



Lodging Application

Community Development Department-Health Inspection Division
111 E Maple St
P. O. Box 1019
Independence, MO 64051-0519
Phone: (816) 325-7803 Fax: (816) 325-7770
www.independencemo.org

This form must be completed for all new and change of ownership facilities and for any changes to facility information. **If the information on this application changes, this department is to be notified. A copy of State Lodging license is required. Picture identification is required to process application (i.e. driver's license, passport, etc.)** PLEASE PRINT LEGIBLY.

Facility Name: (as it will be shown on permit)		Phone: () _____
		Fax: () _____
Facility Address:	City: _____	Cell: () _____
	Zip Code: _____	Email: _____
Anticipated Opening Date:	How many rooms to rent? _____	
	Does this Lodging facility serve food? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you have any pools? <input type="checkbox"/> Yes <input type="checkbox"/> No How many? _____	

OWNERSHIP INFORMATION

Ownership Legal Type: LLC Corporation Individual Partnership Local Government

Owner's Name:		Phone: () _____
		Cell: () _____
Owner's Address:	City/State: _____	Fax: () _____
	Zip Code: _____	Email: _____
		Website: _____

BILLING INFORMATION

Bill to Name or <input type="checkbox"/> Same as Site:		Phone: () _____
		Cell: () _____
Bill to Address:	City/State: _____	Fax: () _____
	Zip Code: _____	Email: _____

AUTHORIZED AGENT/EMERGENCY CONTACT INFORMATION:

Authorized Agent (person affiliated with establishment after opening) for a corporation may sign this document in lieu of owner. No other agent's signature will be accepted.

Primary Agent's Name and Title:		Date of Birth: _____
Address:	City/State: _____	Home: () _____
	Zip Code: _____	Cell: () _____
Secondary Agent's Name and Title:		Date of Birth: _____
Address:	City/State: _____	Home: () _____
	Zip Code: _____	Cell: () _____

The undersigned hereby applies for a permit to operate Lodging Establishment pursuant to the City of Independence Code and hereby certifies that the undersigned has received a copy of the City of Independence Code. The undersigned hereby attest to the accuracy of the information provided in this application, and affirms that the undersigned will comply with the City of Independence Code and allow the Health Authority access to the establishment. **IT IS UNLAWFUL TO PROVIDE FALSE INFORMATION ON THIS DOCUMENT.**

Signature

Title

Printed Name

Date