



**HOTEL LICENSE APPLICATION**

Mail completed application to:  
ADLM Counties  
Environmental Public Health  
P.O. Box 399  
Moravia, IA 52571-0083

Date of Renewal: \_\_\_\_\_

Has ownership changed since last license issued?  Yes  No

If yes, give previous owner \_\_\_\_\_, business name \_\_\_\_\_, and license number: \_\_\_\_\_ (if known)

**LATE PENALTIES APPLY IF LICENSE HAS EXPIRED**

License: \_\_\_\_\_

Expires: \_\_\_\_\_

**Establishment Information**(if any information has changed, update information on renewal application)

Note: a new application is required for change in the business address or ownership

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: \_\_\_\_\_ Zipcode: \_\_\_\_\_

License Fee Schedule

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

- \$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

Any Change in Location or Ownership Requires a New License.

Licenses are **Not** Transferable. Make Check or Money Order Payable to:

For Office Use Only	
Check Number	_____
Check Date	_____
Check Name	_____
Penalty Due	_____
Check Amount	_____

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

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

\*Please complete reverse side of application before submitting

