

Lodging Establishment Registration Application

Please review and provide the requested information for your establishment, sign this registration and return it along with the annual registration fee of \$100 to the below address. Any registration issued pursuant to this application will be subject to applicable State and local regulations.

Name of Establishment: _____

Address of Establishment: _____

Phone Number of Establishment: _____

Email of Establishment: _____

24-hour Emergency Contact Number: _____

Name of Legal Owner: _____

Address for Legal Notices: _____

Type of Establishment: Hotel/Motel Bed and Breakfast Boarding House Lodging House

Number of Rooms: _____

Pool: Yes No Pool License on File: : Yes No N/A

Water Supply: Public Private

Sewage Disposal: Public Private

Please describe if any food/beverage is provided for the public:

Food Service License on File: Yes No N/A

Applicant's Signature

Applicant's Name (printed)

Date

Make checks payable to: Ledge Light Health District (There is a \$25.00 charge for all returned checks). Fees can also be paid online at <http://pay.llhd.org/> or at our office with a credit card.

Office Use Only:

Date Paid: _____ Check Number: _____ Cash: _____ Other: _____ Receipt #: _____ Rev 4/30/17