MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES

TRANSMITTAL/CONFIRMATION NUMBER: (DHSS USE ONLY)

DATE LICENSE PAID (DHSS USE ONLY)

# APPLICATION FOR LODGING ESTABLISHMENT 2021-2022 LICENSE - DUE SEPTEMBER 30, 2021

In accordance with section 315.005-315.065, a lodging establishment is defined as any building, group of buildings, structure, facility, place or places of business where five or more guest rooms are provided, which is owned, maintained, or operated by any person and which is kept, used maintained, advertised or held out to the public for hire which can be con- strued to be a hotel, motel, motor hotel, apartment hotel, tourist court, resort, cabins, tourist home, bunkhouse, dormitory, or other similar place by whatever name called, and includes all such accommodations operated for hire as lodging establishments for either transient guest, permanent guests or for both transient and permanent guests. No person shall operate a lodging establishment who does not possess a license from the department to operate such establishment.

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| **If any of the below information is incorrect, please write in the correct information.** | | | | | | | |  | | | | |
| **Establishment #** | **CONTACT & ADDRESS INFORMATION** | | | | | | | | | |  |  |
| ESTABLISHMENT NAME (DBA) & PHYSICAL ADDRESS: | | | | | | | DESIRED MAILING ADDRESS: | | | | | |
| ESTABLISHMENT TELEPHONE NUMBER: | | FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): | | | | | | | NAME OF GENERAL MANAGER OR CONTACT PERSON: | | | |
| ALTERNATE TELEPHONE NUMBER: | | MO TAX ID NUMBER: | | | | DATE OF BIRTH OF OWNER: | | | | | NAME OF OWNER (NO LLC OR CORP NAME): | |
| EMAIL ADDRESS WHERE DHSS CAN SEND NOTIFICATIONS:  «email\_address» | | | | ALTERNATE EMAIL:  «Alternate\_Email» | | | | | | | | |
| **LICENSING INFORMATION** | | | | | | | | | | | | |
| Schedule of License Fees | | | | | This license shall be renewed annually by submitting the following:  A copy of the 2021-2022 approved inspection report  This completed application page  Certificate of No Tax Due issued by the Department of Revenue  Payment of Statutory Fee/Submit receipt with application  **Email the first three items to:** [**lodging@health.mo.gov.**](mailto:lodging@health.mo.gov)  **Submit payment by e-check or debit/credit card by following the link from:** [**https://health.mo.gov/about/online-payment.php.**](https://health.mo.gov/about/online-payment.php)  Further instructions found on  Page 2. | | | | | | | |
| 5 to 10 rooms | $ 50 | | | |
| 11 to 20 rooms | $50 + $2 for each room over 10  (i.e. 16 rooms = $62) | | | |
| 21 or more rooms | $70 + $1 for each room over 20  (i.e. 24 rooms=$74) | | | |
| Our records indicate the facility has «ofUnits» guest rooms. The Statutory Fee for that number of rooms is $ «Fee».00. | | | | |
| If you choose to mail your application packet and payment, please use the address shown on Page 2. | | | | |
| By signing this application, I am applying for a lodging license to operate a lodging establishment in the State of Missouri. I acknowledge that no person shall operate a lodging establishment who does not possess a license from the department to operate such establishment. Only a person who complies with the provisions of sections 315.005-315.065 shall be entitled to receive and retain such a license. I have read and  will comply with applicable Missouri Revised Statutes as amended or revised and related regulations concerning lodging establishments. | | | | | | | | | | | | |
| LODGING ESTABLISHMENT REPRESENTATIVE SIGNATURE: DATE: | | | | | | | | | | | | |
| PLEASE PRINT LODGING ESTABLISHMENT REPRESENTATIVE NAME AND TITLE: LLC OR CORP NAME: | | | | | | | | | | | | |
| **For DHSS Use Only** | | | | | | | | | | | | |
| DHSS REPRESENTATIVE SIGNATURE: | | | RETURN CODE: | | | | | | | DATE: | | DATE LICENSED: |
|  | | | | | | | | | | | | |

# HOW TO OBTAIN A MISSOURI COMMERCIAL LODGING LICENSE

With this renewal notice, DHSS has provided an application. When returned to DHSS, a completed application packet must include the follow- ing four items. **A license will not be issued if any of the items below are missing.**

1. **Lodging Establishment Inspection Report:**
   * Attach a copy of the approved 2021-2022 Lodging Establishment Inspection report to the application.
   * If you do not have a copy of your inspection report, please contact your Local Public Health Agency. The telephone number for your Local Public Health Agency can be located here: <https://health.mo.gov/living/lpha/lphas.php>
   * Health Permits and/or local licenses will not be accepted in lieu of the inspection report.
2. **License Fees:**
   * The amount of the licensing (statutory) fee for your establishment is shown on the enclosed application.
   * The licensing fee is based upon the number of rooms in your lodging establishment. If the number of rooms has changed from what is noted, refer to the table of license fees on the application or go to [https://health.mo.gov/safety/lodging/calculator.php](https://health.mo.gov/safety/lodging/calculator.php%20) to calculate the new payment amount.
   * Please choose **ONE** of the following options:

° PREFERRED METHOD: You may pay online by following the Pay Online link (on the lower left side) on the following page:

<https://health.mo.gov/about/online-payment.php>. This will redirect you to a secure, third party site. Once on the site, you

will use the button that says “Make a one-time payment.” Payment may be made via e-check or credit/debit card, for a small fee. You will receive an electronic receipt of payment. Submit the receipt to The Lodging Program.

° If you are mailing your application, via USPS, attach a check or money order made payable to the Missouri Department of Health and Senior Services.

1. **Certificate of No Tax Due:**
   * Section 144.083.14 RSMo requires every establishment in Missouri to submit a current Certificate of No Tax Due statement, before a business license is issued.
   * In order to obtain this certificate, you must contact the Missouri Department of Revenue taxation office at (573) 751-9268 or online at <https://dor.mo.gov/>. Click on the tab titled **Taxation -** **Business Tax** - **No Tax Due Information**.
2. **Application for Lodging Establishment License:**
   * Please carefully review the information, as the application has changed. Note any changes directly on the application.
   * Verify that all areas on the form are accurate and complete.
   * Your license will be issued via email. It is very important that we have a valid/monitored email on file.
   * Sign and print the name of the owner or lodging establishment representative at the bottom of the application.
   * Please choose **ONE** of the following options:

° [PREFERRED METHOD: Scan and return the completed application to: lodging@health.mo.gov.](mailto:Scanandreturnthecompletedapplicationtolodging@health.mo.gov)

° If you are mailing your application, via USPS, attach a check or money order made payable to the Missouri Department of Health and Senior Services. Please include your establishment number!

If you are not in receipt of all four of these items, submit what you do have. Be sure to include your ***Lodging Establishment Number*** on all

correspondence. You will be sent an email/letter stating which items you still need to submit to obtain your license. Once you acquire those items you can then email the remaining information to [lodging@health.mo.gov](mailto:lodging@health.mo.gov) or fax to (573) 526-7377.

**If you have chosen to mail your documents, please use the following address: Department of Health and Senior Services**

**Fee Receipts Unit**

**P.O. Box 570 Jefferson City, MO 65102**

If you have any questions, please contact the Missouri Department of Health and Senior Services Bureau of Environmental Health Services at (573) 751-6095.