

City of North Olmsted
Department of Public Safety
5200 Dover Center Road
North Olmsted, OH 44070
Phone: 440-777-8000

Application for Temporary Business License and License

Application Date: _____ Permit Number: _____

Name of Applicant: _____

Date of Birth: _____ Social Security No: _____

Physical Description (height, weight, hair & eye color, and gender): _____

Local Address of Applicant: _____

Permanent Address of Applicant: _____

Phone and Fax Numbers: _____

Email Address: _____ Drivers License No.: _____

Within the past five (5) years has Applicant been convicted of Felony or Misdemeanor ?

If so, please list and describe: _____

Location on lot where temporary business will occur (attach): _____

Identity and written consent of property owner (attach): _____

Dates and hours of operation (30 day limit): _____

<p>NOTE: If applicant will be conducting business in the City for 10 days or more applicant must register with the NORTH OLMSTED FINANCE DEPARTMENT.</p>

Number of Employees: _____ Name of Business: _____

Nature of Business: _____

Permanent Business Headquarters: _____

Phone and Fax Numbers: _____ Email Address: _____

Federal ID#: _____ Contact Person: _____

Signature of Applicant: _____ Date: _____

FOR DEPARTMENT USE ONLY:

\$100.00 Nonrefundable Fee Paid: _____

\$100.00 Refundable Clean-up Deposit Paid: _____

Copy of Applicant's Photo ID (i.e. Drivers License): _____

Written Consent of Property Owner/Management: _____

Site Plan or Diagram depicting lot and location of Temporary Business: _____

Additional building permit requirements: _____

Application 10 day prior to opening: _____

Building Department recommendation for approval under 721.05: _____

Registration with Finance Department under 721.04(d): _____

(Required if in City over 10 days)

Background check by Police Department under 721.04(f)(2): _____

Director of Public Safety review under 721.04(f): _____

TEMPORARY BUSINESS PERMIT GRANTED/ISSUED: _____

Director

CLEAN-UP INSPECTION AND DEPOSIT REFUNDED: _____

