JACKSON COUNTY, MISSOURI
LODGING ESTABLISHMENT PERMIT APPLICATION
Fee - $160

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: $160**

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

JACKSON COUNTY ENVIRONMENTAL HEALTH
3651 NE Powell Road
Lee’s Summit, MO 64064

Phone: (816) 888-6690  ●  Fax: (816) 881-1650

Signature: ____________________________________________________  Title: ________________________________

Date: _________________________________________________

Amount Submitted: ____________________________________