



CITY OF CARBONDALE
APPLICATION FOR HOTEL/MOTEL LICENSE

The undersigned hereby makes (make) application for the issuance of a City License to operate a HOTEL OR MOTEL within the corporate limits of the City of Carbondale, Illinois in accordance with Title 5, Chapter 16 of the Carbondale Revised Code.

Business Name \_\_\_\_\_ Date \_\_\_\_\_
Business Address \_\_\_\_\_ Phone \_\_\_\_\_
Legal Description
(attach separate sheet if necessary) \_\_\_\_\_

LICENSEE INFORMATION\*

Licensee Name \_\_\_\_\_ Email \_\_\_\_\_
Licensee Address
(street, city, state, zip) \_\_\_\_\_
Licensee Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

OPERATOR INFORMATION\*

Operator Name \_\_\_\_\_ Email \_\_\_\_\_
Operator Address
(street, city, state, zip) \_\_\_\_\_
Operator Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

PROPERTY OWNER INFORMATION\*

Property Owner's Name \_\_\_\_\_ Email \_\_\_\_\_
Property Owner's
Address
(street, city, state, zip) \_\_\_\_\_
Property Owner's Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

\*If the proposed licensee, operator or property owner is a corporation, partnership or limited liability company; the partner's, officer's or member's names and residence addresses shall be furnished. (attach separate sheet)

Number of Rooms \_\_\_\_\_ Number of Accessible Rooms \_\_\_\_\_
Number of Beds \_\_\_\_\_ Number of Roll Away Beds \_\_\_\_\_

I hereby certify that I will not violate any of the ordinances of the City of Carbondale or the laws of the State of Illinois or the laws of the United States of America, in the conduct of the place of business described herein and that the statements contained in this application are true and correct to the best of my knowledge and belief.

Signature of Applicant \_\_\_\_\_ Printed Name of Applicant \_\_\_\_\_
Licensee, Operator, Property Owner (circle one)

FOR OFFICE USE ONLY

Table with 5 columns: Approval, Date, Initials, Date, Initials. Rows include Bldg & Neighborhood Services Division, Fire Department, Jackson County Health Department, IDPH (for swimming pool), Zoning Certificate #, Illinois Dept of Revenue, Certificate of Insurance Received.