criminal history (no older than four months) of all applicants and spouses from the Texas Department of Public Safety
- 2) A copy of any property lease or sublease
- 3) A copy of a Deed, if you own the property
- 4) A copy of your current T.A.B.C. application and license, if alcohol is sold on the premises
- 5) A copy of any articles of incorporation
- 6) A copy of any corporate minutes or other documentation reflecting the current officers of the corporation or other business entity
- 7) A copy of the #Assumed Name# record, if recorded with the County Clerks Office

**CRIME RECORDS SERVICE**

Procedure for review of personal criminal history record:

It is the policy of the Texas Department of Public Safety that an individual or their authorized representative have access to and may receive a copy of their criminal history record information (CHRI). The policy is in compliance with Texas Government Code, Section 552.023.

**FINGERPRINTS SUBMITTED ELECTRONICALLY TO DPS:** The DPS has entered into an exclusive contract with MorphoTrust USA to provide statewide electronic fingerprinting through DPS FAST locations operated by IdentoGO. Fingerprint Applicant Services of Texas (FAST) are available by scheduling an appointment on-line at <https://uenroll.identogo.com/servicecode/11FT12> or by calling 1-888-467-2080. DPS FAST locations operated by IdentoGO are committed to a 98% classifiable rate which means quality prints, less rejections, and quick responses. The cost of this service is \$10.00 plus a \$15.00 fee for the CHRI. The results will be mailed to the address provided by the individual.

**FINGERPRINTS SUBMITTED BY MAIL THROUGH MORPHOTRUST:** See attached instructions for the process that must be followed to submit fingerprint hard cards to MorphoTrust. The results will be mailed to the designated recipient provided by the individual.

If you have any questions for the Texas Department of Public Safety, please call (512) 424-2079.

**If you have any questions regarding the licensing review process, please contact:**

**Dallas Police Department / Strategic Deployment Bureau / Vice Unit / Licensing Squad Jack Evans Police Headquarters  
1400 S. Lamar Street Dallas, TX 75215  
(214) 671-3230**





City of Dallas

APPLICATION
For a
CITY OF DALLAS BILLARD HALL LICENSE

(FOR OFFICE USE ONLY)

PERMIT NUMBER:
LICENSE FEE PAID: \$ DATE PAID:
INSTRUMENT NUMBER: INSTRUMENT TYPE: [ ] CK [ ] MO [ ] CC [ ] CASH
PAYOR :
ADDRESS:
CITY: STATE: ZIP: PHONE: ( ) -

Section 9A-3 of the Dallas City Code states that the police chief may refuse to issue a license to a person who has failed to provide information reasonably necessary for the issuance of the license or has falsely answered a question or request for information on the application form.

Date Current License Expires: [ ] New Application
Occupancy Capacity: [ ] Renewal Application

Number of Tables:

24-Hour Permit [ ] Yes [ ] No

DAYS / HOURS OF OPERATION: (Check all that apply)

Table with 8 columns: DAYS, FROM, HOURS (AM/PM), TO, HOURS (AM/PM). Rows for Sunday through Saturday.

Are Alcoholic Beverages Sold On The Premises? [ ] Yes [ ] No



**Any person (individual, proprietorship, corporation, association, or other legal entity) who operates or causes to be operated a Billiard Hall Business must have a license. If more than one business entity is involved in the operation of the Billiard Hall Business, each business entity must be licensed to operate the Billiard Hall Business.**

**THE PERSON(S) OPERATING THE BUSINESS LISTED ABOVE IS / ARE (CHECK ONE):**

- |  |   |
|--|---|
| <input type="checkbox"/> An Individual (Sole Proprietorship) | <input type="checkbox"/> Partnership                |
| <input type="checkbox"/> Two or More Individuals             | <input type="checkbox"/> Unincorporated Association |
| <input type="checkbox"/> Corporation                         | <input type="checkbox"/> Other: _____               |

**COMPLETE THE FOLLOWING SECTIONS:**

Section B then continue to E - if the person who operates or causes a business to be operated is an individual (sole proprietorship) (skip sections C and D)

Section C then continue to E - if the person(s) who operates or causes a business to be operated are two or more individuals (Co-ownership) (skip sections B and D)

Section C then continue to E - if the person(s) who operates or causes a business to be operated are a Partnership (skip sections B and D)

