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MAYOR

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ANNISIA CIALONE
DEPARTMENT DIRECTOR

MAYNARD WOODSON
DIVISION DIRECTOR

LICENSE APPLICATION FOR POOL ROOM
License Term January 1, 2022 - December 31, 2022

License # _____

CHECK ONE NEW APPLICATION RENEWAL APPLICATION

N.J. Tax ID Number: _____

Location of Pool Hall: _____

Name of Business: _____ Trade Name if any: _____

The applicant is a (check one) Sole Owner Partnership Corporation

If a Corporation, Address of Principal office (if not the same as above) _____

State of Incorporation: _____ Date of Incorporation: ____/____/____ State I.D. # _____

If a Corporation or Partnership- (Attach a copy of the Stockholder/Partnership Disclosure Form.)

Has any Stockholder, Partner, Officer or Director of the company been convicted of any crime? (If a Renewal Application, since your last application) Yes No If 'YES' complete below

Date of Conviction: _____ Nature of Crime: _____

Name of Parole/Probation Officer: _____ Telephone: _____

Name of Individual Completing Application: _____

Address: _____ Telephone: _____

Date of Birth: ____/____/____ Driver's License # _____

Position: Stockholder Partner Owner other _____

NOTARIZED STATEMENT

State of New Jersey

SS

County of Hudson

The applicant being duly sworn to law, deposes and says that he/she is an individual applicant, stockholder, or member of the partnership, and in the instances of corporate or partnership ownership, is authorized to sign this application on behalf of the corporation or partnership; and that the contents of this application are true and complete, under penalty of law.

(Signature of Applicant)

Sworn to and subscribed before me this _____ day of _____ 20____

Notary Public Signature: -----

FOR OFFICE USE ONLY

DENIED _____ APPROVED _____ AMOUNT _____ CHECK/MONEY ORDER # _____

Director's Signature: _____ DATE: _____



WAGE THEFT CERTIFICATION

This form will be part of the License Application. It is a required document to be completed by the applicant and its completion is an express condition to approval of the License Application.

CERTIFICATION STATEMENT: I have not been found guilty, liable, or responsible in any judicial or administrative proceeding of committing a violation of the NJ State Wage and Hour Law N.J.S.A 34:11-56; Wage Payment Law N.J.S.A 34:11-4; Hudson County Living Wage Ordinance (No. 363-6-2014,364-6-2014,365-6-2014 and PL: 1977,C.33), N.J.S.A 2C:40A-2, the Fair Labor standards Act, 29 U.S.C§201 *et seq.*, Section 3-76c of the Jersey City Municipal Code or any other federal or state law related to the payment of wages or the collection of debt owed due to unpaid wages. If I have been found liable as indicated herein within the last 24 months, I will provide the dates, location and nature of the wage theft claim, along with written evidence which demonstrates that the claim has been resolved.

I hereby certify that the information provided herein is true and accurate. I further certify that if any of the information provided herein is willfully false, I am subject to punishment.

Signature of Applicant _____

Print Name _____

Date _____

