

HOTEL/MOTEL AND OTHER RENTALS LICENSE

DATE: _____

NEW _____ RENEWAL _____ (Jan. 1 – Dec 1.)

NUMBER OF UNITS _____

TOTAL FEE: _____ **(\$10 for each unit containing sleep quarters)**

LOCATION OF THE PROPOSED LICENSED PREMISES:

BLOCK _____ LOT _____

STREET ADDRESS: _____

MAILING ADDRESS:

NAME AND ADDRESS OF OWNER OF PROPERTY IF NOT THE SAME AS ABOVE:

DESCRIPTION OF BUILDING:

Structure: _____

Number of sleeping units: _____

Maximum number of persons who can be accommodated at any given time : _____

Size of Building : _____

Type of Construction: _____

Fireproof: Yes _____ No _____

If not all fireproof, what parts are? _____

Automobile parking spaces and/or facilities: _____

NAME OF INDIVIDUAL OR FIRM RENTING BUILDING:

IF CORPORATION, THE NAME AND ADDRESS OF THE OFFICERS OF THE CORPORATION AND THE POSITION THEY HOLD AND THE NAME AND ADDRESS OF ANY STOCKHOLDERS HOLDING FIVE PERCENT (5%) OR MORE OF STOCK, DIRECTLY OR INDIRECTLY, OR IN ANY WAY BENEFICIALLY OF THE CORPORATION WHICH IS SEEKING A LICENSE:

NAME(S) OF PERSON ON THE LICENSED PREMISES UPON WHO PROCESS MAY BE SERVED:

IF THE APPLICANT IS NOT THE OWNER OF THE SITE WHERE THE BUSINESS IS TO BE CONDUCTED, THE OWNER'S WRITTEN CONSENT TO THE CONDUCT OF THE BUSINESS DESCRIBED IN THE APPLICATION SHALL BE ANNEXED TO THE APPLICATION.

THIS LICENSE IS NOT TRANSFERABLE.

APPLICANT'S SIGNATURE:

For Office Use:

Check Number : _____

License Number Issued: _____

Cc: Board of Health
Construction Code
Zoning