HOTEL / MOTEL
Registration Application

App# _____

Date _____

PREMISES		
Hotel/Motel Name:		Number of Guest Rooms:
Hotel Address		Hotel Phone #:
State of Ohio Hotel License Date and Number		Hotel Type: Hotel/Motel ☐ Transient 270 ☐ Extended Stay ☐ Residential Hotel ☐

APPLICANT INFORMATION		
Name:		Federal ID #:
Address:		
Phone #:		
Cell Phone #:	Email:	
If entity, State of registration, registration # and statutory agent :		

PROPERTY OWNER INFORMATION		
Name		Federal ID #:
Owner Address:		
City:	State:	Zip Code:
Owner Phone #:		Owner Cell/Corporation Phone #:
Cell Phone #:	Owner Email:	
If entity, State of registration, registration # and statutory agent:		

MANAGER INFORMATION		
Site Managers Name:		
If Company list responsible individual:		Attach copy of Management Agreement between Owner and Manager
Business Address:		
City:	State:	Zip Code:
Phone #:		Corporation Phone #:
Cell Phone #:	Email:	

AFFILIATE INFORMATION		
Is hotel part of a franchise or affiliated with a hotel chain: YES ☐ NO ☐		
If yes, Franchisor/Affiliate Name:		
Address:		
City:	State:	Zip Code:
Phone #:	Email	
Names and addresses of any other Hotel/Motel located in the City that the Applicant or Owner has any interest in:		

OFFICE USE ONLY		
Tax Department Approval	Yes ☐ No ☐	
Zoning Approval	Yes ☐ No ☐	
Fire Approval	Yes ☐ No ☐	
Police Approval	Yes ☐ No ☐	
Finance Approval	Yes ☐ No ☐	

ALL INFORMATION CONTAINED IN THIS APPLICATION IS SUBJECT TO DISCLOSURE AS A MATTER OF PUBLIC RECORD. ANY FALSE STATEMENT MADE OR GIVEN IN THIS APPLICATION SHALL RESULT IN THE DENIAL OF THE APPLICATION OR FUTURE REVOCATION OF THIS LICENSE. APPLICANT MAY ALSO BE REFERRED FOR CRIMINALPROSECUTION

State of Ohio, County of Montgomery

_____, being duly sworn, deposes and says he/she is the individual making the foregoing application; that he/she has read and understands Vandalia Code Chapter 878 regarding hotel/motel operations; that he/she is knowledgeable with respect to that which is to be licensed; and that the answers to the foregoing questions and other statements contained herein are true of his/her own knowledge and belief

_____
Applicant Signature

Sworn to before me and subscribed in my presence this__day of_____, 20____

_____
(Notary)

MUST BE SIGNED, DATED and NOTARIZED

$108.00 NON-REFUNDABLE LICENSING FEE FOR 2025

The applicant must notify the Director of any change in information contained in the permit application within ten days of the change. Any change in ownership of the hotel/motel, the building, or the business, change in operator, or change in name of the hotel/motel, shall void the current permit and shall require submission of a new application and the issuance of a new permit.

333 James Bohanan Memorial Dr
Vandalia, OH 45377
Office 937-898-5891

I,_____, as a representative of_____,
Printed Name of Applicant Name of Business
give permission for the City of Vandalia, Ohio Tax Department to communicate to the City Manager's Office any outstanding balances pertaining to this business and to acknowledge the receipt of the following documents for the prior fiscal year:

If self-employed or filing the business on personal taxes:
- -Vandalia Tax Return
- -All W2's for wages reported in the City of Vandalia
- -Copy of most recent Federal Form 1040 and supporting schedules that pertain to the business within Vandalia

If incorporated or a partnership:
- -Vandalia Tax Return
- -All W2's for wages reported in the City of Vandalia
- -Copy of Federal Form with all attachments and schedules filed with the IRS

Signature of Applicant:_____ Date: _____

Applicant Social Security # -or- Business EIN: _____

For Office Use Only:

Tax Administrator has deemed the applicant to be in good standing.

Signed:_____ Date: _____

-or-

Tax Administrator requires the following information be submitted before applicant can be declared in good standing:

_____

_____