Section D then continue to E - if the person(s) who operates or causes a business to be operated is a corporation, unincorporated association, joint venture, or other business entity (skip sections B and C)

**SECTION B: INDIVIDUAL OWNERSHIP (SOLE PROPRIETORSHIP)**

*(To be completed if the person who operates or causes to be operated is an individual or sole proprietor)*

**OWNERS INFORMATION (PERSON WHO OWNS THE BILLIARD HALL BUSINESS): (Please print)**

Last Name	First Name	Middle Name	(Maiden Name)
Race: <input type="checkbox"/> White <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date Of Birth : ____/____/____	Social Security Number : ____ - ____ - ____		
Drivers License Number : _____		State : _____	
Applicants Home Address : _____			
City / State : _____		Zip + Four _____ - _____	
Home No : (____) _____ - _____		Bus. Telephone No: (____) _____ - _____	
Cellular Telephone No: (____) _____ - _____		Pager No: (____) _____ - _____	

**OWNERS SPOUSE INFORMATION:**

Last Name	First Name	Middle Name	(Maiden Name)
Race: <input type="checkbox"/> White <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	

Date Of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Social Security Number : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Drivers License Number : \_\_\_\_\_      State : \_\_\_\_\_

Applicants Home Address : \_\_\_\_\_

City / State : \_\_\_\_\_      Zip + Four \_\_\_\_\_ - \_\_\_\_\_

Home No : ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_      Bus. Telephone No: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Cellular Telephone No: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_      Pager No: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**SECTION C: CO- OWNERSHIP (To be completed if two or more individuals co-own the business)**  
 (Note: if the business is co-owned by two or more individuals, you (applicant) must submit with this application a signed and notarized statement from each of the co-owners other than yourself declaring that each co-owns the business and that you are each co-owners designated agent for the purpose of applying for a Billiard Hall Business license)

**CO-OWNERS INFORMATION (PERSON WHO CO-OWNS THE BILLIARD HALL BUSINESS):**  
**(Please print)**

Last Name                                      First Name                                      Middle Name                                      (Maiden Name)

Race:       White                                       Native American                                      Sex:       Male  
 African-American                                       Asian                                       Female  
 Hispanic                                       Other: \_\_\_\_\_

Date Of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Social Security Number : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Drivers License Number : \_\_\_\_\_      State : \_\_\_\_\_

Applicants Home Address : \_\_\_\_\_

City / State : \_\_\_\_\_      Zip + Four \_\_\_\_\_ - \_\_\_\_\_

Home No : ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_      Bus. Telephone No: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Cellular Telephone No: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_      Pager No: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**CO-OWNERS SPOUSE INFORMATION: (Please print)**

Last Name                                      First Name                                      Middle Name                                      (Maiden Name)

Race:       White                                       Native American                                      Sex:       Male  
 African-American                                       Asian                                       Female  
 Hispanic                                       Other: \_\_\_\_\_

Date Of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Social Security Number : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Drivers License Number : \_\_\_\_\_      State : \_\_\_\_\_

Applicants Home Address : \_\_\_\_\_  
 City / State : \_\_\_\_\_ Zip + Four \_\_\_\_\_ - \_\_\_\_\_  
 Home No : (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Bus. Telephone No: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Cellular Telephone No: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Pager No: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**CO-OWNERS INFORMATION (PERSON WHO CO-OWNS THE BILLIARD HALL BUSINESS):**  
**(Please print)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ (Maiden Name) \_\_\_\_\_  
 Race:  White  Native American Sex:  Male  
 African-American  Asian  Female  
 Hispanic  Other: \_\_\_\_\_  
 Date Of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Drivers License Number : \_\_\_\_\_ State : \_\_\_\_\_  
 Applicants Home Address : \_\_\_\_\_  
 City / State : \_\_\_\_\_ Zip + Four \_\_\_\_\_ - \_\_\_\_\_  
 Home No : (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Bus. Telephone No: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Cellular Telephone No: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Pager No: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**CO-OWNER'S SPOUSE INFORMATION: (Please Print)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ (Maiden Name) \_\_\_\_\_  
 Race:  White  Native American Sex:  Male  
 African-American  Asian  Female  
 Hispanic  Other: \_\_\_\_\_  
 Date Of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Drivers License Number : \_\_\_\_\_ State : \_\_\_\_\_  
 Applicants Home Address : \_\_\_\_\_  
 City / State : \_\_\_\_\_ Zip + Four \_\_\_\_\_ - \_\_\_\_\_  
 Home No : (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Bus. Telephone No: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Cellular Telephone No: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Pager No: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**SECTION D: PARTNERSHIP, CORPORATION, UNINCORPORATED ASSOCIATION, OR OTHER TYPE OF BUSINESS ENTITY**

