



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

JERUSALEM TOWNSHIP, OHIO  
LODGING APPLICATION FOR  
TRANSIENT OCCUPANCY CERTIFICATE

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

Hotel/Motel Owner/Operator:

The following information is to be supplied to the Jerusalem Township Trustees for the purpose of registering a hotel or motel within Jerusalem Township, 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 (fiscal@twp.jerusalem.oh.us) or Fax (419) 836-6508 completed form.