

## HOTEL LICENSE APPLICATION

**Mail completed application and payment to:**

ADLM Counties  
Environmental Public Health  
12307 Highway 5, P.O. Box 399  
Moravia, IA 52571

Date of Application: \_\_\_\_\_

Please provide previous owner information if known:

Previous owner name \_\_\_\_\_,  
Business name \_\_\_\_\_, and  
License number: \_\_\_\_\_ (if known)

Name of Business: \_\_\_\_\_  
 Owner's Name: \_\_\_\_\_ Business Phone Number: (\_\_\_\_) \_\_\_\_\_  
 Alternative or Cell Phone ( ) \_\_\_\_\_ Business E-mail Address \_\_\_\_\_  
 Physical Business Address: \_\_\_\_\_ Suite# \_\_\_\_\_ County: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Person-In Charge (onsite) \_\_\_\_\_ Title of Person-In-Charge \_\_\_\_\_  
 Person-In-Charge Phone ( ) \_\_\_\_\_ Person-In-Charge Email \_\_\_\_\_  
 Secondary Person in Charge \_\_\_\_\_ Title of Secondary Person in Charge \_\_\_\_\_

*Mailing address for all correspondence, if different than above:*

Attn: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_  
 Street or Route: \_\_\_\_\_ Suite# \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Ownership Information**

- Sole Proprietor     Partnership     Corporation     Non-profit Organization     LLC     LLP

If not Sole Proprietor, complete the following section for partners or officers:

Name:	Name:
Address:	Address:
City:                      State :                      Zip:	City:                      State :                      Zip:
Phone: ( )                      Cell phone: ( )	Phone: ( )                      Cell phone: ( )
Email:	Email:
Title:	Title:

**License Fee Schedule**

\*Pay appropriate fee from based on number of rooms, please mark appropriate box

- \$50.00 FOR 1-30 GUEST ROOMS  
 \$100.00 FOR 31-100 GUEST ROOMS  
 \$150.00 FOR 100+ GUEST ROOMS

Any Change in Location or Ownership Requires a New License.  
Licenses are **Not** Transferable.

Signature of Applicant: \_\_\_\_\_ Title \_\_\_\_\_

Applicant name (please print) \_\_\_\_\_

**For Office Use Only**

Ck # \_\_\_\_\_

Ck Date \_\_\_\_\_

Amount Recd. \_\_\_\_\_

Ck Name \_\_\_\_\_

Penalty Amt. \_\_\_\_\_

Amount Due \_\_\_\_\_

**\*PLEASE COMPLETE REVERSE SIDE OF APPLICATION BEFORE SUBMITTING**

