



**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**

**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**

- 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	\$	\$	\$

Total Rooms: \_\_\_\_\_ Number of Floors: \_\_\_\_\_ Number of places of assembly: \_\_\_\_\_

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

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

COM 5025  
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