



CITY OF PARMA HEIGHTS
 6281 PEARL ROAD
 PARMA HEIGHTS, OH 44130
 Tel: 440-884-9607
 Fax: 440-843-5818

For Office Use Only

LICENSE NO. _____
 FEE _____
 DATE _____

COMMERCIAL LICENSE APPLICATION

Please type or print clearly. **MUST** be completed in it's entirety

Business Name _____

Address _____

Phone _____ Type of Business _____

Hours of Operation _____

Occupancy Load _____

Person (or) Corporation Conducting Business: (please check one)

Name: _____ Home # _____

Cell Phone # _____

Home Address: _____

(address, city, state, ZIP)

Social Security Number: _____

FEDERAL ID #: _____

Partner(s) or Corporate Principal Officer(s):

List additional Partners or Officers on back

Name: _____ Phone: _____

Full Address: _____

(address, city, state, ZIP)

This Section MUST be Completed

OWNER OF BUILDING & PROPERTY

Name: _____ Cell Phone: _____

Business Phone _____

Full Address: _____ Home Phone _____

(address, city, state, ZIP)

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

I do hereby acknowledge my responsibility under Section 727 of the Codified Ordinance of the City of Parma Heights and am fully aware of the requirements of the same.

 PRINT NAME

 Signature

 Date: