

LODGING ONLY

Additional Information sheet
Member Business Name _____

(see back)

Features & Amenities – Fill in numbers and checkmarks that apply to your facilities; we'll use this info to start your Business Listing Page; you'll be able to add many more amenities, photos, etc... when you update your info

Cabins, Cottages, Hotels, Motels, Inns, B&Bs

Number of Lodging Structures	
Total # people business can accommodate	
Maximum # people in largest unit	
Provide the following info for each unit	
Names of cabins/cottages Use additional pages	
Cabin 1 - Name	
Cable / Satellite TV	
Hot Tub	
WiFi Available	
Wood, Gas or Electric Fireplace	
Kid Friendly	
Pool - Outdoor or Indoor	
Pond/Lake on property	
Pets Friendly	
Pool Table or Game Room	
Accessible	
Cabin 2 - Name	
Cable / Satellite TV	
Hot Tub	
WiFi Available	
Wood, Gas or Electric Fireplace	
Kid Friendly	
Pool - Outdoor or Indoor	
Pond/Lake on property	
Pets Friendly	
Pool Table or Game Room	
Accessible	
Online reservation platform	

Campgrounds

Number of Camp Sites	
Number of Electric Sites (circle) 20amp 30 amp 50 amp	
Full Hookup (water, elec. & sewage)	
Camping Cabins	
Primitive campsites available	
Big Rig sites	
Horse Area	
Pull Throughs	
Dump Station	
Showers	
Laundry Facilities	
Camp Store	
Pond/Lake on property	
Outdoor Pool	
Fishing on property	
Internet Access for guests	
Planned Activities	
Playground	
Phone available to guests	
Open year round	

If your lodging property is in Hocking Co., a 6% Lodging Tax must be collected from overnight visitors in Cabins, Cottages, Inns, B & Bs and Motels. The tax is then remitted monthly to the Hocking Co. Lodging Tax Administrator and your Township.
Hocking Co. Lodging Tax Administrator:
740-380-4100



Hocking Hills Tourism Assn.
13178 St. Rt. 664 South
Logan, OH 43138
740-385-2750

www.explorehockinghills.com

Lodging Members With More Than One Unit

Member Business Name _____

	Name, number or identifier for each individual lodging unit	Complete physical address of each unit, if different from business address listed on main form. (not for publication)	Maximum number people
1			
2			
3			
4			
5			
6			
7			

Use additional sheet of paper to list all units if more space is needed.

DINING MEMBERS - RESTAURANTS

Member Business Name _____

Meals Served: (check)	
Breakfast	<input type="checkbox"/>
Lunch	<input type="checkbox"/>
Dinner	<input type="checkbox"/>

Type of Food / Service:	
Bakery	<input type="checkbox"/>
Buffet	<input type="checkbox"/>
Casual Dining	<input type="checkbox"/>
Coffee House	<input type="checkbox"/>
Deli	<input type="checkbox"/>
Ethnic	<input type="checkbox"/>
Family Dining	<input type="checkbox"/>
Family Style	<input type="checkbox"/>
Fast Food	<input type="checkbox"/>
Fine Dining	<input type="checkbox"/>
Fish & Seafood	<input type="checkbox"/>
Vegetarian	<input type="checkbox"/>

Fill in below if applicable:	
Internet access for guests?	<input type="checkbox"/>
Catering	<input type="checkbox"/>
Delivery Service	<input type="checkbox"/>
Beer & Wine	<input type="checkbox"/>
Bar Service	<input type="checkbox"/>
Hours:	<input type="checkbox"/>