

HOTEL LICENSE APPLICATION

Mail completed application and payment to:

Linn County Public Health
1020 6th Street SE
Cedar Rapids, Iowa 52403

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: _____ Alternative or Cell Phone (_____) _____

Business Phone Number: (_____) _____ 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) _____

Office Use Only
Ck # _____
Ck Date _____
Amount Recd. _____
Ck Name _____
Penalty Amt. _____
Amount Due _____

*PLEASE COMPLETE REVERSE SIDE OF APPLICATION BEFORE SUBMITTING

