

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)



**LATE PENALTIES APPLY IF LICENSE HAS EXPIRED**

Establishment Mailing address

License # \_\_\_\_\_ Exp date \_\_\_\_\_

**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