*To Be Completed If Owner Is A Partnership, Corporation, Unincorporated Association, Or Other Type Of Business Entity.*

If the owner of the business is a partnership, you (applicant) must submit with this application a signed and notarized statement from one of the partners declaring that he/she is a partner of a partnership to designate an agent for the purposes of applying for a Billiard Hall Business license and that you (applicant) are the agent designated.

If the owner of the business is a Limited Partnership, you (applicant) must submit with this application a certified copy of the Certificate of Limited Partnership on file with the Secretary of State in Austin, Texas.

If the owner is a Corporation / Unincorporated Association / or other business entity, you (applicant) must submit with this application a signed and notarized statement from an officer of the Corporation / Unincorporated Association / or other business entity declaring that he/she has authority to designate an agent for the purposes of applying for an Billiard Hall License and that you (applicant) are the agent designated.

In addition, if the owner is a Texas Corporation, you (applicant) must submit with this application a certified copy of the Articles of Incorporation (Charter) on file with the Secretary of State in Austin, Texas. If the owner is an out-of-state corporation, you (applicant) must submit with this application a certified copy of the Certificate of Authority on file with the Secretary of State in Austin, Texas.

If the business is some other type of entity, you must submit certified copies of any records filed with the Texas Secretary of State. If the business has not filed any records with the Texas Secretary of State, you must submit any By-Laws, Charters, minutes, or any other documentation showing the existence of the business entity. The documents must be accompanied by an affidavit attesting to the validity of the documents.

Any documentation indicating the officers of the corporation or other business entity must also be submitted with this application. The documentation must also be accompanied by an affidavit attesting to the validity of the documents.

<b><u>CORPORATION / UNINCORPORATED ASSOCIATION / PARTNERSHIP / OTHER BUSINESS ENTITY</u></b>	
<b>LEGAL NAME:</b> _____	
MAILING ADDRESS: _____ _____	
CITY / STATE : _____ ZIP + FOUR _____ - _____	
TELEPHONE NUMBER: (____) _____ - _____ FAX NUMBER: (____) _____ - _____	

<b><u>CORPORATE OFFICERS OR OFFICERS OF THE ASSOCIATION OR PARTNERS:</u></b> <i>(Use Additional Sheets If Necessary)</i>			
Last Name	First Name	Middle Name	(Maiden Name)
Race: <input type="checkbox"/> White <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date Of Birth : ____/____/____	Social Security Number : _____ - _____ - _____		

Drivers License Number : \_\_\_\_\_ State : \_\_\_\_\_  
 Home Address : \_\_\_\_\_  
 City / State : \_\_\_\_\_ Zip + Four \_\_\_\_\_ - \_\_\_\_\_  
 Home No : (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Bus. Telephone No: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Cellular Telephone No: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Pager No: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**CORPORATE OFFICERS OR OFFICERS OF THE ASSOCIATION OR PARTNERS SPOUSE INFORMATION: (Please print)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ (Maiden Name) \_\_\_\_\_  
 Race:  White  Native American Sex:  Male  
 African-American  Asian  Female  
 Hispanic  Other: \_\_\_\_\_  
 Date Of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Drivers License Number : \_\_\_\_\_ State : \_\_\_\_\_  
 Applicants Home Address : \_\_\_\_\_  
 City / State : \_\_\_\_\_ Zip + Four \_\_\_\_\_ - \_\_\_\_\_  
 Home No : (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Bus. Telephone No: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Cellular Telephone No: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Pager No: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**SECTION E: - MANAGERS**

Managers and Supervisors: You (applicant) must provide the following information with regard to any person who is, or whom you know will be employed by the business in a managerial or supervisory capacity.

