

APPLICATION TO BE COMPLETED IN FULL

CITY OF WILLOWICK  
WILLOWICK BUILDING DEPT.  
31230 VINE STREET  
WILLOWICK, OHIO 44095  
440-516-3000

APPLICATION FOR LICENSE OF COMMERCIAL ESTABLISHMENT

DATE DUE: \_\_\_\_\_ Date: \_\_\_\_\_, \_\_\_\_\_

ANNUAL FEE \$ \_\_\_\_\_  
(PLEASE REMIT)

Name of Commercial Establishment: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Building Owner: \_\_\_\_\_

Exact Business to be Conducted: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

List full name and residence of each partner (or principal officers if a corporation).

1. \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

4. Hours of Operation: \_\_\_\_\_

5. Type of business (check) Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corp. \_\_\_\_\_  
Other (specify) \_\_\_\_\_

6. Accounting Information: Federal ID Number \_\_\_\_\_  
Social Security No. (if sole proprietorship) \_\_\_\_\_  
Calendar Year \_\_\_\_\_ or Fiscal Year Ending \_\_\_\_\_

7. Name/address of bookkeeper/accountant \_\_\_\_\_

8. Are there now or will there be employees working or residing in Willowick?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Approximate Number \_\_\_\_\_

9. Will other payments be made for services rendered? Yes \_\_\_\_\_ No \_\_\_\_\_  
Circle type: Commission, bonus, subcontractors, Director's fees, other (specify)  
\_\_\_\_\_

List any unusual condition connected with said commercial operation that would have a special effect upon the public health, safety or welfare.

OVER →

List full name, address and residence telephone number of the person responsible for the operation, control and maintenance of said commercial operation.

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**CODIFIED ORDINANCE "755.99 PENALTY.**

Whoever violates any provision of this chapter is guilty of a misdemeanor and, upon conviction, shall be fined not more than five hundred dollars (\$500.00) or imprisoned not more than six months, or both. Each day's continued violation shall constitute a separate offense." (Ord. 75-38. Passed 7-21-75)

I do hereby acknowledge my responsibility under Chapter 755 of the Codified Ordinances of the City of Willowick and I am fully aware of the requirements of the same.

**INCOMPLETE APPLICATIONS WILL BE RETURNED**

License  
No. \_\_\_\_\_

Date  
Issued: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Receipt # \_\_\_\_\_

\_\_\_\_\_  
Building Inspector

**For City Use Only**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth