



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.