

JOHNSON COUNTY PUBLIC HEALTH

HOTEL LICENSE APPLICATION

Mail completed application to:
 Johnson County Public Health
 855 S Dubuque St Suite 217
 Iowa City IA 52240
 (319) 356-6040

Date of Application: _____
 Type of Application New Renewal

Has ownership changed since last license issued? Yes No

Establishment
License # _____
Exp date _____

LATE PENALTIES APPLY IF LICENSE HAS EXPIRED

Establishment Information (if any information has changed, update information on renewal application. Note: a new application is required for change in the business address or ownership)

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 (A Change in Ownership requires a new license)

Sole Proprietor Partnership Corporation Non-profit Organization LLC LLP

If not Sole Proprietor, complete the following section for partners or officers:

Name: _____	Name: _____
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

- \$27.00 HO 1-15 GUEST ROOMS
- \$40.50 HO 16-30 GUEST ROOMS
- \$54.00 HO 31-75 GUEST ROOMS
- \$57.50 HO 76-149 GUEST ROOMS
- \$101.25 HO 150 + GUEST ROOMS

Any Change in Location or Ownership Requires a New License.
 Licenses are **Not** Transferable. Make Check or Money Order Payable to:
Johnson County Public Health

Signature of Applicant: _____

Title of Applicant: _____

For Office Use Only
Ck # _____
Fee Amount _____
Penalty Amount _____
Date _____

***Please complete reverse side of application before submitting**