**Total Number Of Managers:** \_\_\_\_\_

**DAYTIME MANAGERS (IF APPLICABLE): (Use Additional Sheets If Necessary)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ (Maiden Name) \_\_\_\_\_  
 Race:  White  Native American Sex:  Male  
 African-American  Asian  Female  
 Hispanic  Other: \_\_\_\_\_  
 Date Of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Drivers License Number : \_\_\_\_\_ State : \_\_\_\_\_  
 Applicants Home Address : \_\_\_\_\_

City / State : \_\_\_\_\_ Zip + Four \_\_\_\_\_ - \_\_\_\_\_

Home No : (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Bus. Telephone No: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cellular Telephone No: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Pager No: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**DAYTIME MANAGER**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ (Maiden Name) \_\_\_\_\_

Race:  White  Native American Sex:  Male  
 African-American  Asian  Female  
 Hispanic  Other: \_\_\_\_\_

Date Of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Drivers License Number : \_\_\_\_\_ State : \_\_\_\_\_

Applicants Home Address : \_\_\_\_\_

City / State : \_\_\_\_\_ Zip + Four \_\_\_\_\_ - \_\_\_\_\_

Home No : (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Bus. Telephone No: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cellular Telephone No: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Pager No: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**NIGHTTIME MANAGERS (IF APPLICABLE):**

*(Use Additional Sheets If Necessary)*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ (Maiden Name) \_\_\_\_\_

Race:  White  Native American Sex:  Male  
 African-American  Asian  Female  
 Hispanic  Other: \_\_\_\_\_

Date Of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Drivers License Number : \_\_\_\_\_ State : \_\_\_\_\_

Applicants Home Address : \_\_\_\_\_

City / State : \_\_\_\_\_ Zip + Four \_\_\_\_\_ - \_\_\_\_\_

Home No : (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Bus. Telephone No: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cellular Telephone No: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Pager No: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_



**SECTION G: PARENT AND/OR RELATED ENTITIES OR CORPORATIONS**

Section 6A-7 of the Dallas City Code requires the applicant to identify all parent and related corporations or entities who own the corporation operating the Billiard Hall Business, or who are involved in the operation of the Billiard Hall Business. The names of the officers of each parent or related corporation or entity must be listed.

*Please be aware that if a corporation is involved in the operation of the Billiard Hall Business, then the applicant must review whether that corporation must also be licensed to operate the Billiard Hall Business.*

**PARENT CORPORATIONS / OTHER BUSINESS ENTITY THAT OWNS THE CORPORATION OPERATING THE BILLIARD HALL BUSINESS: (Use Additional Sheets If Necessary)**

Name of the Corporation / Entity : \_\_\_\_\_

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

City / State: \_\_\_\_\_ Zip + Four \_\_\_\_\_ - \_\_\_\_\_

Business Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business Fax Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_ - \_\_\_\_\_

**Officers:**

1. \_\_\_\_\_ Office: \_\_\_\_\_

2. \_\_\_\_\_ Office: \_\_\_\_\_

3. \_\_\_\_\_ Office: \_\_\_\_\_

4. \_\_\_\_\_ Office: \_\_\_\_\_

**RELATED CORPORATIONS / OTHER BUSINESS ENTITIES THAT ARE INVOLVED IN THE OPERATION OF THE BILLIARD HALL BUSINESS: (use additional sheets if necessary)**

Name of the Corporation / Entity : \_\_\_\_\_

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

City / State: \_\_\_\_\_ Zip + Four \_\_\_\_\_ - \_\_\_\_\_

Business Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business Fax Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_ - \_\_\_\_\_

**Officers:**

1. \_\_\_\_\_ Office: \_\_\_\_\_

2. \_\_\_\_\_ Office: \_\_\_\_\_

3. \_\_\_\_\_ Office: \_\_\_\_\_

4. \_\_\_\_\_ Office: \_\_\_\_\_

**SECTION H: OTHER INFORMATION**

**OWNER OF PROPERTY ON WHICH BUSINESS OPERATES**

Do you lease or sublease the building in which the business operates?  Yes  No

If you lease or sublease the building in which the business operates, you must provide the name and address of the person from whom you lease the building (Lessor) and submit a copy of your lease or sublease agreement with this application.

