



6281 Pearl Road
Parma Heights, OH 44130
440 884.9607
Fax: 440 843.5818
building@parmaheights.us

For Office Use Only
License Number: _____
Date: _____ Fee: _____

COMMERCIAL LICENSE APPLICATION Please type or print clearly. MUST be completed in its entirety.

Business Name: _____
Type of Business: _____ Email (REQUIRED) _____
Street Address: _____
Business Phone: _____ Occupancy Load: _____
Hours of Operation: _____

On back list any unusual conditions connected with said business that would have a special effect upon public health, safety, or welfare.

PERSON or CORPORATION **CONDUCTING BUSINESS (please check one)**

Name of Person or Corporation: _____
Home/Cell Phone # _____
Home Address: _____
Social Security Number: _____ or Federal ID #: _____

PARTNER(S) or CORPORATE PRINCIPAL OFFICER(S) *List Additional Partners or Officers on back.*

Name: _____ Phone/Cell Number: _____
Full Home Address: _____
Social Security Number: _____

THIS SECTION MUST BE COMPLETED - OWNER OF BUILDING & PROPERTY

Name: _____ Cell Number: _____
Full Address: _____ Business Phone: _____
Home Phone: _____

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

Signature: _____ Date: _____
Print Name: _____

COMMENTS (Office Use Only)