



Mail completed application and payment to:

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_____
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Person-In-Charge Phone () _____ Person-In-Charge Email _____

Secondary Person in Charge	Title of Secondary Person in Charge
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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**

HOTELS, ROOMS, GUEST PER ROOM, AND MAXIMUM RATES

Hotel

City or Town

Statement to the Director of Johnson County Public Health under Iowa Code Chapter 137C, showing a complete list of rooms by number and floor, with the maximum rate charged per day per person or guest. **A duplicate of this rate list must be posted in a conspicuous place near the office in the lobby of the hotel.** The maximum rate per person per day must also be posted in each room. **These rates posted under Iowa Code Chapter 137C shall not be increased until written sixty (60) days' notice of the proposed increase has been given to the Department.**

[illegible]