



MEMBERSHIP APPLICATION

There are three(3) types of membership. Please circle the appropriate option:
Full (Inn) Membership (requires a \$100 inspection fee with this application), with annual dues (\$250 plus \$20 per room over the first guest room) prorated to 7/31 invoiced after the inspection/approval process
Aspiring Innkeeper Membership (\$50 annual dues)
Vendor Membership (\$100 annual dues)

Please complete this Application and return with payment to the address shown at the bottom.

1. Applicant Name(s): _____
2. Inn Name/Business Name (if applicable): _____
3. Full Physical Address: _____
4. Mailing Address (if different): _____
5. Email Address: _____
6. Phone Number: _____ Website: _____
7. Open Date or Business Anniversary: _____ How many rooms are for rent? _____
8. Owner(s) Name(s): _____
9. Owner's role in business: _____
10. Name of Innkeeper(s): _____
11. Does owner or innkeeper live onsite? Y or N If no, how far from the inn? _____
12. How do you provide for emergencies when staff is absent? _____
13. Are you open year round? Y or N If no, list open dates: _____
14. Is a hot breakfast served on-site? Y or N If no, describe breakfast: _____
15. Do you have GFCI protection in all bathroom electrical outlets? Y or N
16. Do you have smoke alarms in all guest rooms and common areas? Y or N

Insurance, Licenses, Permits & Fees — please enclose copies for our records

1. Insurance Company/Agent: _____ Policy #: _____
2. Sales Tax #: _____ Do you have a liquor license? Y or N
3. Lodging Establishment License, Local Permits (business license, fire, and/or health dept.) and Commercial Occupancy Permit

For full membership, please enclose the nonrefundable inspection fee of \$100.00. Upon approval, you will be invoiced for the prorated dues. With my signature I agree to comply with the standards established and abide by all required health and safety codes (if applicable for 5 rooms or more).

Signature of Principal Owner: _____ Date: _____

Mail completed form and payment to:

BBIM, C/O Leslie Drake, Fleur-De-Lys, 3500 Russell Blvd., St. Louis, MO 63104

For questions email join@bbim.org

Please identify any existing BBIM member(s) who recruited you as a member and/or influenced your decision to join BBIM: _____