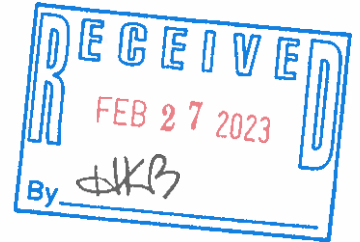


CITY OF WILLOWICK



CITY OF WILLOWICK PLAN REVIEW BOARD
APPLICATION FOR PERMIT TO OCCUPY FOR
BUSINESS, COMMERCIAL, INDUSTRIAL, ETC.
YOU MUST FILL OUT ENTIRE APPLICATION

440-516-3000



PERMIT FEE: \$60.00
DATE: 02/23/2023

Location of Occupancy: 31715 Vine St. Business Name: Pie Cafe
(ADDRESS)
Business Owner's Name & Address: Rahmi Olgac, 29116 W. Willowick Dr.
CITY/STATE/ZIP: Willowick, OH, 44095
Telephone Number: 440-549-4050 Fax Number: _____ Federal ID Number 92-1142744
Or Social Security Number _____

OWNER OF PROPERTY/NAME/ADDRESS/TELEPHONE NUMBER: Yuksel Albayrak,
3570 Fairmount Blvd., Shaker Heights, OH 44118, (216) 278-4392

SUBMIT NEW DETAILED FLOOR PLAN 2586 SQ. FT. HABITABLE FLOOR AREA FOR OCCUPANCY.
Building Size: 36'x80'=2880 Total Number of Employees 6-12
Intended Number of Occupants: 90 Total Number of Seating: 44
Site Plan With Number of Paved Parking Spaces 40 Hours of Operation: 7AM-11PM
Letter of Intent: YES Previous Use VACANT BUILDING Proposed RESTAURANT

NAME OF PRINCIPAL OR CONTACT PERSON FOR NEW BUSINESS: RAHMI OLGAC
Home Address/City/Zip: 29116 W. Willowick dr. Willowick, OH Telephone Number: 440-549-4050

I hereby certify that the above questions have been answered correctly by me and that the premises will be used for the purpose stated above. Any change in the purpose of occupancy will not be made without approval from Lake County Building, Willowick Fire & Willowick Zoning Department. A final approval by The Willowick Building Dept. (440)516-3000 or a representative thereof, must be complied with before opening of business. I do hereby further agree to maintain the above premises in compliance with the ordinances of the City of Willowick.

Applicant's Signature: RAHMI OLGAC Date 02/23/2023

Office use only:

Zoning District: _____ Authorized Occupants: _____

TEMPORARY APPROVED BY: _____ Date: _____

Zoning Dept. Inspected by: _____ DATE _____

Zoning Permit # _____ Zoning Permit Fee \$ _____

Fire Dept. Inspected By _____ Date: _____

CITY OF WILLOWICK-APPLICATION FOR COMMERCIAL ESTABLISHMENT LICENSE REQUIRED AFTER APPROVAL
Note: A separate permit is required for all new signs from the Willowick Building Department.

Pie Cafe
31715 Vine St.
Willowick, OH, 44095
www.piecafe.com
info@piecafe.com
440-549-4050



Plan Review Board,

Dear Willowick residents,

I am writing to express my intent to open a new food service business in our city. As a fellow Willowick resident, I am excited to share my vision with you and hope that you will join me on this journey.

My goal is to offer an exceptional take out and casual dining experience to our customers and a safe work environment to our employees. We plan to provide job opportunities to neurodiverse individuals.

