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?
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: __________________________________