

# City of Lorain, Ohio

Amount Paid \$ \_\_\_\_\_ Cash / Check

Number Issued \_\_\_\_\_  
New \_\_\_\_\_ Renewal \_\_\_\_\_

## **DISTRIBUTOR'S LICENSE APPLICATION (ORDINANCE NO. 739.05)**

\_\_\_\_\_  
Business Telephone Number

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

Address of Business: \_\_\_\_\_, Lorain, Ohio 4405 \_\_\_\_\_

Owner of Business: \_\_\_\_\_  
(Distributor or Operator)

Residence Address of Owner: \_\_\_\_\_  
(Zip Code)

License for the year of: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Address of Applicant

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

\_\_\_\_\_  
Mayor of Lorain