

JONES COUNTY ENVIRONMENTAL SERVICES

Telephone: (319) 462-4715 environmental@co.jones.ia.us

HOTEL LICENSE APPLICATION

Anamosa, Iowa 52205 Please provide previous owner information if known: Previous owner name	Mail completed application and payment to: Jones County Environmental Services		Date of Applica	ation:				
Business name	105 Broadway Place, Suite 11 Anamosa, Iowa 52205		Please provide previous owner information if known:					
Business name			Previous owner	name				
Name of Business: Owner's Name: Alternative or Cell Phone () Physical Business Address: City: Person-In-Charge (onsite) Secondary Person in Charge Mailing address for all correspondence, if different than above: Atter: Street or Route: Street or Route: Suite# Coty: State: Title of Secondary Person in Charge Mailing address for all correspondence, if different than above: Atter: Street or Route: Suite# City: State: Zip Code: Ownership Information Sole Proprietor, complete the following section for partners or officers: Name: Address: City: State: Zip: Dealignmit: Title: License Ree Schedule Applicant name (please print) For Office Use Only Ck. # Ck. Date Amount Reed. Ck. Name: Admount Reed. Ck. Name: Admount Reed. Ck. Name: Admount Reed. Ck. Name: Applicant name (please print)						, and		
Ownership Information Sole Proprietor Partnership Corporation Non-profit Organization LLC LLP If not Sole Proprietor, complete the following section for partners or officers: Name: Address: City: State: State: State: Title of Person-In-Charge Person in Charge Person in Charge Mailing address for all correspondence, if different than above: Attn: Street or Route: Suite# City: State: Telephone Number: 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: Address: City: State: Zip: Othership Information Sole Proprietor Partnership Corporation Non-profit Organization LLC LLP If not Sole Proprietor, complete the following section for partners or officers: Name: Address: City: State: Zip: City: State: Zip: City: State: Zip: Deno: City: State: Zip: City: State: Zip: City: State: Zip: City: State: Zip: Coll phone: Coll phone: Signature of Applicant: Title Signature of Applicant: Applicant name (please print) Penalty Amt.								
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Alternative or Cell Phone () Business E-mail Address	Name of Business:		D.,	ainaga Dhana	Numban (
Physical Business Address: City: State: Title of Person-In-Charge Person-In-Charge Person in Charge Person-In-Charge Person in Charge Person-In-Charge 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: Address: Address: City: State: Zip: City: State: Zip: City: State: Zip: Phone: City: State: Zip: Title: License Fee Schedule *Pay appropriate fee from based on number of rooms, please mark appropriate box [] \$50.00 FOR 1-30 GUEST ROOMS [] \$150.00 FOR 10-9 GUEST ROOMS Signature of Applicant: Title Title Title For Office Use Only Ck # Ck Date Amount Recd. Ck Name Penalty Amt. Penalty Amt. Penalty Amt.	Owner's Name:	Dusinasa E .	Bu	siness Phone	Number: ()			
City:	Alternative or Cell Phone () B	Susiness E-i	nan Address	#	Country			
Person-In-Charge Phone ()	Physical Business Address:	Ctata	Suite	#	_County:			
Mailing address for all correspondence, if different than above: Attn:	Darson In Charge (ancite)	State:	of Domoon In Cl	20400	_ Zip Code:			
Mailing address for all correspondence, if different than above: Attn:	Person In Charge (Onsite)	11tte	of Person-In-Ci	narge				
Mailing address for all correspondence, if different than above: Attn:	Canadam Paran in Charac	Person-In-Charge Email						
Attn:	Secondary Person in Charge	1111e	of Secondary P	erson in Chai	ge			
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Applicant name (please print) Ck Name Penalty Amt								
Penalty Amt	Applicant name (please print)				Amount Recd.			
Penalty Amt	Applicant name (please print)				CK Name			
Amount Due					Penalty Amt			

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 1 - C	Floor	loor Maxim	um Charge Per Room		Room or	Floor	Maxim	Maximum Charge Per Room		
	1 - Guest	2 - Guest	3 - Guest	Unit Number	Number	1 - Guest	2 - Guest	3 - Guest		