



Registration #

The City of Grove City
4035 Broadway, Grove City, OH 43123
Phone: 614-277-3075 Fax: 614-277-3090
www.grovecityohio.gov

Business Name:

2015 Hotel Registration Application

Please Print All Information

Name of Hotel/DBA: _____

Address: _____

City: _____ State: _____ Zip: _____

Number of Guest Rooms: _____ Type: Hotel Motel Extended Stay Bed & Breakfast

Hotel License Number (Issued by State Fire Marshall) _____

Property Information:

Owners Name: _____

Owners Address: _____

State: _____ Zip: _____ 24 HR Contact Number (_____) _____

Manager's Name: _____

E-Mail: _____

Office Tel: _____ Fax: _____ Cell: _____

Federal ID: _____ and/or Social Security # _____

Per Grove City, Ohio Code of Ordinance 520.02 (e)
Please provide the following document along with this application to the city:

- A copy of a license issued by a State Fire Marshall for the premises
- A copy of the latest inspection report for the State Fire Marshall
- A copy of the latest inspection report for the local Fire Inspector
- A letter designating the responsible person at the hotel to whom a Notice of Violations can be delivered, and who has the authority to act as the Owner's or Authorized Agent's representative in his or her absence.