



**APPLICATION
FOR
BED AND BREAKFAST LICENSE**

DATE OF APPLICATION: _____

NAME OF OWNER AND/OR RESIDENT MANAGER AT FACILITY:

LOCATION OF FACILITY:

LICENSE: Attach copy of Health Department licenses per City Ordinance.

ANNUAL FEE: NONE

<u>HARD SURFACE PARKING PROVIDED</u>	<u>REQ'D</u>	<u>PROVIDED</u>
<u>GUESTROOMS</u>	<u>1 SPACE PER ROOM</u>	_____
<u>OWNER</u>	<u>1</u>	_____
<u>DINING</u>	<u>1 PER 75 SQ. FT. OF DINING AREA</u>	_____
	<u>TOTAL</u>	_____

Describe Banquet/Catering type arrangements (if any) proposed for the license year.

I hereby certify I am meeting the requirements of attached Ordinance 89-09.

_____ **Owner's Signature**

_____ **Date Council
Approves/Rejects**