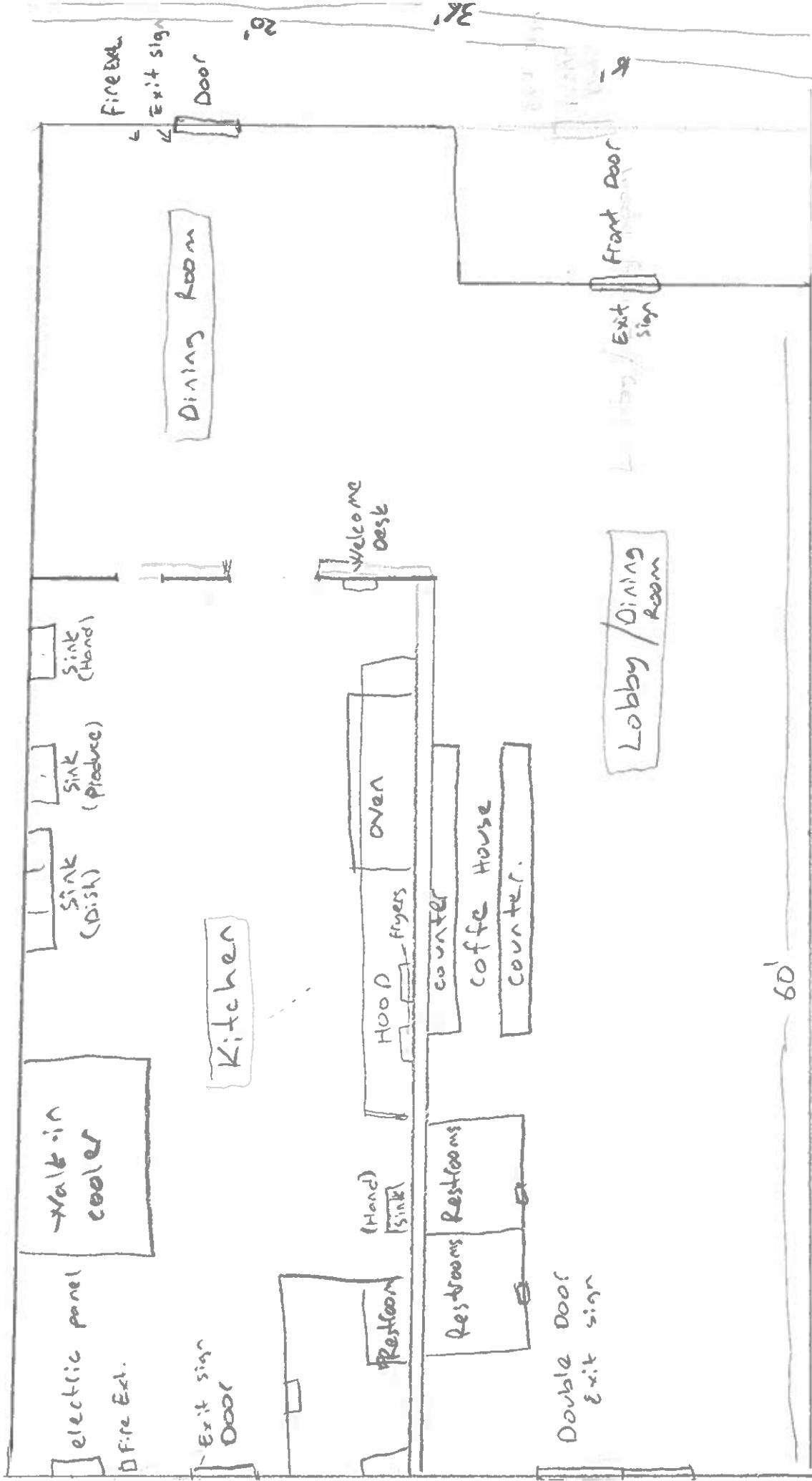
My proposed restaurant will specialize in crafted gourmet pizza pies, espresso based specialty drinks, oven baked sub sandwiches, and rich flavored chicken wings. My goal is to utilize the delivery apps and become one of the main carryout & delivery restaurants in our city. In addition to our "to go" food offerings, we will create a warm and welcoming atmosphere for our guests. Our restaurant will feature comfortable seating, modern decor, and attentive service, ensuring that every customer feels valued and appreciated.

Thank you for your time and consideration. I look forward to the opportunity to work with you and contribute to the thriving culinary scene in Willowick/Cleveland.

