

HOTEL LICENSE APPLICATION

Mail completed application and payment to:

CG Public Health
2570 4th St SW, Suite 1
Mason City, IA 50401

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

