



Chase Ritenauer
Mayor

The City of Lorain, Ohio

DISTRIBUTOR'S LICENSE APPLICATION

Ordinance No. 739.05

NUMBER ISSUED: _____

Amount Paid: _____ **Cash or Check** **New** _____ **Renewal** _____

Name of Business: _____

Address: _____ **Phone:** _____

Owner of Business: _____
(Distributor or Operator)

Owner's Address: _____

LICENSE FOR THE YEAR OF: _____

Signature of Applicant Date

Address of Applicant Phone #

Approved by the Mayor, Lorain Date