



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

CONDITIONAL USE PERMIT APPLICATION

Business Name: _____

Business Address: _____

Business Telephone: () _____

Business Owner's Name: _____

Mailing Address: _____

Contact Phone Number: () _____

Email Address: _____

Business Location is Occupied by: Own Rent * Lease *

* If location is a rental or a lease, please provide the property owner's information:

Name: _____

Address: _____

Phone Number: () _____

Hours of Operation:	Sunday	_____ a.m./p.m.	-	_____ a.m./p.m.	<input type="checkbox"/> CLOSED
	Monday	_____ a.m./p.m.	-	_____ a.m./p.m.	<input type="checkbox"/> CLOSED
	Tuesday	_____ a.m./p.m.	-	_____ a.m./p.m.	<input type="checkbox"/> CLOSED
	Wednesday	_____ a.m./p.m.	-	_____ a.m./p.m.	<input type="checkbox"/> CLOSED
	Thursday	_____ a.m./p.m.	-	_____ a.m./p.m.	<input type="checkbox"/> CLOSED
	Friday	_____ a.m./p.m.	-	_____ a.m./p.m.	<input type="checkbox"/> CLOSED
	Saturday	_____ a.m./p.m.	-	_____ a.m./p.m.	<input type="checkbox"/> CLOSED

Business Operation: 12 Month Year Seasonal: _____



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Type of Business: _____

Specifics of Operation: _____

Liquor Served on Premises? Yes No

Live Entertainment or Dancing? Yes No

Outdoor Availability? Yes * No

* Please explain your outdoor area: _____

Please be advised that all conditions required by the city must be met to receive approval of your conditional use permit.

A conditional use permit will become void if the use for which it is intended is not commenced within a six-month period after the date of approval. The City may revoke a conditional use permit upon written evidence submitted by any resident or official of a violation of this Zoning Code or of the terms and conditions upon which approval was granted.

*****Approval will not be granted if City taxes are delinquent.*****

Please Note: Applicant must appear at the public hearing scheduled for:

_____ @ _____ p.m.

Failure to appear at the public hearing will result with no action taken on request.

Applicant must submit Conditional Use Permit Application along with the fee of \$225.00 no later than: _____

Signature of Applicant

Date

Office Use Only

Receipt #: _____ Date Received: _____ Notes: _____