

**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     \$50.00

Restaurants         \$50.00

Beauty Salons     \$50.00

Food Service        \$50.00

**License Application**

Date: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Name of Building Owner or Agent: \_\_\_\_\_

Address of Building Owner or Agent: \_\_\_\_\_

Name of Occupant or Operator: \_\_\_\_\_ Tel No: \_\_\_\_\_

Address of Occupant or Operator: \_\_\_\_\_

Nature of Occupancy: (Check appropriate category below)

Barber Shop        Beauty Shop        Restaurant        Food Service  

**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: \_\_\_\_\_