



# CITY OF DUBUQUE HEALTH SERVICES

Telephone: 563-589-4181

## HOTEL LICENSE APPLICATION

Mail completed application and payment to:

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

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:	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

- \$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**

