

APPLICATION FOR HOTEL LICENSE

Return application and payment to:

WESTERN IOWA REGIONAL INSPECTIONS
1411 INDUSTRIAL PARKWAY
HARLAN, IA 51537

Phone : (712)755-2609

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

License # : _____ Exp Date : _____

Name of Business : _____ Phone : _____

Owner's Name : _____ County : _____

Physical Address : _____ State : _____ Zip : _____

City : _____

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 HO 1-15 GUEST ROOMS
- \$40.50 HO 16-30 GUEST ROOMS
- \$54.00 HO 31-75 GUEST ROOMS
- \$57.50 HO 76-149 GUEST ROOMS
- \$101.25 HO 150 + GUEST ROOMS
- \$0.00 HO - EXEMPT

CERTIFICATION

I have enclosed a check or money order payable to the WESTERN IOWA REGIONAL INSPECTIONS 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 :

WESTERN IOWA REGIONAL INSPECTIONS

Signature of Applicant : _____

Title of Applicant : _____ Date : _____

FOR OFFICE USE ONLY

CK # : _____

\$: _____

CK Date : _____