



## CITY OF DUBUQUE HEALTH SERVICES

Telephone: 563-589-4181

# HOTEL LICENSE APPLICATION

*Mail completed application and payment to:*

Date of Application: \_\_\_\_\_

City of Dubuque Health Services  
City Hall Annex  
1300 Main St.  
Dubuque, Iowa 52001

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:	Name:		
Address:	Address:		
City:	State :	Zip:	City:
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)

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

## **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 written sixty (60) days' notice of the proposed increase has been given to the Department.**