

Black Hawk County Health Dept/Northeast Iowa Inspections

Telephone: (319) 291-2413

HOTEL LICENSE APPLICATION

Mail completed application and payment to:

Black Hawk County Health Department
 1407 Independence Ave., 5th Floor
 Waterloo, IA 50703-4396

Date of Application: _____

Type of Application: New Renewal

Please provide previous owner information if known:

Has ownership changed since last licensed? [] Yes [] No

If yes:

Previous Owner Name: _____

Previous Business Name: _____

Previous License Number: _____

LATE PENALTIES APPLY IF LICENSE HAS EXPIRED

License # _____	Exp. Date: _____
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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: _____ 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 the Iowa Department of Inspections and Appeals 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.**

Room or Unit Number	Floor Number	Maximum Charge Per Room			Room or Unit Number	Floor Number	Maximum Charge Per Room		
		1 - Guest	2 - Guest	3 - Guest			1 - Guest	2 - Guest	3 - Guest