

APPLICATION FOR HOTEL LICENSE

Return application and payment to:

A.D.L.M. COUNTIES ENVIRONMENTAL PUBLIC
 12307 HWY 5 -
 PO BOX 399
 MORAVIA, IA 52571-0399

Phone : (641)724-3511

License # : _____	Exp Date : _____
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Date Of Application : _____

Type of Application : [] NEW [] RENEWAL

If new application, business opening date : _____

Has ownership changed since last license issued ? [] Yes [] No

If yes : Previous Owner : _____

Business Name : _____

Last License Number : _____

WATER SOURCE (check one) [] Public water supply

[] Private Well

Name of Business : _____

Owner's Name : _____ Phone : _____

Physical Address : _____ County : _____

City : _____ State : _____ Zip : _____

Mailing address for all correspondence if different than above :

Street or Route : _____ Phone : _____

City : _____ State : _____ Zip : _____

Person-in-Charge : _____ Title : _____ Phone : _____

Ownership structure: Individual : _____ Partnership*: _____ Corporation*: _____

*(Complete next section for partners or corporate officers.)

Name : _____ Title : _____	Name : _____ Title : _____
Address : _____	Address : _____
City : _____ State : _____ Zip : _____	City : _____ State : _____ Zip : _____

License Fee Structure

"Hotel " shall mean any building or structure, equipped, used, advertised as, or held out to be an inn, hotel, motel, motor inn, or place where sleeping accomodations are furnished to transient guests for hire.

Iowa Code Chapter 137C provides that : "No person shall open or operate a hotel until a license has been obtained from the regulatory authority and until the hotel has been inspected by the regulatory authority ... Each license shall expire one year from the date of issue ... All licenses that are not renewed by the licensee on or before the expiration date shall be subject to a penalty of ten (10) percent of the license fee if the license is renewed at a later date."

Any change in location or ownership requires a new license. The license is not transferable. The fee for a hotel license is based on the total number of guest rooms as given in the adjacent table. (Please complete the reverse side before mailing the application).

	[] \$27.00
	[] \$40.50
	[] \$54.00
	[] \$57.50
	[] \$101.25
	[]

CERTIFICATION

I have enclosed a check or money order payable to the A.D.L.M. COUNTIES ENVIRONMENTAL PUBLIC HEALTH in the amount of \$ _____ as payment for a license to operate a hotel, inn, motel, or motor inn, containing _____ (number of) guest rooms.

Any change in Ownership Requires a New License. Licenses are **Not** Transferable.

After completing the reverse side, mail application and license fee to :

A.D.L.M. COUNTIES ENVIRONMENTAL PUBLIC

Signature of Applicant : _____

Title of Applicant : _____ Date : _____

FOR OFFICE USE ONLY	
CK # : _____	
\$: _____	
CK Date : _____	