



SEAN BRENNAN
Chief Housing and Zoning Inspector

City of Willowick

31230 VINE STREET
WILLOWICK, OHIO 44095

BUILDING DEPARTMENT
Phone: 440-516-3000
Fax: 440-585-3776
Email: sbrennan@cityofwillowick.com

November 2020

Dear Business Owner:

Enclosed is an application for your Commercial Establishment License, along with a fee schedule, for the year 2021, which is from January 1, 2021 to December 31, 2021.

Please furnish all information requested on the application and submit it along with your payment (cash, check or credit card) within ten (10) days. Upon receipt of the completed application and payment, your Commercial Establishment License will be sent to you.

Thank you for your prompt attention to this matter.

Sincerely,

Sean Brennan
Chief Housing & Zoning Inspector

SB/jkt

Enclosures

APPLICATION TO BE COMPLETED IN FULL

CITY OF WILLOWICK
WILLOWICK BUILDING DEPARTMENT
31230 VINE STREET
WILLOWICK, OH 44095
440-516-3000

APPLICATION FOR LICENSE OF COMMERCIAL ESTABLISHMENT

DATE DUE: JANUARY 1, 2020

DATE: _____

ANNUAL FEE \$ _____
(PLEASE REMIT)

Name of Commercial Establishment: _____

Business Address: _____ SQ. FOOTAGE: _____

Business Phone: _____ Building Owner: _____

E-mail Address: _____

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 _____

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.

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

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 NOT BE RETURNED

Signature of Applicant

Social Security Number

Date of Birth

(FOR CITY USE ONLY)

License No. _____

Date Issued _____

Date Approved _____

Receipt # _____

Building Inspector