Name of Lessor : \_\_\_\_\_

Address of Lessor: \_\_\_\_\_

City / State: \_\_\_\_\_ Zip + four \_\_\_\_\_ - \_\_\_\_\_

\*\*\*\*\*

Has any person on this application been denied or had revoked or suspended any city, state or federal license within the preceding twelve (12) months?  Yes  No

If yes, give the name, address, type of license, date when the license was denied, suspended or revoked and the reason license was denied, suspended or revoked

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

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

City / state: \_\_\_\_\_ Zip + four \_\_\_\_\_ - \_\_\_\_\_

Type of license denied, suspended or revoked: \_\_\_\_\_

Reason license was denied, suspended or revoked: \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

Is there an Assumed Name Certificate on file with the County Clerks Office for the business listed on this application? If yes, you must submit with this application a certified copy of the Assumed Name Certificate.  
 yes  no

The following documents and information must be submitted with a completed application:

- 1) If owner of the property, copy of the Deed
- 2) Lease agreement including any subleases
- 3) If a corporation, a certified copy of the Articles Of Incorporation. If other business entities, the documentation requested in this application
- 4) If you sell alcoholic beverages, a copy of the application submitted to the Texas Alcoholic Beverage Commission for permit and a copy of the license or permit

- 5) A copy of a sketch or diagram showing the configuration of the premises, including a statement of total floor space occupied by the business
- 6) A current criminal history (no older than 4 months) of all owners and spouses from the Department Of Public Safety
- 7) Any other documentation requested in this application

**\*\*\*\*\*IMPORTANT: READ BEFORE SIGINING \*\*\*\*\***

You are specifically reminded that the Dallas City Code Section 9A-3 states: If a person who wishes to operate a BILLIARD HALL BUSINESS is an individual. He must sign the application for a license as applicant. If a person who wishes to operate a BILLIARD HALL BUSINESS is other than an individual, each individual who is an officer of the business or who has a twenty (20) percent or greater ownership interest in the business must sign the application for a license as applicant. Each applicant must be qualified under section 41a-5, and each applicant shall be considered a licensee if a license is granted.

Your signature on this application will constitute an admission that you are now or will be, when and if license is issued, the owner of the business listed on this application, a partner whose partnership owns or will own the business listed, or a corporate office of a corporation which owns or will own the business listed, or an officer of any other type of business entity.

*Your signature on this application will be taken as an admission that you have read and understand the application form and Chapter 9A-3 of the Dallas City Code.*

If you do not receive your license within thirty (30) days, it is your responsibility to contact the Strategic Deployment Bureau, Licensing Squad at (214) 671-3230 to ask why your license has not been issued.

(Signature): \_\_\_\_\_ Title: \_\_\_\_\_

(Signature): \_\_\_\_\_ Title: \_\_\_\_\_

(Signature): \_\_\_\_\_ Title: \_\_\_\_\_

(Signature): \_\_\_\_\_ Title: \_\_\_\_\_





**TEXAS DEPARTMENT OF PUBLIC SAFETY  
CRIME RECORDS SERVICE  
Access & Dissemination Bureau**



**Personal Review**

**PROCEDURE FOR REVIEW OF PERSONAL CRIMINAL HISTORY RECORD INFORMATION**

It is the policy of the Texas Department of Public Safety (DPS) that an individual or their authorized representative have access to and may receive a copy of their criminal history record information (CHRI). This policy is in compliance with the Texas Government Code, Section 552.023.

**FINGERPRINTS SUBMITTED ELECTRONICALLY TO DPS:** The DPS has entered into an exclusive contract with the fingerprinting vendor to provide statewide electronic fingerprinting through DPS FAST locations operated by Identogo. Fingerprint Applicant Services of Texas (FAST) are available by scheduling an appointment on-line at <https://uenroll.identogo.com/servicecode/11FT12> or by calling 1-888-467-2080. DPS FAST locations operated by Identogo are committed to a 98% classifiable rate which means quality prints, less rejections, and quick responses. The cost of this service is \$10.00 plus a \$15.00 fee for the CHRI. The results will be mailed to the address provided by the individual.

**If you need a FBI Personal Review paste the following link into an internet browser:**

<https://www.edo.cjis.gov>

**SCHEDULING YOUR FINGERPRINT APPOINTMENT:**

Fingerprint Applicant Services of Texas (FAST) are available by scheduling an appointment on-line at <https://uenroll.identogo.com/servicecode/11FT12> or by calling 1-888-467-2080.

**When Scheduling Online:**

1. Select **Schedule Appointment**.
2. Enter the **Designated Recipient#s Information**.
3. Follow the prompts to enter requested information.

