

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS

Food and Consumer Safety Bureau

Telephone: (515) 281-6538

HOTEL LICENSE APPLICATION

Mail completed application to:

Iowa Department of Inspections and Appeals
Food and Consumer Safety Bureau
Lucas State Office Building
Des Moines, Iowa 50319-0083

Date of Application: _____

Type of Application ☐ New ☐ Renewal

Has ownership changed since last license issued? ☐ Yes ☐ No

If yes, give previous owner _____,
business name _____, and
license number: _____ (if known)

Establishment Mailing address

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:
Iowa Department of Inspections and Appeals

Signature of Applicant: _____

Title of Applicant: _____

For Office Use Only

Ck # _____
Fee Amount _____
Penalty Amount _____
Date _____

*Please complete reverse side of application be for submitting

HOTELS, ROOMS, GUEST PER ROOM, AND MAXIMUM RATES

Hotel

City or Town

Statement to the Director of the Iowa Department of Inspections and Appeals under Iowa Code Chapter 137C, showing a complete list of rooms by number and floor, with the maximum rate charged per day per person or guest. A duplicate of this rate list must be posted in a conspicuous place near the office in the lobby of the hotel. The maximum rate per person per day must also be posted in each room. These rates posted under Iowa Code Chapter 137C shall not be increased until sixty (60) days' notice of the proposed increase has been given to the Department.

[illegible]