

MONROE TOWNSHIP  
2828 STATE ROUTE 222  
BETHEL, OHIO 45106  
Main phone: 734-6462 (M-F)

RE-OCCUPANCY APPLICATION  
APPLICATION FEE \$75.00

Please make checks/money orders payable to Monroe Township

NAME OF PROPERTY OWNER \_\_\_\_\_

ADDRESS OF PROPERTY \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

APPLICANT NAME(IF DIFFERENT) \_\_\_\_\_

ADDRESS OF APPLICANT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

DESCRIPTION OF BUSINESS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

HOURS OF OPERATION \_\_\_\_\_

AVAILABLE SEATING: INSIDE \_\_\_\_\_ OUTSIDE \_\_\_\_\_

DATE OF OPENING(APPROXIMATELY) \_\_\_\_\_

WILL A LIQUOR LICENSE BE REQUIRED? YES \_\_\_\_\_ NO \_\_\_\_\_

NAME OF EMERGENCY CONTACT PERSON \_\_\_\_\_

PHONE: DAYTIME \_\_\_\_\_ NIGHTTIME \_\_\_\_\_

\*\*\*\*YOU WILL BE REQUIRED TO OBTAIN AN INSPECTION FOR THE  
BUILDING AND PREMISES BY THE MONROE TOWNSHIP FIRE  
DEPARTMENT BEFORE YOUR PERMIT WILL BE ISSUED. PLEASE EMAIL  
LT. KYLE SCALES @KSCALES@MONROETWP-OH.GOV TO SCHEDULE  
YOUR INSPECTION.

OVER

It is understood and agreed by the applicant that any error, misstatement or omission in the application for issuance of this permit may cause the permit to be revoked after issuance.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**TOWNSHIP APPROVAL: APPROVED BY:** \_\_\_\_\_

**DENIED BY:** \_\_\_\_\_ **REASON:** \_\_\_\_\_

**DATE** \_\_\_\_\_ **PERMIT NUMBER** \_\_\_\_\_