

HOTEL/MOTEL INFORMATION SHEET

REQUIREMENTS

- Hotel/Motel Application (Attached)
- Proof of Identity (e.g. State issued Driver's License/I.D. Card, Military I.D., Passport)
- BCI Background Check/Fingerprints
If conducted at another authorized WebCheck agency, results must be directly mailed to the License Section.

PRICING

- Application fee - \$20.00
- BCI Background Check fee - \$32.00
- Hotel/Motel License fee - \$75.00

OFFICE LOCATION & HOURS

4252 Groves Road
Columbus, OH 43232

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

Applications and supporting documents may be submitted via one of the following:

1. In person at the License Section (see above for location and hours)
- *2. Emailed to hmoperations@columbus.gov
- *3. Mailed to the License Section (see above for location)
- *4. Placed in the License Section drop box

*Application must be notarized prior to submission

THIS PAGE INTENTIONALLY LEFT BLANK

OFFICE USE ONLY

License # _____

Issue Date _____

Expiration Date _____

DEPARTMENT OF PUBLIC SAFETY
LICENSE SECTIONDEPARTMENT OF
PUBLIC SAFETY**HOTEL/MOTEL
APPLICATION**

NEW RENEWAL

HOTEL MOTEL INN BED & BREAKFAST

APPLICANT INFORMATION

Applicant Name:

Title:

Address:

City:

State:

Zip:

Phone:

Email:

Have you ever been convicted of a felony? Yes No

If yes, list all felony convictions that occurred in the United States within 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:
--	--------------------------

BUSINESS INFORMATION

Name of Hotel/Motel:

Number of Guest Rooms:

Hotel/Motel Address:

City:

State:

Zip:

Phone:

Email:

Corporation/Owner Name:

Federal ID #:

Corporation/Owner Address:

City:

State:

Zip:

Phone:

Email:

Name of Hotel/Motel Operator (an on-site manager):

Mailing Address:

City:		State:	Zip:
Phone:		Email:	
Legal Owner of Property:			
Property Control Agreement (If yes, submit copy): Yes No			
Property Owner Address:			
City:		State:	Zip:
Phone:		Email:	
Other Properties? Yes No	Names/Locations:		
If Corporation, List Agent/Managing Individual:			State of Registration:
Agent/Managing Individual Address:			
City:		State:	Zip:
Phone:		Email:	
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 DENIAL, OR FUTURE REVOCATION OF THIS LICENSE, AS WELL AS CRIMINAL PROSECUTION UNDER CHAPTER 2321.13 (A-3), (A-5), AND CHAPTERS 501 AND 540 IN THE COLUMBUS CITY CODE.			
State of Ohio, County of Franklin			
<p>_____ , being duly sworn, deposes and says he or she is the <small>(Print Applicant's Name)</small></p> <p>individual making the foregoing application; that he or she is knowledgeable with respect to that which is to be license; and that the answers to the foregoing questions and other statements contained herein are true of his or her own knowledge and belief.</p> <p style="text-align: right;">_____ <small>(Applicant's Signature)</small></p> <p>Sworn to before me and subscribed in my presence this _____ day of _____, 20____.</p> <p style="text-align: center;">_____ Notary or Agent of Director of Public Safety Must be SIGNED, DATED, and NOTARIZED.</p>			