



BED AND BREAKFAST LICENSE APPLICATION

Date: _____

Address of Bed and Breakfast: _____

Property Owner's Name: _____

Property Owner's Address: _____

Property Owner's Phone Number: _____

Operator's Name: _____

Operator's Address: _____

Operator's Phone Number: _____

Who will be living on the licensed premises? Owner _____ **Operator** _____

Please indicate the number of guestrooms available (maximum 5) _____

If this is a renewal application, please submit a check for \$75.00 with this application before October 1st for the succeeding year and a copy of liability insurance coverage in amount not less than \$500,000.00 per occurrence for this establishment. If this is a new application, please submit a check for \$225.00 and a copy of liability insurance. Please remit to Shelly L. Munks, City Clerk