

CITY OF ROCKY RIVER
21012 HILLIARD BOULEVARD
ROCKY RIVER, OH 44116

PHONE: (440) 331-0600

FAX: (440) 895-2628

License Application Notice

This is your application for a license for the period January 1 thru December 31.

The application is to be returned to the Building Department of the City of Rocky River together with a check for the amount of the fee listed below by no later than December 31. Please make check payable to the City of Rocky River. Please enclose self-addressed stamped envelope with your application.

Barber Shops	\$25.00	Commercial Haulers	\$50.00
Beauty Salons	\$25.00	Food Service	\$15.00
Restaurants	\$15.00	For the first 50 seats, \$10.00 for each additional 50 seats Plus \$10.00 for each cab. (Casualty Insurance required – a copy of same shall be filed with the Safety-Service Director)	
Taxicabs	\$50.00		

License Application

Date: _____

Name of Business: _____

Address of Business: _____

Name of Building Owner or Agent: _____

Owner or Agent's Address: _____

Name of Occupant or Operator: _____ Tel. No.: _____

Your Address: _____ Tel. No.: _____

Nature of Occupancy: (Check appropriate category below)

Barber Shop <input type="checkbox"/>	Beauty Shop <input type="checkbox"/>	Commercial Hauler <input type="checkbox"/>	Food Service <input type="checkbox"/>
Restaurant <input type="checkbox"/> Number of Seats _____	Taxicab <input type="checkbox"/> Number of Taxicabs: _____		

License to be mailed to:

Name: _____ **Tel. No.** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Signed: _____
Circle one: (Owner) (Agent) (Occupant) (Operator)

An inspection of your premises may be made before issuance of your license

For office use only:

License No.: _____ Date Issued: _____