



Ohio Department of Commerce
 Division of State Fire Marshal
 Bureau of Testing & Registration
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 Reynoldsburg, OH 43068
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 TTY/TDD 800-750-0750
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APPLICATION FOR HOTEL/MOTEL LICENSE CHANGES

All checks or money orders payable to: **Treasurer, State of Ohio.** Fees are non-refundable.

Applications expire one year from submission date if not complete.

License will be issued upon receipt of a completed application, payment, and an acceptable final inspection.

FEE SCHEDULE FOR CHANGES - PLEASE CHECK ALL THAT APPLY:

- \$500 - Change of ownership through true bill of sale.** (Must provide true bill of sale, deed or other documentation evidencing change of ownership.)
- \$25 - Change of name.** (Please provide previous name.)
- \$25 - Removal of existing guest rooms.**
- \$500-\$1,500 - Adding newly constructed &/or licensed rooms(s).** The fee is \$500 for one to twenty guestrooms added, \$1,000 for more than twenty guestrooms, and \$1,500 for adding guestrooms and/or places of assembly such as restaurants, lounges, banquet facilities, mercantile or office space.
- \$200-\$500 - Adding previously licensed rooms:** The fee is \$200 for one to twenty guestrooms added, \$400 for more than twenty guestrooms added, and \$500 for adding guestrooms and/or places of assembly such as restaurants, lounges, banquet facilities, mercantile or office space.
- \$25 - Change facility type to:** **Extended stay** **Transient** **T270** (Must provide Certificate of Occupancy)
- \$25 - Hotel Manager/Operator Addendum.** The owner relinquishes hotel license to operator/manager with this form. (Must provide copy of management agreement or lease). Find Hotel Manager/Operator Addendum under Find Forms and Publications.

List room numbers to be T270 or extended stay: _____

Hotel License number _____ - _____ - _____ Total number of sleeping rooms: _____

Current Facility Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ County: _____ Business Phone: (____) _____

Name of Manager/Operator: _____

New Name of Hotel/Motel: _____

Name of **New** owner: _____

Address: _____ City: _____ State: _____

Zip Code: _____ County: _____ Contact Phone : (____) _____

E-Mail Address: _____ Fax Number: (____) _____

Hotel License Number _____ - _____ - _____

Receipt of this form is acknowledgement of your schedule of room rates. Rates are to be effective twenty (20) days after receipt by the State Fire Marshal.

FILING INSTRUCTIONS

- A. Complete and return schedule of room rates with your application.
- B. List number of rooms in each price range category (example below).
- C. Current rates must be maintained with this office at all times.
- D. Do not charge more for rooms than what you have on file.
- E. Retain copy and Maintain for Code Official review.

Example:

TYPE	ROOM (S)	AT	SINGLE	DOUBLE	EXTRA PERSON (S)
STND.	6	AT	\$25.00	\$30.00	\$4.00
KING	6	AT	\$50.00	\$55.00	\$10.00
VIP	6	AT	\$75.00	\$80.00	\$15.00

TYPE	ROOM (S)	AT	SINGLE	DOUBLE	EXTRA PERSON (S)
		AT	\$	\$	\$
		AT	\$	\$	\$
		AT	\$	\$	\$
		AT	\$	\$	\$
		AT	\$	\$	\$
		AT	\$	\$	\$
		AT	\$	\$	\$
		AT	\$	\$	\$
		AT	\$	\$	\$
		AT	\$	\$	\$
		AT	\$	\$	\$

Total Rooms: _____ Number of Floors: _____

Licensee Signature: _____ Date ____/____/____

Inspector's Signature: _____ Date ____/____/____