

Renewal New

Fee Schedule: See Page 2

License Term: June 1 – May 31



HOTEL / MOTEL LICENSE & INSPECTION APPLICATION
Municipal Code, Chapter 55

INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT
APPLICATION MUST BE RECEIVED OR POSTMARKED NO LATER THAN MAY 31

Return ORIGINAL completed application with applicable fee(s) payable to the “City of DeKalb to:

City of DeKalb
Attention: Finance Department
164 E. Lincoln Highway
DeKalb, IL 60115

Application is hereby made for Hotel / Motel license for the period of June 1 through May 31.

Note: Please be sure to list the name, address and 24-hour telephone number for a representative of the Hotel/Motel that will be available as a legal representative to interact with emergency responders.

PROPERTY INFORMATION (Type or Print Clearly) LICENSE AND RENEWAL APPLICATION WILL BE SENT TO THIS ADDRESS	
Business Name:	
Business Address:	
Business Telephone No.:	

OWNER’S INFORMATION (Type or Print Clearly)	
Owner’s Name:	
Telephone No.:	
Email Address: Note: A valid email address is required for future correspondence.	

MANAGER’S INFORMATION (Type or Print Clearly)	
Manager’s Name:	
Telephone No.:	
Email Address: Note: A valid email address is required for future correspondence.	

Any changes in owner/manager information must be updated with the City Manager’s Office. Is any of the owner/manager information listed above different from the last license term? Yes No

If yes, a background check is required for each new owner/manager. (See details below under Required Documents and Fee Schedule.)

List the identity and contact information of the party or parties that hold a franchise agreement or name licensure agreement with the Hotel/Motel, if any.	
Name:	
Address:	
Telephone No.:	
Email Address: Note: A valid email address is required for future correspondence.	

PROPERTY INFORMATION	
Number of Rooms:	
Number of Floors:	
Number of Off-Street Parking Spaces (Actual):	

FIRE ALARM INFORMATION	
Is your business covered by a Fire Alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, has it had an annual inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, attach a copy of the most recent inspection report to this application.	

SPRINKLER SYSTEM INFORMATION	
Is your business covered by a Sprinkler System? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, has it had an annual inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, attach a copy of the most recent inspection report to this application.	

REQUIRED DOCUMENTS (Attach a copy of the following documents to this application.)	
1. A spread sheet describing the number and type of rooms (i.e., King, Queen, doubles, suites).	
2. A copy of the building plans. <i>(those with plans already on file are exempt from this requirement)</i>	
3. A copy of any citation, violation notice, warning or other similar correspondence issued to the Hotel/Motel by any governmental agency (state, federal or local) other than the City of DeKalb in the past 36 months relating to any alleged dangerous or unlawful condition at the Hotel/Motel.	
4. A background check form for <u>each new owner/manager</u> must be completed in its entirety, signed and notarized.	

FEE SCHEDULE	
Number of Rooms	License and First Inspection Fee
4-19	\$ 550.00
20-39	\$ 720.00
40-59	\$ 900.00
60-79	\$1,150.00
80-99	\$1,400.00
100-119	\$1,700.00
120-139	\$2,000.00
140 or More	\$2,400.00, <i>plus</i> \$400 for every additional 20 rooms or portion thereof over 160 rooms
Background Check	\$50.00 per person

Note: All hotels/motels are required to post a conspicuous notice on the interior of their hotel/motel doors in a form size acceptable to the City Manager, advising occupants of the City's license and inspection protocol and providing contact information for complaints or questions that the occupants may wish to direct to the City.

I hereby certify that I am the owner of record for the above referenced hotel and am making this application for license as said owner. I agree to all applicable laws of this jurisdiction. I, the undersigned, swear that the above information is correct and so hereby authorize the Fire Chief, or his/her designee, to make proper inspections of the above building. The undersigned applicant agrees to pay any and all expenses, including compensation for damages and the undersigned will indemnify and hold harmless the City, its officers, boards, commissions, agents and employees from and against any action, proceeding, claim of liability, or other relief, asserted against the City resulting from the issuance of this license.

Owner Signature: _____ **Date:** _____

Print Name: _____