



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

HOTEL REGISTRATION APPLICATION

Method by which you would like your permit returned: Fax Email Pickup

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.