



MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
 BUREAU OF ENVIRONMENTAL HEALTH SERVICES
**APPLICATION FOR LODGING ESTABLISHMENT 2016-2017
 LICENSE**

FEE RECEIPTS TRANSMITTAL NUMBER
DATE LICENSE PAID

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 construed 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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Establishment	CONTACT & ADDRESS INFORMATION
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ESTABLISHMENT NAME & PHYSICAL ADDRESS:		HEADQUARTER/OWNER NAME & MAILING ADDRESS: <i>(If there is no address in this box, information will be sent to the establishment's physical address.)</i>	
ESTABLISHMENT TELEPHONE NUMBER:	FAX NUMBER:	ALTERNATE TELEPHONE NUMBER:	
EMAIL ADDRESS OF ESTABLISHMENT:		NAME OF OWNER:	
NAME OF OPERATOR/GENERAL MANAGER:			

LICENSING INFORMATION

<table border="1"> <thead> <tr> <th colspan="2">Schedule of License Fees</th> </tr> </thead> <tbody> <tr> <td>5 to 10 rooms</td> <td>\$50</td> </tr> <tr> <td>11 to 20 rooms</td> <td>\$50 + \$2 for each room over 10 (i.e. 16 rooms=\$62)</td> </tr> <tr> <td>21 or more rooms</td> <td>\$70 + \$1 for each room over 20 (i.e. 24 rooms=\$74)</td> </tr> </tbody> </table>	Schedule of License Fees		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)	<p>This license shall be renewed annually by submitting the following:</p> <p><input type="checkbox"/> A copy of my 16-17 approved inspection report</p> <p><input type="checkbox"/> This completed application</p> <p><input type="checkbox"/> Certificate of No Tax Due issued by the Department of Revenue</p> <p>fe Check or money order made payable and mailed to:</p> <p>Missouri Department of Health and Senior Services Fee Receipts Unit P.O. Box 570 Jefferson City, Missouri 65102-0570</p>
Schedule of License Fees									
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)								
<p>This year, the facility has _____ guest rooms.</p> <p>The Statutory Fee is \$_____.</p>									
<p>Please circle where you would like mail to go for this establishment:</p> <p>Establishment -- Alternate</p>									

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:	ESTABLISHMENT'S MO TAX ID NUMBER:

For DHSS Use Only

DHSS REPRESENTATIVE SIGNATURE:	RETURN CODE:	DATE:	DATE LICENSED:
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