



APPLICATION FOR HOTEL/MOTEL LICENSE

FILING INSTRUCTIONS

- A. Application must be type written or neatly printed.
B. Submit a check or money order payable to: Treasurer, State of Ohio. Fees are non-refundable.
C. Indicate facility use as transient, transient 270, extended stay, or residential.
D. A copy of a final certificate of occupancy must be submitted before a license will be issued.
E. Submit plans or drawings for review if application is for a transient 270 facility.
F. Fee and license non-transferable. Display license in a conspicuous and public manner.
G. License will be issued upon receipt of a completed application, payment, and an acceptable final inspection.
H. Attach Hotel Manager/Operator Addendum if applicable. (Must provide copy of management agreement or lease). The owner relinquishes hotel license to operator/manager with this form.

LICENSE FEE SCHEDULE

Initial one-time fee for new hotel:

Any facility with multi-purpose rooms/any place of assembly: \$4,000.00
Interior corridor rooms only: \$3,000.00
Exterior corridor rooms only: \$2,000.00

Initial fee for existing facilities

that have been previously licensed:

6-110 sleeping rooms: \$110.00
111 or more sleeping rooms: \$1.00 per room

PLEASE CHECK ONE OF THE FOLLOWING:

- HOTEL/MOTEL: Transient guests staying for a period of thirty (30) days or less.
TRANSIENT 270 HOTEL/MOTEL: Transient guests staying for a period of two hundred seventy (270) days or less.
EXTENDED STAY HOTEL/MOTEL: Those facilities constructed for non-transient use where dwelling units are offered for temporary residence.
RESIDENTIAL HOTEL: Those facilities constructed for both transient and non-transient use where non-transient dwelling units are offered for a minimum stay of more than 30 days.

HOTEL INFO:

Name of HOTEL/MOTEL: Number of rooms:
Extended stay room numbers (if applicable) : Transient (T270) room numbers (if applicable) :
Address: City: State:
Zip Code: County: Business Phone: ()
Name of Contact Person: Contact Phone: ()
Name of Manager/Operator:

OWNER INFO:

NAME OF OWNER:
Address: City: State:
Zip Code: County: Contact Phone: ()
E-Mail Address: Fax Number: ()



HOTEL/MOTEL SCHEDULE OF ROOM RATES

ID Number: _____

Name of HOTEL/MOTEL: _____

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. List the maximum amount that you would ever charge.
E. Retain copy and maintain for Code Official review.

EXAMPLE:

Table with 6 columns: TYPE, ROOM (\$), AT, SINGLE, DOUBLE, EXTRA PERSON (\$). Rows include STND., KING, and VIP.

Large empty table with 6 columns: TYPE, ROOM (\$), AT, SINGLE, DOUBLE, EXTRA PERSON. Pre-filled with 'AT' and '\$' in the AT, SINGLE, DOUBLE, and EXTRA PERSON columns.

Total Rooms: _____ Number of Floors: _____ Number of places of assembly: _____

Authorized Signature: _____ Date ____/____/____

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