

TRANSIENT ACCOMMODATION SUPPLEMENTAL INFORMATION SHEET



PLEASE PRINT

GENERAL INFORMATION:

Name of Hotel/Motel _____

Street Address _____ Zip Code _____

General Manager _____ Phone # _____

Email Address: _____

Establishment Phone # _____ Fax # _____

Hours of Operation: () Sunday From: _____ To: _____
() Monday From: _____ To: _____
() Tuesday From: _____ To: _____
() Wednesday From: _____ To: _____
() Thursday From: _____ To: _____
() Friday From: _____ To: _____
() Saturday From: _____ To: _____

Number of Guest Rooms _____ Rate: _____

Rate: _____

Continental Breakfast? Yes No

Extended Stay Rate _____

OWNER INFORMATION:

Owner Name _____

Owner Address _____ Zip Code _____
(If individual - home address; if partnership or corporation - home office address)

Phone # (Day) _____ (Evening) _____ (Cell) _____

Email Address: _____

Any false statement on this form may result in the rejection of your application or in the revocation or suspension of the license granted pursuant hereto. The statements and answers on this form are true.

Signature _____ Title _____

Print Name _____ Date _____