



APPLICATION FOR GROUP LIVING FACILITY LICENSE

A.) Name of Facility: _____

Facility Address: _____

Name of Operator: _____

Operator Mailing Address: _____

Operator Contact : _____

Operator Contact Phone Number: _____

Annual Renewal New License

B.) Operator Contact for Inspection: _____

Contact Phone Number: _____ Contact Email Address: _____

Date of Expiration of Facility: _____

Facility License Number: _____

Number of Sleeping Rooms: _____ (Maximum)

Number of Occupants: _____ (Maximum)

C.) Are there any changes or modifications? Yes No
If yes, please attach new floor plan. If permits were issued, please note permit number.

FEE SCHEDULE
Rooming House/Residential Care Facility

Renewal can occur up to sixty days prior to the annual renewal date

1. **Annual Renewal:** \$200 + \$50 for each rental room in excess of 5
2. **New or Expired License:** \$250 + \$50 for each rental room in excess of 5
3. Lost license replacement: \$100

Please email completed application as a PDF

Payment Options:
Preferred: Online by credit card*
 *Contact Code Enforcement for website card payment information

Additional Option: Business, Personal, or Cashier's check
 Check payable to: Columbus City Treasurer

Mail to:
 Code Enforcement Division
 Attn: Group Living Licensing
 111 North Front Street, 3rd Floor
 Columbus, OH 43215-2806

I certify that the above information is true and hereby make application for a license to operate a Rooming House/ Residential Care Facility at the above address during: 20____ to 20____.

Signature: _____ Title: _____ Date: _____

You will be contacted by a Code Enforcement Officer to schedule an inspection once the completed application and fee received.

(For Official Use Only)

FEE PAID: _____ DATE: _____ APPLICATION #: _____ AREA: _____

INSPECTED BY: _____ INSPECTOR #: _____ DATE INSPECTED: _____

DATE APPROVED: _____ BUILDING REFERRAL NEEDED: YES NO