**When Scheduling Over The Phone:**

1. Have the Texas Fingerprint Service Code form before calling.
2. You will be prompted to enter the service code.
3. The service code for a personal review is **11FT12**
4. The call center operator will ask you for your demographic information, i.e. Date of Birth, Sex, Race, Ethnicity, Height, Weight, Eye Color, Hair Color, Place of Birth and Home Address.
5. Select a location nearest to you for your fingerprint appointment.
6. Once you have scheduled your appointment you are not required to bring the service code form to your appointment.

**YOUR FINGERPRINT APPOINTMENT:**

1. Arrive at your scheduled appointment with your photo identification and fee payment.

2. If you plan on bringing a form of identification other than a valid (unexpired) TX Driver License, please refer to the Department of Public Safety's acceptable document types here:

[http://www.dps.texas.gov/administration/crime\\_records/docs/ProveIdForFingerprinting.pdf](http://www.dps.texas.gov/administration/crime_records/docs/ProveIdForFingerprinting.pdf)

3. The fingerprinting vendor accepts Visa/MasterCard/Discover/American Express, business checks, money orders and coupon codes (employer accounts) at the time of service.

**\*Please note that personal checks and cash will not be accepted.**

4. Your fingerprints will be submitted electronically to DPS. You will not receive a printed fingerprint card.

5. At the conclusion of your appointment, the enrollment agent will provide you with an Identogo receipt stating that you were fingerprinted.

a) Do not throw away the receipt

b) You may check status on your submission by clicking on this link: <https://uenroll.identogo.com/servicecode/11FT12>

Fingerprints provided for this application shall be used to check criminal history records of the Texas Department of Public Safety in accordance with applicable statutes.

**FINGERPRINTS SUBMITTED BY MAIL THROUGH THE FINGERPRINTING VENDOR:** The following process must be followed to submit fingerprint hard cards to the fingerprinting vendor. The results will be mailed to the designated recipient provided by the individual. If you have any questions, please call (512) 424-5079.

**1. COMPLETE THE FINGERPRINT CARD:**

Following information regarding person whose record is to be searched, must be completed on the fingerprint card:

a) Printed last name, first name, middle name of individual, including all alias names.

b) Sex, race, date of birth.

c) Complete, legible set of fingerprints on a DPS approved fingerprint card which may be obtained from a law enforcement agency or FAST provider near you. Visit

<https://uenroll.identogo.com/servicecode/11FT12> or call

1-888-467-2080 to locate a FAST provider near you. **Individual's signature must be on the fingerprint card.**

The cost for obtaining an ink card may vary and is not included in the Texas Background check fingerprint registration process or fee. Cards must be mailed to the vendor, fingerprints cannot be submitted electronically from outside the State of Texas.

## **2. PRE-ENROLL YOUR FINGERPRINT:**

### **Online Registration:**

- a) You may begin the process now by clicking on this link:  
<https://uenroll.identogo.com/servicecode/11FT12>
- b) Choose "Submit a fingerprint card."
- c) Select "Pay for Ink Card Submission" button and complete all required fields on the following page.
- d) Complete payment screen. Payment may be made online by credit card or a coupon code only.
- e) Print the authorization letter containing a bar code.
- f) Sign the authorization letter and fill in contact information.

### **Telephone Registration:**

- a) You may contact the fingerprinting vendor at 1- 888-467-2080.
- b) The fingerprinting vendor will prompt you for the Service Code.
- c) The service code for a personal review is **11FT12**.
- d) Inform the representative that you wish to pre-enroll for a "hard card submission."
- e) Once payment is complete a summary confirmation document will be emailed to you.
- f) Print the confirmation document, sign the authorization letter and fill in the contact information.

## **3. SUBMISSION:**

When the payment is completed, you will receive an authorization letter (barcode) which will include the mailing address to Identogo. Print, read, and complete the authorization letter. The following will need to be mailed; completed fingerprint cards and authorization letter.



**IdentoGO**

By MorphoTrust USA

Texas Fingerprint Service Code Form

Personal Review

**Service Name: Personal Review**

To schedule your ten-minute fingerprint appointment, simply visit <https://uenroll.identogo.com> and enter the following service code

11FT12

### Background Check Authorization

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy.

I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Privacy Act of 1974 (5 USC 552a). I understand my fingerprints will be searched by and against civil, criminal and latent fingerprints in the Next Generation Identification (NGI) system. I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306.