



HOTEL/MOTEL PERMIT APPLICATION

Operator/Owner's Name: _____

Hotel/Motel Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Federal Employer Identification Number: _____

Number of Employees: Full-time _____ Part-time _____

Number of Rooms: _____

Room Rates: _____

Previous Year's Occupancy %: _____

I hereby apply for a Hotel/Motel Permit with the City of Lancaster from July 1, 2024 to June 30, 2025 and agree to comply with all Federal and State laws and the City of Lancaster Ordinance Section 35-21, Article 3.

(Signature)

(Printed Name)

(Date)

Office Use Only:

Date Received in City Clerk's Office: _____ Permit Number Issued: _____ Paid: _____

Date Permit Issued: _____ Signature of City Clerk _____