

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS & LICENSING

**HOTEL LICENSE APPLICATION**

**Mail completed application and payment to:**

Iowa Department of Inspections and Appeals Food and Licensing  
 Food Safety Bureau  
 6200 Park Avenue, Suite 100  
 Des Moines, Iowa 50321-1270  
 Telephone: 515-725-5342

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:	State :	Zip:	Name:	State :	Zip:
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