



**RANDOLPH COUNTY APPLICATION FOR LODGING LICENSE**

**NAME OF APPLICANT** \_\_\_\_\_

**NAME OF MANAGER** \_\_\_\_\_

**ADDRESS OF APPLICANT** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE NUMBER** \_\_\_\_\_

**FAX NUMBER** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**NAME OF CORPORATE** \_\_\_\_\_

**ADDRESS OF CORPORATE** \_\_\_\_\_

\_\_\_\_\_

**CORPORATE PHONE NUMBER** \_\_\_\_\_

**CORPORATE FAX NUMBER** \_\_\_\_\_

**CORPORATE CONTACT** \_\_\_\_\_

**CORPORATE EMAIL ADDRESS** \_\_\_\_\_

**Application fees are based upon a \$200.00 flat fee plus \$1.00/room**

**INVOICE**

**BASE FEE \$200.00** **\$200.00**

\_\_\_\_\_ **ROOMS @ \$1.00 EACH** **\$**

**TOTAL LICENSE FEE ATTACHED** **\$**

Checks are to be made to: Randolph County Health Department  
1319 East Highway 24  
Moberly, MO 65270

**Completed application and fee are due by May 30<sup>th</sup>. A \$10.00 per day late fee will apply on all applications postmarked after 5/30/17**

