



HOW TO OBTAIN A RANDOLPH COUNTY COMMERCIAL LODGING LICENSE

With this renewal notice, RCHD has provided an application. When returned to RCHD, a completed application packet must include the following four items. **A license will not be issued if any of the items below are missing.**

1. Lodging Establishment Inspection Report:

- Attach a copy of the approved (**Licensing year**) Lodging Establishment Inspection report to the application.
- Health permits and/or local licenses will not be accepted in lieu of the inspection report.

2. License Fees:

- The amount which should be paid for the number of rooms we have on record for your establishment is shown on the enclosed application.
- The licensing fee is based upon the number of rooms in your lodging establishment.
- Attach a check or money order made payable to the Randolph County Health Department. **Cash and credit/debit cards are not accepted.**

3. Certificate of No Tax Due:

- Section 144.083.14 RSMo requires every establishment in Missouri to submit a current Certificate of No Tax Due statement, before a business license is issued.
- **In order to obtain this certificate, you must contact the Missouri Department of Revenue taxation office at (573) 751-9268 or online at <https://dors.mo.gov/tax/notaxdue/>.**

4. Application for Lodging Establishment License:

- Review the information and **note any and all changes on the application.**
- Verify that all areas on the form are accurate and are complete.
- Sign and print the name of the owner or lodging establishment representative at the bottom of the application

If you are not in receipt of all four of these items, mail in what you do have and be sure to include identifying information. You will be sent a letter stating what items you still need to submit in order to receive your license. Once you obtain those items you can then fax the remaining information to (660) 263-0333

Mail your application packet to the following address:

**Randolph County Health Department
1319 East Highway 24
Moberly, MO 65270**

1319 EAST 24 HIGHWAY • MOBERLY, MO • (660) 263-6643 www.randolphcountyhealth.org

**** AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER****

All services provided on a non-discriminatory basis without regard to race, color, religion, national origin, sex, handicap or age.



RANDOLPH COUNTY HEALTH DEPARTMENT
 ENVIRONMENTAL PUBLIC HEALTH SERVICES
**APPLICATION FOR LODGING ESTABLISHMENT 2023-2024
 LICENSE**

FEE RECEIPTS TRANSMITTAL NUMBER
DATE LICENSE PAID

In accordance with Section 315.005-315.065, a lodging establishment is defined as any building, group of buildings, structure, facility, place or places of business where five or more guest rooms are provided, which is owned, maintained, or operated by any person and which is kept, used, maintained, advertised or held out to the public for hire which can be construed to be a hotel, motel, motor hotel, apartment hotel, tourist court, resort, cabins, tourist home, bunkhouse, dormitory, or other similar place by whatever name called, and includes all such accommodations, operated for hire as lodging establishments for either transient guest, permanent guests, or for both transient and permanent guests. No person shall operate a lodging establishment who does not possess a license from the department to operate such establishment

Please write in the correct information.

CONTACT & ADDRESS INFORMATION

ESTABLISHMENT NAME(DBA) & PHYSICAL ADDRESS:		ALTERNATE MAILING ADDRESS:	
		(If there is no address in this box, information will be sent to the establishment's physical address.)	
ESTABLISHMENT TELEPHONE NUMBER:	FAX NUMBER:	DATE OF BIRTH OF OPERATOR/GENERAL MANAGER	
		SOCIAL SECURITY NUMBER OF OPERATOR/GENERAL MANAGER:	
ALTERNATE TELEPHONE NUMBER:		NAME OF OWNER (NO LLC OR CORP NAME):	
EMAIL ADDRESS OF ESTABLISHMENT:		NAME OF OPERATOR/GENERAL MANAGER:	

LICENSING INFORMATION

Schedule of License Fees	
Base fee	\$200
Total # of rooms @ \$1 per room	
Total	\$(Base fee + total of rooms)

Our records indicate the facility has ___ guest rooms.
 The Statutory Fee for that number of rooms is \$_____

Please circle where you would like mail to go for this establishment:
 Establishment Alternate

This license shall be renewed annually by submitting the following:

- A **copy** of the (Licensing year) approved inspection report
- This completed application
- Certificate of No Tax Due issued by the Department of Revenue
- Check or money order made payable and mailed to:

**Randolph County Health Department
 1319 East Highway 24
 Moberly, MO 65270**

By signing this application, I am applying for a lodging license to operate a lodging establishment in the State of Missouri. I acknowledge that no person shall operate a lodging establishment who does not possess a license from the department to operate such establishment. Only a person who complies with the provisions of sections 315.005-315.065 shall be entitled to receive and retain such a license. I have read and will comply with applicable Missouri Revised Statutes as amended or revised and related regulations concerning lodging establishments.

LODGING ESTABLISHMENT REPRESENTATIVE SIGNATURE:	DATE:
PLEASE PRINT LODGING ESTABLISHMENT REPRESENTATIVE NAME:	ESTABLISHMENT'S MO TAX ID NUMBER:

For RCHD Use Only

DHSS REPRESENTATIVE SIGNATURE:	RETURN CODE:	DATE:	DATE LICENSED:
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