



ROOMING HOUSE LICENSE APPLICATION

Address of Building _____

Street City State Zip Code

Name of Owner _____

Owner's Address _____

Street City State Zip Code

Home Phone _____ **Cell Phone** _____ **E-mail address** _____

Name of Operator _____

Operator's Address _____

Street City State Zip Code

Home Phone _____ **Cell Phone** _____ **E-mail address** _____

Type of Occupancy () One sex () Mixed _____

Number of rooms to let for sleeping purposes _____, Floor _____

Number of Toilets _____, Lavatories _____, Baths _____

Other necessary information _____

Neither the undersigned nor any other person listed above has been arrested for/or convicted of any felony or misdemeanor except as follows. List all arrests or convictions, except for traffic violations. Use reverse side if necessary.

Date _____ Charge _____ Location (City & State) _____

Date _____ Charge _____ Location (City & State) _____

Date _____ Charge _____ Location (City & State) _____

_____ being duly sworn says that the statements contained in the foregoing application are true.

Print Name

SIGN _____
President, Partner, Sole Owner

Sworn to me and signed in my presence this _____ day _____, 20 _____.

Notary Public

ANY FALSE STATEMENT MADE IN THIS APPLICATION SUBJECTS THE SIGNED TO PROSECUTION FOR PERJURY AND WILL RESULT IN THE REVOCATION OF ANY LICENSE GRANTED PURSUANT HERETO.

PLEASE INCLUDE SELF ADDRESSED STAMPED ENVELOPE, CHECK OR MONEY ORDER MADE PAYABLE TO THE
CITY OF CINCINNATI
Department of Finance, Treasury Division
801 Plum St, Suite 202
Cincinnati, OH 45202

TREASURY USE ONLY

Date Issued _____ **Expiration Date** _____ **No. of Rooms** _____ **License Fee** _____ **Application Fee** **\$50.00**

A Renewal License carries a 5% penalty, per month, if not renewed within 15 days of expiration. **Date Received** _____

License Fee: \$75.00 plus \$15.00 per room
Maximum Fee is \$250.00