



City of Mentor-on-the-Lake

5860 Andrews Road, Mentor-on-the-Lake, OH 44060-2827

Phone: (440) 257-7216 Fax: (440) 257-2766

www.CityMOL.org

APPLICATION FOR CONDITIONAL USE PERMIT

NAME: _____

RESIDENCE ADDRESS: _____

TELEPHONE (HOME): _____

BUSINESS NAME: _____

TELEPHONE (BUSINESS): _____

BUSINESS ADDRESS: _____

OCCUPY BY (CHECK ONE) LEASE* RENT* OWN

*IF LEASE OR RENTAL, NAME AND ADDRESS OF PROPERTY OWNER: _____

LIQUOR SERVED ON PREMISES? YES NO

LIVE ENTERTAINMENT OR DANCING? YES NO

REASON FOR CONDITIONAL USE PERMIT: _____

SIGNATURE OF APPLICANT _____ DATE _____

FEE AMOUNT \$225.00 RECEIVED BY _____ DATE _____

PLEASE NOTE: APPLICANT MUST APPEAR AT PUBLIC HEARING SCHEDULED FOR:

FAILURE TO APPEAR AT THE PUBLIC HEARING WILL RESULT WITH NO ACTION TAKEN ON REQUEST!