



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:

- Change of ownership through true bill of sale.
LATE change of ownership. Received more than 90 days from property transfer date
Change of name.
Removal of existing guest rooms.
Adding newly constructed &/or licensed room(s).
Adding previously licensed room(s).
Change facility type to: Extended Stay, Transient, T270
Hotel Manager/Operator Addendum.

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:

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

Main table for room rates with 6 columns: TYPE, ROOM (S), AT, SINGLE, DOUBLE, EXTRA PERSON (S). Multiple empty rows for data entry.

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

Authorized Signature: _____ Date ____/____/____

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