



City of Mentor-on-the-Lake
5860 Andrews Rd.
Mentor-on-the-Lake, Ohio 44060

BUSINESS LICENSE APPLICATION

In compliance with Chapter 804 of the Codified Ordinances, the following information is provided for consideration of a business license:
Form **MUST** be filled out in its entirety. Please print/ type.

BUSINESS NAME:

OWNER/MANAGEMENT NAME:

ADDRESS: _____

ADDRESS: _____

MENTOR-ON-THE-LAKE, OHIO 44060

MAILING ADDRESS (if different than listed above): _____

BUSINESS PHONE: _____

PHONE: _____

BUSINESS FAX: _____

FAX: _____

EMAIL: _____

EMAIL: _____

FED TAX ID #/ SSN: _____

WEBSITE: _____

BUSINESS TYPE (Circle One): SOLE PROPRIETOR/ PARTNERSHIP/ CORPORATION

NATURE OF BUSINESS: _____

PLEASE LIST ANY OTHER AUTHORIZED OFFICER, PARTNER, OR ASSOCIATE/TITLE:

WHAT IS YOUR PREFERRED METHOD OF CONTACT (Circle One)?
MAIL/ EMAIL/ BUSINESS PHONE/ OTHER PHONE

PLEASE PROVIDE ALL PROFESSIONAL LICENSE NUMBERS:

(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:

\$10 per calendar year

Signature of Authorized Rep/Title

Date

* * * * *

FOR OFFICE USE ONLY:

Date Received: _____

Receipt No.: _____

Approval Signature: _____

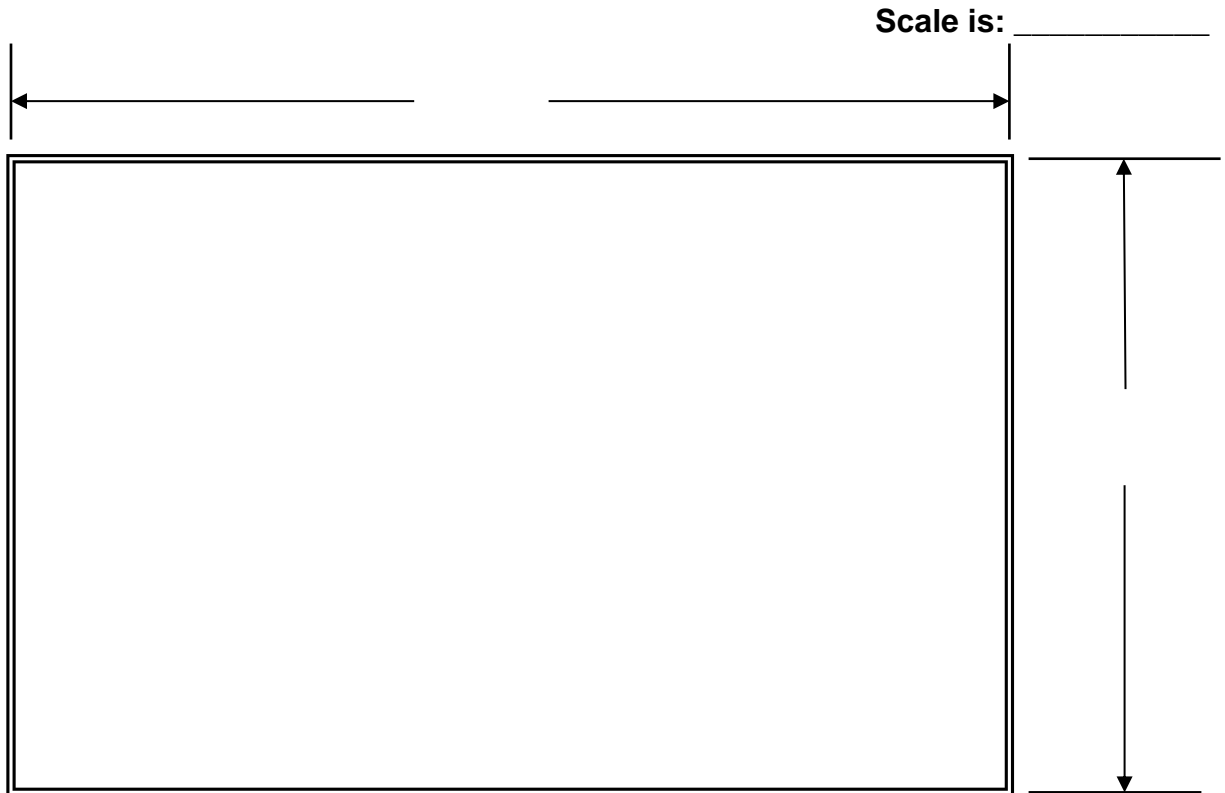
Business Name: _____

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
Police Department

**Mentor-on-the-Lake
Police & Fire Departments
Emergency / Occupancy Information**

Date: _____

Official Use Only	
Recorded in CMI/ Rolodex	Date: _____

BUSINESS INFORMATION:

Name of Business: _____

Address: _____

Business Phone No.: _____ Business Fax No.: _____

Email Address: _____

Business Hours:

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.

Business Owner: _____ Phone No.: _____

Cell No.: _____

Alarm Company: _____

Building Owner: _____

Building Owner's Phone No. (s) _____

EMERGENCY CONTACTS: (List in order of notification in case of emergency)

(Name)	(Home No.)	(Cell No.)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Comments/ Special Instructions: _____