



Grove City Building Division  
 4035 Broadway  
 Grove City, OH 43123  
 614-277-3075 (Phone)  
 614-277-3090 (Fax)  
 GroveCityOhio.gov

# HOTEL REGISTRATION APPLICATION

Return form by:  Fax  Email  Pickup  Call

## PROPERTY INFORMATION

Name of Hotel/DBA \_\_\_\_\_  
 Address \_\_\_\_\_ *Grove City, OH 43123* Lot \_\_\_\_\_  
 Hotel License No. (Issued by State Fire Marshall) \_\_\_\_\_ No. Guest Rooms \_\_\_\_\_  
 Room Types:  Hotel  Motel  Extended Stay  Bed & Breakfast

## OWNER INFORMATION

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Email \_\_\_\_\_

## MANAGER INFORMATION

Name \_\_\_\_\_ Cell \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
 Federal I.D. \_\_\_\_\_ Social Security No. \_\_\_\_\_

### Per Grove City, Ohio Code of Ordinance 520.02(e)

Please provide a copy of the following documents with this application:

- License issued by the State Fire Marshall for the premises,
- Latest State Fire Marshall inspection report,
- Latest local Fire Marshall inspection report,
- 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.