

HOTEL / MOTEL AND OTHER RENTAL RENEWALS

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|---|-------------------|
| NAME OF HOTEL/MOTEL OR OTHER RENTAL | <hr/> <hr/> <hr/> |
| PROPERTY OWNER'S NAME | |
| PROPERTY OWNER'S CONTACT INFORMATION | phone number: |
| | Email: |
| ADDRESS OF HOTEL/MOTEL/RENTAL | <hr/> <hr/> <hr/> |
| MAILING ADDRESS OF OWNER <i>(If different than above)</i> | <hr/> <hr/> <hr/> |
| NUMBER OF UNITS | |
| AMOUNT OF CHECK * Fee is \$10 for each containing sleeping quarters | \$ |

FOR OFFICE USE ONLY:

CHECK # _____ DATE RECEIVED _____

LICENSE # _____