

HOTEL/MOTEL INFORMATION SHEET

REQUIREMENTS

- Hotel/Motel Application (Attached)
- BCI Background Check
Conducted at an authorized WebCheck agency. Results must be mailed directly to the License Section.

All applications must be submitted in person at:

License Section
4252 Groves Rd
Columbus, OH 43232

FEES

- Application fee - \$20.00
- Hotel/Motel License Fee - \$75.00

OFFICE HOURS

Monday
9:00 a.m. to 3:30 p.m.

Tuesday - Friday
8:00 a.m. to 3:30 p.m.

OFFICE USE ONLY
LICENSE # _____
ISSUE DATE _____
EXPIRES _____

**DEPARTMENT OF PUBLIC SAFETY
LICENSE SECTION**



**HOTEL/MOTEL
APPLICATION**

CHECK ALL THAT APPLY

NEW RENEWAL

HOTEL MOTEL INN BED & BREAKFAST

BUSINESS INFORMATION

Name of Hotel/Motel:	Number of Guest Rooms:
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Hotel/Motel Address:	Phone #:
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City:	State:	Zip code:
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Email:

Corporation/Owner Name:	Federal ID # (if applicable):
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Corporation/Owner Address:	Phone #:
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City:	State:	Zip code:
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Email:

Name of Hotel/Motel Operator:

Mailing Address:

City:	State:	Zip code:
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Email:

Legal Owner of Property:	Property Control Agreement (If yes, submit copy): YES NO
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Property Owner Address:	Phone #:
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City:	State:	Zip code:
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Email:

Other Properties: YES NO	Names/Locations:
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If Corporation list Agent/Managing Individual:	State of Registration:
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Agent/Managing Individual Address:

City:	State:	Zip code:
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Email:

APPLICANT INFORMATION

Applicant Name:		Title:	
Address:			Phone #:
City:	State:	Zip code:	
Email:			
Have you ever been convicted of a felony?		YES	NO
If Yes, list all felony convictions in the United States over the past seven (7) years:			
Are you on felony probation or parole?		YES	NO
		If yes , date began:	
Have you ever been required to register as a sexual offender?		YES	NO
		If yes , date registered:	

FOR OFFICE USE ONLY

NAG Approval	YES	NO
Zoning Approval	YES	NO
Health Approval	YES	NO
Fire Approval	YES	NO
License Section Approval	YES	NO

ALL INFORMATION CONTAINED IN THIS APPLICATION IS SUBJECT TO DISCLOSURE AS A MATTER OF PUBLIC RECORD. ANY FALSE STATEMENT MADE OR GIVEN IN THIS APPLICATION SHALL RESULT IN THE DENIAL OF THE APPLICATION OR FUTURE REVOCATION OF THIS LICENSE. APPLICANT MAY ALSO BE REFERRED FOR CRIMINAL PROSECUTION.

State of Ohio, County of Franklin

_____, being duly sworn, deposes and says
(Print Applicant Name)

he/she is the individual making the foregoing application; that he/she is knowledgeable with respect to that which is to be licensed; and that the answers to the foregoing questions and other statements contained herein are true of his/her own knowledge and belief.

(Applicant Signature)

Sworn to before me and subscribed in my presence this _____ day of _____, 20_____

Notary or Agent of Director of Public Safety

MUST BE SIGNED, DATED and NOTARIZED