



For Office Use Only  
Date of Issue \_\_\_\_\_  
Cert. No. \_\_\_\_\_

LUCAS COUNTY, OHIO  
LODGING APPLICATION FOR  
TRANSIENT OCCUPANCY CERTIFICATE

Date: \_\_\_\_\_

Hotel/Motel Owner/Operator:

The following information is to be supplied to the Board of County Commissioners for the purpose of registering a hotel or motel within the County of Lucas, Ohio.

**(PLEASE PRINT)**

1. Name of Hotel/Motel: \_\_\_\_\_
2. Address of Hotel/Motel: \_\_\_\_\_
3. Phone # of Hotel/Motel: \_\_\_\_\_ Fax # of Hotel/Motel: \_\_\_\_\_
4. Name of Operator: \_\_\_\_\_
5. Address of Operator: \_\_\_\_\_
6. Management Co./Accountant: \_\_\_\_\_
7. Management Co./Accountant Address: \_\_\_\_\_
8. Phone # of Management/Accountant: \_\_\_\_\_
9. Number of Rental Rooms: \_\_\_\_\_ Number of Rooms for Transients: \_\_\_\_\_
10. Address for sending Hotel/Motel Information: \_\_\_\_\_  
\_\_\_\_\_
11. FEIN: \_\_\_\_\_ Vendors License #: \_\_\_\_\_

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Address

Email (ltyrrell@co.lucas.oh.us) or Fax (419/213-2601) completed form.