



Lee County Health Department
HOTEL LICENSE APPLICATION

Mail completed application and payment to:
Lee County Health Department
#3 John Bennett Drive
PO Box 1426
Fort Madison, IA 52627
(319)372-5225

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

Please provide previous owner information if known:

Empty rectangular box for previous owner information.

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:

Table with 2 columns for partner/officer information: Name, Address, City, State, Zip, Phone, Cell phone, Email, 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 # \_\_\_\_\_
Date Recd. \_\_\_\_\_
Amount Recd. \_\_\_\_\_
Ck Name \_\_\_\_\_
Penalty Amt. \_\_\_\_\_
Amount Due \_\_\_\_\_

\*PLEASE COMPLETE REVERSE SIDE OF APPLICATION BEFORE SUBMITTING

