



HOTEL LICENSE APPLICATION

Mail completed application and payment to:

Scott County Health Department
 600 W 4th Street
 Davenport, IA 52801

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**

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.**

Room or Unit Number	Floor Number	Maximum Charge Per Room			Room or Unit Number	Floor Number	Maximum Charge Per Room		
		1 - Guest	2 - Guest	3 - Guest			1 - Guest	2 - Guest	3 - Guest