

Date: _____



JACKSON COUNTY, MISSOURI
LODGING ESTABLISHMENT PERMIT APPLICATION
Fee - \$155

YOUR CONTACT INFORMATION

Name of Lodging Establishment: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Contact Number: _____ Fax Number: _____

Contact Person: _____ Email Address: _____

OWNER INFORMATION

Name of Owner(s): _____

Address: _____

City: _____ State: _____ Postal Code: _____

Contact Phone: _____ Fax Number: _____

Mail correspondence to: Lodging Establishment Address Owner Address

WATER SUPPLY

1. Public Private DNR Non-Community Well

If public, who is the supplier? _____

If private, what type of water supply is it? _____

WASTEWATER SYSTEM

1. Wastewater Supply:

Public Private

If public, who is the supplier? _____

If private, what type of wastewater system is it?

Septic/lateral lines Lagoon Other

2. Wastewater flow greater than 3,000 gallons per day?

- Yes No

WATER RECREATION

1. Pool:
 Indoor Outdoor
2. Spa:
 Indoor Outdoor

FOOD SERVICE

1. Does this establishment serve food?
 Yes No
2. Meals Served:
 Breakfast Lunch Snack Dinner
3. Type of Food Service:
 Continental Full Service Restaurant
4. Types of Food Served:
 Pre-packaged Made on-site Both

GUEST DOORS

1. Guest room doors open to?
 An inside hallway Directly to the outside Both

ADDITIONAL INFORMATION

1. This application is for:
 A New Permit A Renewal
2. This license is to be renewed annually. Along with this application, the following documents must be submitted:
- A copy of the previous year's paid Business Personal Property Tax Receipt (if you were in business as of Jan. 1st).
 - A copy of the previous year's paid Real Personal Property Tax Receipt (if you were in business as of Jan. 1st).
 - A check or money order made payable to Jackson County Manager of Finance in the amount of \$155.
 - A copy of your State of Missouri Lodging Establishment License.

Note: First time applicants may apply for a state lodge license by contacting the Missouri Department of Health & Senior Services Bureau of Environmental Health Services at 573-751-6095 or www.health.mo.gov.

I certify that the information supplied in this application is complete and true to the best of my knowledge and I understand that any misstatement or omission of fact will render this application and any permit issued invalid. I also acknowledge that the lodging establishment permit is non-transferable.

Lodging Establishment Permit Fee: \$155

Make check payable to JACKSON COUNTY and send with all required documents to:

JACKSON COUNTY ENVIRONMENTAL HEALTH

Physical Address

34900 E. Old US 40 Hwy.
Oak Grove, MO 64075

Mailing Address

P.O. Box 160
Grain Valley, MO 64029-0160

Phone: (816) 847-7073 ● Fax: (816) 881-1650

Signature: _____ Title: _____

Date: _____

Amount Submitted: _____