



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. (There are specific instructions for applying as a Transient 270 facility)
- ☐ **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

- Complete and return schedule of room rates with your application.
- List number of rooms in each price range category (example below).
- Current rates must be maintained with this office at all times.
- Do not charge more for rooms than what you have on file. List the maximum amount that you would ever charge.
- Retain copy and maintain for Code Official review.

EXAMPLE:

TYPE	ROOM (\$)	AT	SINGLE	DOUBLE	EXTRA PERSON (\$)
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 (\$)	AT	SINGLE	DOUBLE	EXTRA PERSON
		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 ____/____/____