



**Ohio Department of Commerce**  
 Division of State Fire Marshal  
 Bureau of Testing & Registration  
 8895 E Main Street P.O. Box 529  
 Reynoldsburg, OH 43068  
 (614) 752-7126 FAX (614) 995-4206  
 TTY/TDD 800-750-0750  
 www.com.ohio.gov

**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.)
- \$750 – LATE change of ownership. Received more than 90 days from property transfer date** or otherwise late per Ohio Administrative Code section 1301.7-7-01(R)(7)(b)(v); OFC 118.7.2.5.
- \$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. If applying as T-270, provide separate sheet listing T-270 or extended stay room numbers.)
- \$25 - Change facility type to transient 270 facility.** (Must provide approved fire alarm and detection plans) Please see ORC 3731.041
- \$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.

Hotel License number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Total number of rooms being added or removed: \_\_\_\_\_

Current Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

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 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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:**

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: \_\_\_\_\_ Number of places of assembly: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Inspector's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

COM 5026  
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