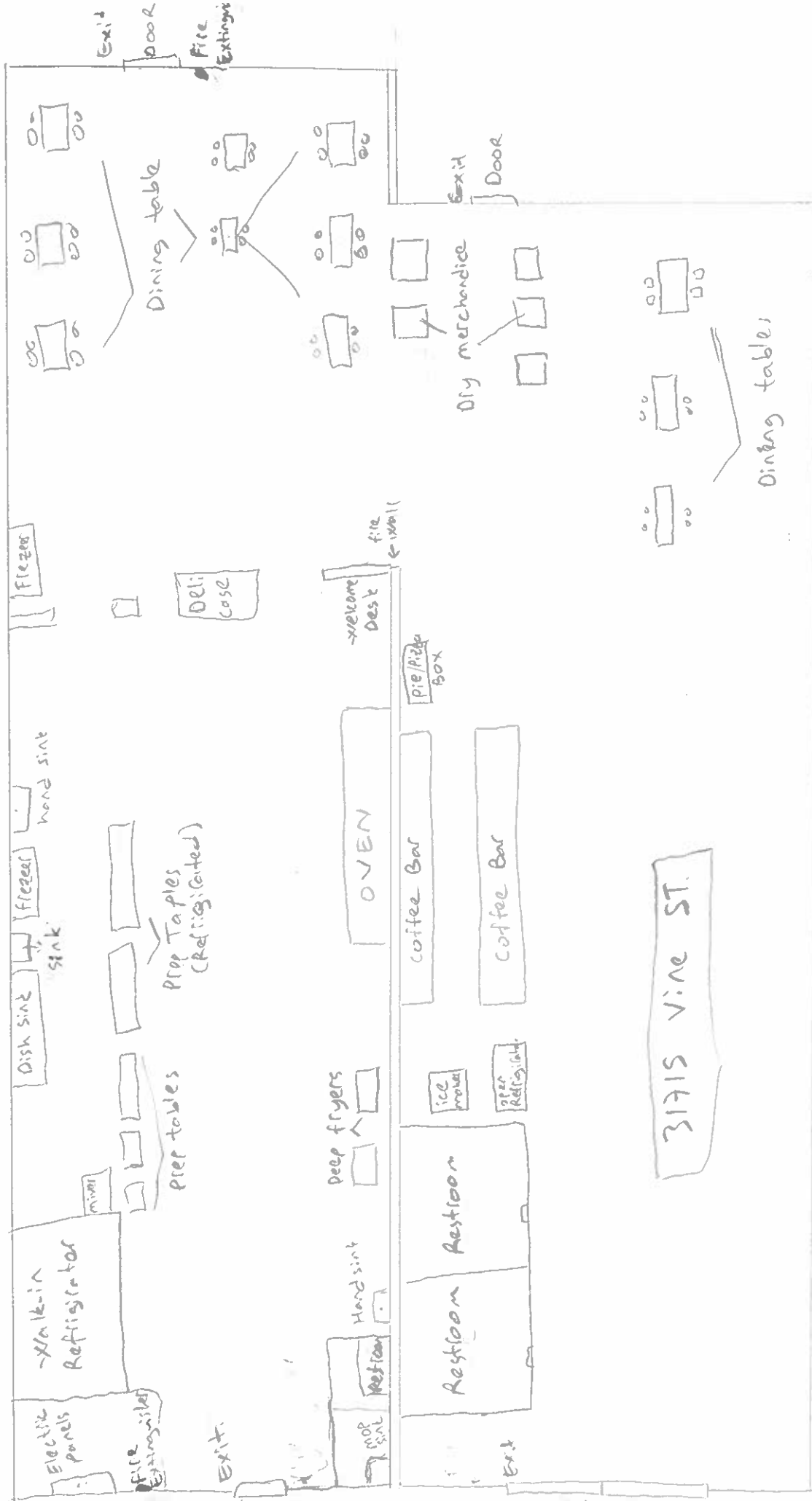
Sincerely,

Rahmi Olgac,
Owner

A handwritten signature in black ink, appearing to read "Rahmi Olgac", is written over the printed name and title.



31715 Vine St.



Vine St.

E. 317th St.