HOTEL LICENSE APPLICATION

Siouxland District Health Department

1014 Nebraska Street
Sioux City, IA 51105
712-279-6119 • 800-587-3005
www.siouxlanddistricthealth.org

| Application Date : | | · · · · · · · · · · · · · · · · · · · | |
|-----------------------|--------------------|---------------------------------------|---|
| Anticipated Opening [|)ate: | | |
| Type of Application: | [] New | [] Renewal | |
| Has ownership change | ed since last lice | ensed issued? [] Yes [] No |) |
| If yes, previous o | owner: | | |
| Business name: | | · · · · · · · · · · · · · · · · · · · | |
| License number | (if known): | | |

| | ESTABLISH | IMENT IN | IFORMATION | | | | |
|--|---------------------|-------------------------|---|-----------|-----------|---------------|--|
| lame of Business: | | Water Source: | [] Public water supply [] Private we | | | | |
| Owner Name: | | Business Phone Number: | | | | | |
| ell or Emergency Contact Number: | | Business Email Address: | | | | | |
| usiness Physical Address: | | Suite: County: | | | | | |
| City: | | | State: | | Zip Code: | | |
| erson-in-Charge (onsite): | | | Title of Person-in-Cha | rge: | | | |
| Person-in-Charge Phone: | | | Person-in-Charge Ema | ail: | | | |
| Secondary Person-in-Charge: | | | Title of Secondary Per | rson-in-C | harge: | | |
| Mailing address for all correspondence if dif | fferent from above. | | | | | | |
| Attention: | | | Telephone Number: | | | | |
| Street or Route: | Suite: | City: | 1 | Stat | e: | Zip Code: | |
| wnership intormation: A change in o | | | | | | | |
| wnership Information: A change in or Sole Proprietor/Individual [] Partnum If not Sole Proprietor/Individual, complete to Name: Title: Address: City: State Phone: Email: | ership [] Corpora | partners or | Officers: Name: Title: Address: City: Phone: Email: | ation | State: |] LLP Zip: | |

Submit payment and completed application to:

Siouxland District Health Department 1014 Nebraska Street

Sioux City, IA 51105

Applicant Name (Print): ______Applicant Signature: _____

| Check # | Amount Due | Amount Received |
|---------------|----------------|-----------------|
| Date Received | Penalty Amount | License # |

HOTEL ROOMS, GUESTS PER ROOM, AND MAXIMUM RATES

| Hotel | City or Town |
|-------|--------------|

Statement to Siouxland District Health Department 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. Attach additional sheets if necessary. 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 sixty (60) days' notice of the proposed increase has been given to the Department.

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