

Lee County Health Department

HOTEL LICENSE APPLICATION

Mail completed applicat			Date of Application:	
Lee County Health De				
#3 John Bennett Drive			Dlagga provide provious av	mar information if known
PO Box 1426	17		Please provide previous ow	mer information if known.
Fort Madison, IA 5262 (319)372-5225	<i>(1</i>			
(319)372-3223			Previous owner name	
			Business name	, , and
			License number:	(if known)
				(11 11110 1111)
Name of Business:				
Owner's Name:			Business Phone N	Tumber: ()
Physical Business Addre	ess:		Suite#	County:
City:		State	e:	Zip Code:
Person-In Charge (onsite	e) e()	Titl	e of Person-In-Charge	
Person-In-Charge Phone	÷()	Pers	on-In-Charge Email	
Secondary Person in Ch	arge	Titl	le of Secondary Person in Charg	e
Mailing address for all	commenced dense if different	than above		
	correspondence, if different i		Talanhana Numbe	om: ()
Street or Route:	Suite	# City:	State:	er: () Zip Code:
Street of Route.		"City.		
Ownership Informatio Sole Proprietor Par		Non-profit O	rganization LLC LLP	
If not Sole Proprietor, co	omplete the following section	n for partners o	or officers:	
Name:			Name:	
Address:			Address:	
City:	State:	Zip:	City:	State: Zip:
Phone: ()	Cell phone: ()		Phone: ()	Cell phone: ()
Email:			Email:	con phone. ()
Title:			Title:	
License Fee Schedule				
*Pay appropriate fee fro	om based on number of room	c nlesse mark	annronriata hov	
• • • •		s, prease mark	арргорнае оох	
[] \$50.00 FOR 1-30 GU [] \$100.00 FOR 31-100				
[] \$150.00 FOR 100+ C	JUEST ROOMS			
				F 0.000 TI 0.1
Any	Change in Location or Owne			For Office Use Only
	Licenses are Not	t Transferable.		Ck #
Ciamat C A 1	4.		T:41-	Date Recd.
Signature of Applicant	ι:		Title	Amount Recd.
				Ck Name
Applicant name (ple	ase print)			Penalty Amt
••				Amount Due

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