

Lodging Establishment Registration Application

Please review and provide the requested information for your establishment, sign this registration and return it to the below address. Any registration issued pursuant to this application will be subject to applicable State and local regulations.

Name of Establishment: _____

Address of Establishment: _____

Phone Number of Establishment: _____

Email of Establishment: _____

24-hour Emergency Contact Number: _____

Name of Legal Owner: _____

Address for Legal Notices: _____

Type of Establishment: Hotel/Motel Bed and Breakfast Boarding House Lodging House

Number of Rooms: _____

Pool: Yes No Pool License on File: : Yes No N/A

Water Supply: Public Private

Sewage Disposal: Public Private

Please describe if any food/beverage is provided for the public: _____

Food Service License on File: Yes No N/A

Applicant's Signature

Applicant's Name (printed)

Date