



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: 1-2-25
 Location of Occupancy: 30825 #2 EUCLID, AVE Business Name: CANDY SHOP NAILS LLC
 (ADDRESS)
 Business Owner's Name & Address: AIFONZO HAWTHORNE 21350 GOLLER AVE
 CITY/STATE/ZIP: EUCLID, OH 44119
 Telephone Number: 216598-0377 Fax Number: N/A Federal ID Number: 90-0726076
 Or Social Security Number
 OWNER OF PROPERTY/NAME/ADDRESS/TELEPHONE NUMBER: JF MORGAN & SONS
4068 CLARK AVE WILLIOWBY 44094 1-440-240-6140

* SUBMIT NEW DETAILED FLOOR PLAN: _____ SQ. FT. HABITABLE FLOOR AREA FOR OCCUPANCY: 1,200 sqft
 Building Size: 12,000 sqft Total Number Of Employees: 3
 Intended Number of Occupants: 10 Total Number of Seating: 10
 Site Plan With Number of Paved Parking Spaces: 8 Hours of Operation: TUES-FRI 10A-6P SAT 10A-4P
 * Letter of Intent: Previous Use: _____ Proposed Use: NAIL SALON
 NAME OF PRINCIPAL OR CONTACT PERSON FOR NEW BUSINESS: AIFONZO HAWTHORNE
 Home Address/City/Zip: 21350 GOLLER AVE Telephone Number: 216 598-0377

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: Aifonzo Hawthorne Date: 1-2-25

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.

30825#2

EUCLID AVE WILLOWICK, OH 44042

CANDY SHOP NAILS LLC

I AM writing this LETTER TO SEEK
PERMISSION TO OPEN UP NAIL SALON LOCATED
AT 30825#2 EUCLID AVE WILLOWICK, OHIO
44092. AT THIS LOCATION WE WILL BE DOING
MANICURES AND PEDICURES FOR OUR CUSTOMERS.

THE HOURS OF OPERATION ARE TUESDAY - FRIDAY
10A - 6PM AND SATURDAY 10A - 4PM

OWNER:

AIFONZO HAWTHORNE

(216) 598-0377

HAWTHORNE@HOSEMASTER.COM

30825 Euclid Ave #2

