



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**

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.**

[illegible]