

Request for Stay

Board of License Appeals

Email: licenseappeals@columbus.gov

Notice is hereby given by _____ of a request for a stay of the
Appellant Name

Check one:

☐ Denial

☐ Suspension

☐ Revocation

decision and order issued by the Director of Building and Zoning Services, dated _____,
Date of Notice

for the _____ license(s) of/to _____.
Type of License(s) *Business Name or Licensee*

This request is based on the following reasons:

Do you have an attorney of record through which all information pertaining to this matter shall be communicated?

☐ Yes

☐ No

If Yes, Name of Attorney: _____

Name of Appellant

Phone Number

Mailing Address

Email Address

City

State

Zip Code

Appellant Signature

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

Notary or Agent of Director of Building and Zoning Services