



6281 Pearl Road
Parma Heights, Ohio

440-884-9607
parmaheights.us

COMMERCIAL BUSINESS LICENSE FORM

Annual Registration

New Business

① Commercial Business Information (print clearly)

Date: _____

Business Name: _____

Business Address: _____

Business Phone: _____ Email: _____

Business Type: _____

Federal Tax Identification Number: _____ Days & Hours of Operation: _____

❖ Please provide a valid email address to receive your renewed commercial business license

② Primary Owner Information

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Email: _____

Phone: _____ Secondary Phone: _____

③ List Additional Emergency Contacts/Additional Partners

Name: _____

Address: _____

City, State, Zip Code: _____

Email: _____ Phone: _____

④ Property Owner Information (required) * List the person or entity that owns the property where you do business.

Name: _____

Address: _____

City, State, Zip Code: _____

Email: _____ Phone: _____

Chapter 751 Registration Required Does your establishment have mechanical amusement/gaming devices? Yes No

Chapter 335 Registration Required Does your establishment have outside services to maintain snow removal? Yes No

Chapter 1325 Registration Required Does your establishment have outside services to maintain the landscape/grass? Yes No

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

Signature: _____

Year: _____ License Number: _____ Total paid: _____ check cash credit card