

CITY OF MENTOR-ON-THE-LAKE
5860 ANDREWS ROAD
MENTOR-ON-THE-LAKE, OH 44060
(440) 257-7216 FAX (440) 257-2766

BUSINESS LICENSE APPLICATION

In compliance with Chapter 804 of the Codified Ordinances, the following information is provided for consideration of a business license:

PART I.

NAME OF BUSINESS:

BUSINESS ADDRESS:

BUSINESS PHONE: _____

MENTOR-ON-THE-LAKE, OH 44060

MAILING ADDRESS IF DIFFERENT THEN BUSINESS LOCATION:

ADDRESS CITY STATE ZIP CODE

PHONE NUMBER: _____

NAME OF APPLICANT:

NAME OF EACH OFFICER, PARTNER OR BUSINESS ASSOCIATE:

TITLE _____

FED. I.D./SSN _____

APPLICANT PHONE: _____

HOME ADDRESS OF APPLICANT:

ADDRESS CITY STATE ZIP CODE

BUILDING OWNER'S NAME & ADDRESS: _____
NAME

ADDRESS CITY STATE ZIP CODE PHONE

NATURE OF BUSINESS: _____

CHECK ONE: SOLE PROPRIETOR _____ PARTNERSHIP _____ CORPORATION _____

Description of Item (s) Sold: _____

Other Professional Licenses Required:

(please check) ___ Vendor License No. _____
 ___ State License No. _____
 ___ Other License No. _____

Does the business use combustible materials? ___ NO ___ YES (If YES, complete the attached floor plan layout).

INVENTORY: List all flammable combustible materials used in the business and the location of use and storage on the attached FLOOR PLAN LAYOUT.

PART II.

To be completed by seasonal, transient or temporary dealer or business that has no fixed or established place of business within the City with the intent and purpose to conduct a business or trade for a period of less than six (6) months of any one calendar year.

Type of Business Activity:

Furniture ___ Flowers/Novelty Items ___
Auction ___ Other _____

PART III.

LICENSE FEE:

___ Original/Renewal Application \$25 per calendar year
___ Seasonal or Temporary Application \$50

Signature of Applicant

Date

● * * * * *

FOR OFFICE USE ONLY:

Date Received _____

Approval Date _____

Receipt No. _____

Approval Signature:

Business Name: _____

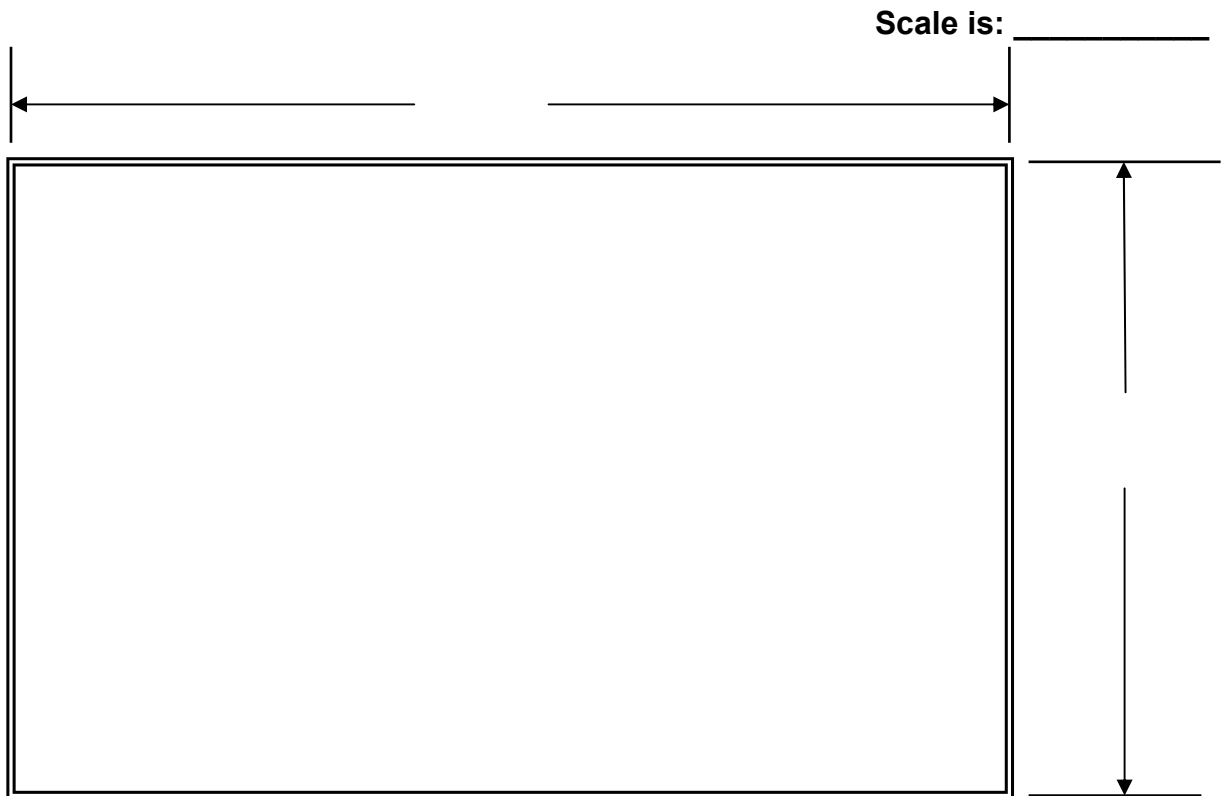
Calendar Year _____

Address: _____

FLOOR PLAN LAYOUT

FLOOR PLAN * – The floor plan will show the following:

- Dimensions and shape of rooms, walls, doors and windows
- Closets and built-in counters
- Rooms should be labeled and drawn to scale



INVENTORY: List all flammable combustible materials used in the business and the location of use and storage:

***NOTE:** An existing floor plan of the business may be used with the required information shown on the plan. **DO NOT** submit drawings on paper larger than 8½ x 11.

cc: Fire Department