

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS

Food and Consumer Safety Bureau

Telephone: (515) 281-6538

HOTEL LICENSE APPLICATION

Mail completed application and payment to:

Iowa Department of Inspections and Appeals
 Food and Consumer Safety Bureau
 Lucas State Office Building
 321 E 12th St., 3rd Flr.
 Des Moines, Iowa 50319-0083

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**

