

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
PO Box 488 Moberly, MO 65270

Completed application and fee are due by April 20th. A \$10.00 per day late fee will apply on all applications postmarked after 4/30/13