

Application for Hotel License

Make check payable to:
Cerro Gordo County Department of Public Health
22 North Georgia, Suite 300
Mason City, IA 50401

Date of Application: _____
New Application?: ____YES ____NO
If new, opening date: _____
Has ownership changed since last license
issued? ____YES ____NO
If yes, give previous owner & business
name: _____

Name of Hotel _____

Owner _____

Address _____

City _____ State _____ Zip _____

Phone No. () _____

Mailing address for all correspondence if different than above:

Street _____

City _____ State _____ Zip _____

ANY CHANGE IN LOCATION OR OWNERSHIP REQUIRES A NEW LICENSE, NEW LICENSES ARE NOT TRANSFERABLE
CURRENCY SENT AT OWNER'S RISK.

The fee for this license, which is provided by Chapter 137C, is as follows:

- _____ \$27.00 (1 to 15 guest rooms)
- _____ \$40.50 (16 to 30 guest rooms)
- _____ \$54.00 (31 to 75 guest rooms)
- _____ \$57.50 (76 to 149 guest rooms)
- _____ \$101.25 (150+ guest rooms)

Enclosed is \$_____ in payment for a hotel license to operate a hotel, inn, motel, or motor inn.

Containing _____ number of guest rooms.

SIGNATURE _____

